

# 10th International Conference on Health Promoting Hospitals (HPH): Bratislava, Slovakia, May 15-17, 2002

“The contribution of  
HPH to reorient health  
services: Improving health  
gain by developing  
partnerships and quality”

## Abstractbook



Health  
Promoting  
Hospitals

An International  
Network Initiated  
by the  
WHO Regional Office  
for Europe

Co-Organisers and  
Sponsors:



Standing  
Committee of the  
Hospitals of the  
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## Plenary 1 Challenges and opportunities for the future development of Health Promoting Hospitals

May 16, 2002, 09.45-10.40

### What challenges and opportunities do health promotion developments pose to Health Promoting Hospitals?

*DAVIES John Kenneth*

The Ottawa Charter (WHO 1986) led the development of the settings based approach to health promotion. Over the last decade the hospital has proved an important vehicle as a setting for health promotion. Yet how effective has it been in practice?

This paper will review the movements and trends in health promotion over this period with a particular regard to health care systems. It will highlight the barriers and challenges faced by the health promoting hospitals movement - the wide variety of interpretations of the meaning of health promoting hospital initiatives, the difficulties of translating theory into effective practice, the problems posed by establishing quality, evidence and effectiveness, and tackling the dominant traditional culture of the hospital, for example. It will also attempt to identify opportunities in both policy and practice that facilitate effective action for health promotion - key strategies that institute fundamental processes of organisational development and change in the hospital's role and function, the hospital as a key partner in its surrounding community context, and the hospital as a dynamic learning culture for structural and organisational change, for example.

Such a critical assessment of the health promoting hospital is necessary in order to achieve the inten-

tions of the Ottawa Charter and enable it to fulfil its true potential as a vehicle for effective health promotion.

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### Challenges and trends in health care systems in the European region and implications for the development of Health Promoting Hospitals

*MACLEHOSE Laura*

Health systems across the WHO European Region have been undergoing a wide-ranging process of reform over the last decade. Across the countries of the former Soviet Union, countries have been grappling with the situation of diminished resources for healthcare, large and expensive hospital sectors, relatively underdeveloped primary care services and greater population health needs. In Central and Eastern Europe preparations for accession to the European Union are underway including adoption of relevant health legislation. Within the European Union, the need to adjust health systems and financing to cater for the growing elderly populations has been at the heart of a number of reform processes. While across Europe health reforms have been taking place along different models and at different speeds, a common theme to most has been the need to focus greater attention on the prevention of ill-health. To a large extent this has meant further development of the primary care sectors and of public health activities. Where resources are severely limited, particularly in the countries of the former Soviet Union, this has meant widespread closures of hospital

facilities. Yet, for the hospitals that remain in both these countries and other parts of the region, an important role in the health promotion process can be played through providing a healthy environment for patients and staff. Through a range of activities, from further attention to reducing hospital acquired infections to also demonstrating healthy practice through initiatives such as tough anti-smoking policies and promotion of health infant feeding, hospitals can play an important role in the new focus on the prevention of ill-health.

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## Plenary 2 Developing partnerships of HPH with relevant partners

May 16, 2002, 14.30-16.00

### The patient perspective! What can Health Promoting Hospitals learn from it?

*VAN DER ZEIJDEN Albert*

The first question to be answered is what we mean if we speak about the patient perspective. People play different roles in their life: the role of the citizen, the consumer of health care services, the patient and many more. The expectations of the citizen or the consumer towards Health Promoting Hospitals is not necessarily the same as the expectations of patients. I will elaborate on those differences, for the main source of confusion here is that we too easily discuss this matter, without having a proper understanding of these differences.



Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

More detail is given to what is often called the patient movement. This is the movement of people with a long term medical condition or where needed their proxies. Prevention, cure and care often do not have the same content for them as they have for healthy people, including the occasional consumer of healthcare. The patient perspective is this perspective of the people with along term medical condition, a chronic illness. Complete health is not their aim, since they all are used to organise their lives with the inclusion of an irreversible condition. Health care is not the ultimate goal to find a cure, it is a tool, like others, to make the best out of their lives. The services of the Health Promoting Hospital have to fit into this perspective. The hospital has to be a part of a broader environment, connected with other services, for the condition influences very part of the life of the chronically ill. I will refer to the Resolution 48/96 of the United Nations, known as The Standard Rules regarding equal chances for the disabled.

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## Partnerships with Health Professions - the Example of the Nursing Profession

VON BONNINGHAUSEN TOT  
HENRIKHAVE-VISSER Ria  
DE RAEVE Paul

### Introduction

PCN represents more than 750,000 nurses, who are in membership of the NNAs, with an estimated European nursing workforce of 6 million. The mission of PCN is to promote and protect nurses and the nursing profession with particular reference to the EU. Strengthening the relationships with other health care profession-

als is crucial for the development of our Social Europe.

### Strategy

These partnerships need to develop strategies focussing on improving job performance in order to obtain health gain of patients / clients. Job performance can be viewed as a function of the capacity to perform, the opportunity to perform and the willingness to perform. Partnership is 'Peer Review' and 'Capacity Building'.

### Results

Within health care systems, nurses provide around 80% of direct patient care. Therefore it is essential, when designing new organisational models within the hospitals, to include nurses and nursing to get the full picture on care in order to improve quality of care.

The key issues for PCN are to ensure a high level of health protection for citizens throughout the European Union, to ensure high quality and effective health care and to facilitate free movement of professionals with respect to mutual recognition. In the interests of public health, it is essential that all nurses have been adequately trained and prepared for practice. Workforce issues, working structures and working conditions are significant factors influencing job performance and partnership. Therefore comparable data about nurses and nursing is required at European level to inform health policy, to study and improve the quality / effectiveness of patient care, and to manage the nursing resources.

### Conclusion

In practice PCN can conclude that the theme of cost containment, leading to the substitution of 'expensive' nurses for more 'cheaper' care assistants or aides, has become increasingly apparent in recent years in many countries. In practice PCN can conclude that despite the continuing emphasis

on various versions of nurses involvement, the ability to empower nurses is still not common. Empowerment is more rarely seen than prescribed.

In practice PCN can conclude that at European and National level significant nursing posts are abolished. Real partnership, having a positive effect on the outcome of the patient, is asking for flexibility and the breakdown of the walls between different levels.

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## Partnerships between Healthy Cities and Health Promoting Hospitals

*HERBEK Susanne*

Since 1988, the City of Vienna is member of the WHO Healthy Cities Network. In 1989 the "Declaration of the Vienna City Council on Health Promotion in Vienna" was presented to the Vienna City Council and was adopted by all political parties. The general aim of the Declaration is to achieve better health and general awareness for health, by disseminating information and implementing various model projects. Vienna has thus a long tradition in the development of health promotion projects in communal settings. Consequently, the Vienna WHO-Model Project "Health and Hospital" was initiated at the Rudolfstiftung Hospital of Vienna in 1989. As a result of the Viennese experience, WHO-Euro decided to establish the European Pilot Hospital Projeco of Health Promoting Hospitals, which was originally implemented as a Multi City Action Plan of the WHO Healthy Cities Network.

Today the Vienna Healthy City Project - and thus health promo-



tion in general - is one important issue of the Viennese Department of Health Planning and Financial Management. This allows for effective co-operation between strategic planning and the implementation of municipal health promotion programmes.

The Viennese Health Promotion Programme is the basis for the health promotion projects in Vienna. In March 2000, the City Council approved a programme which targeted nutrition, backbone problems and cardiovascular diseases. An example of the programme concerning the prevention of cardiovascular diseases is "A Heart for Vienna". It shows the different levels where health promotion takes place: During information days and symposia, employees of Viennese hospitals provide their first-hand know-how to their colleagues and to the wider public. The presentation will deal with the above mentioned project and other activities of the Vienna Health Promotion Programme and the Vienna Healthy Cities Project in co-operation with the network "Health Promotion in Viennese Hospitals and Nursing Homes". In relation to the settings approach, this network is also part of the Vienna Health Promotion Programme. Possible synergies between the different programmes shall be illustrated with specific examples.

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### Organisational structure of health promotion and prevention in the Slovak Ministry of Health

*TEFANOVIC Rudolf*

One of the main tasks of the Ministry of health during this electoral period was to fulfil the ambition of improving the quality of life

its citizens, that means, to improve the health condition of the society. The principle approach to achieve this goal is to develop and to implement new methods in the field of health promotion and primary prevention.

This task needs to ensure suitable institution's structure and network in order to execute necessary activities.

The important task is to strengthen significance of the public health and to involve the other departments, civil organisations and NGOs in the health promotion and primary prevention activities. The important part is also the education of health workers and the whole population as well, as the scientific research.

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### Plenary 3 Developing health gain by improving the quality of HPH, May 17, 2002, 09.00-10.35

#### Health Promoting Hospitals on their way towards evidence based interventions

*WATERS Elizabeth  
DOYLE J.*

Health policies and practice involve many different questions which require best available evidence. Appraisal of research is, however, only one factor in the decision making process. Quality health promotion interventions should be right for the situation, fair and acceptable to everyone involved, improve health and be value for money. Few outcome evaluations have been conducted in health promotion and particularly, health promoting organisations such as Health Promoting Hospitals. Consultations amongst professionals often respond: 'We

know our programs work, why evaluate them? We know they are not harming anyone ... If programs help a single child it is worth it, why evaluate?' However, not only can ineffective programs divert money from more successful ones, they can do more harm than good. Evaluating the evidence of effectiveness and harm is an important baseline for health promotion strategies across organisations. Systematic reviews provide an internationally agreed to methodology for reviewing the evidence-base. Systematic reviews involve the use of explicit and well established methods to synthesise the results of separate but similar studies; meta analysis or quantitative methods are often used, but not always appropriate. Systematic Review methods are designed to reduce the potential biases inherent in individual reviews of the literature.

This paper will highlight the methodologies being employed by some hospitals in their quest for including evidence in the decision making process for health promoting hospital systems and programs. It will discuss ways in which single hospitals and HPH networks can improve the evidence base of their health promotion interventions, and the methods to obtain information including the vast networks of libraries of electronic systematic reviews contained on The Cochrane Library of the international Cochrane Collaboration on evidence-based interventions. This paper will describe initiatives the Health Promotion and Public Health Field is doing to strengthen the quantity and quality of systematic reviews for use by health promotion practitioners and policy makers.

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## Developing the quality of workplace health promotion in Health Promoting Hospitals

*KUHN Karl*

Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of:

- Improving work organisation and the working environment;
- Promoting active participation in the process of WHP;
- Encouraging personal development (quoted from the Luxembourg Declaration on WHP in the European Union).

A healthy, motivated and well-qualified workforce is fundamental for the future social and economic well-being of the European Union. There is a growing body of evidence that improvements in workplace health can be key ingredients of business efficiency and competitiveness. In innovative enterprises, the quality of work and the quality of products or services are elements of the same strategy. Research results based on a large number of Models of Good Practice in enterprises from different European regions show the common success factors for workplace health promotion. These include:

- Workplace health action should be based on an analysis of the health requirements and needs of an enterprise.
- Health actions should involve all stakeholders in enterprises, especially the workers and representatives of intermediary organisations (a participative approach).
- WHP actions should seek to improve the quality of working life and conditions as well

as focus on the behaviour of the individual worker.

- Workplace health action should become an integral part of management practices and daily working life at all levels of an enterprise.

These general characteristics of successful workplace health practice are independent of enterprise size and economic sector. This was the basis for the development of quality criteria, worked out in the frame of a 2-year European project. These criteria intend to provide assistance in the planning and implementation of successful, high-quality health promotion measures for all those who are responsible for health at the workplace. These criteria will be presented for the development of Health Promoting Hospitals.

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## Developing the quality of health promoting hospitals

*SPELLER Viv*

There have been significant advances in the development of quality approaches to health promotion and public health in recent years. In the UK professional standards of practice are in the process of being developed and implemented. Meanwhile the movement towards hospital and health care setting assessment and development has reinforced the need to incorporate public health and health promotion actions into routine health care quality review. At the same time the welcome emphasis on broadening the impact of public health to include actions on health determinants and with sectors outside the health services has taken attention away from more traditional health edu-

cation actions which should, in a quality system, be part of routinely delivered care. This paper will reflect on the general development of quality approaches in health care and their inclusion of health promotion actions. It will consider the needs for workforce development to deliver quality health promotion actions, the methods available for managing change, and for getting evidence into practice. It will also reflect on existing partnerships for health and how hospitals may engage with these as active partners. Whilst based on and illustrated by current UK experience, the presentation will attempt to draw out some key principles of quality improvement that can be applied in other health care contexts.

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## Plenary 4 Organisational and financing policies for HPH in different national health care systems

May 17, 2002, 13.45-15.15

### Organising and financing health promotion in Clalit Health Services

*LEVIN-ZAMIR Diane*

In spite of the fact that appropriately planned health promotion is known to return the initial investment, the organisation and finance of health promotion initiatives are often the most difficult challenges to overcome. In implementing the Ottawa Charter for Health Promotion, the costs of health promotion include resources for needs assessment, planning and develop-



ment, ongoing implementation, marketing, quality assessment, monitoring and evaluation.

Several models of financing will be explored including coverage of health promotion by health plans / HMO, participant co-payment, community and organisational partnerships, partnership with the private sector, government subsidies, provider incentives and others. Examples of each one of these models will be demonstrated in programs that have been developed and applied in Clalit Health Services, a health service organisation serving more than 3,5 million people with 8 general hospitals, 6 special hospitals and over 1.300 community primary care clinics. Incentives for investment will be explored and the results of several programs implemented on both the national and local level will be presented. The programs mentioned will be those developed in the area of mother and child health, adolescent health, healthy lifestyles (smoking cessation and prevention, nutrition and physical activity), health promotion for chronic patients (hypertension, diabetes, asthma and cardiac patients).

Special mention will be made of programs that form a partnership between hospitals and community primary care clinics in empowering both the health teams as well as the members of the community.

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### Financing and organising Health Promoting Hospital services - the approach of Health Promotion Switzerland

SCHULTE Volker

The Swiss Network of Health Promoting Hospitals was established in 2000 and is linked with

the WHO International network. Until 2002, the network could welcomed 15 hospitals and regional hospital associations. Its mission is to foster a health promotion policy and to strengthen the quality of health promoting projects. Health Promotion Switzerland has been supporting the network until the end of 2001. The conditions for support were:

- Promotion of health in a broad sense, salutogenetic approach, strengthening the health competencies of people.
- Commitment of the hospital management to establish a smoke-free hospital.
- Access to the beneficiaries: patients, families, employees, community etc.
- Interdisciplinary approach.
- excellent project planning (evaluation of the needs).
- Evaluation accompanied.
- Dissemination of results.
- Providing special staff (hospital coordinator).
- Maintenance.
- Maximum contribution of 25.000 SFR (18'000 \$ US)

Which projects were not supported:

- Projects focussing on Total Quality Management Programs.
- Risk management.
- Rehabilitation.
- Good medical practise.
- Preventive projects with a focus on disease prevention.

Health Promotion Switzerland is now trying to connect the Swiss Network of Health Promotion Hospitals with the Swiss Hospital Association. Negotiations are in progress.

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### The Russian Network of Health Promoting Hospitals

OSIPOV Sergej

The Foundation "XXI Century Hospital" was developed out of the 31st City Hospital, a clinic at the Russian State Medical University. A reconstruction of this hospital was started in 1996, introducing new technologies and modern principles of management. This led to a major revision of traditional hospital structures in Russia, and functional particulars of different services were essentially expanded.

The results of the reconstruction (which included a change in hospital design, diagnostics and treatment standards, reorganisation of service provision) showed that the efficiency of a hospital depends in many respects on the management system and on the expansion of the traditional range of services. Therefore, by disseminating this positive experience, we can - to a great extent - promote health protection and draw professionals' and other citizens' attention to the importance of a healthy way of life.

Taking into consideration the scantiness of the budget of the Russian Ministry of Health, it's practically impossible to get any funds from the state for such a project as HPH. Involving business corporations as sponsors may solve many problems concerning the improvement of hospital activities, which will positively affect both medical staff and patients. For HPH member hospitals, a certain attention from the side of communities (foundation, other NGOs, sponsors) and international organisations (WHO and its subdivisions) is a considerable stimulus for participation in this work.

Taking into account the peculiarities of Russian hospital management, which was formed in the years of communist regime government, it is necessary for the Eastern countries Europe to pay

special attention to developing new high-quality management, without which it is impossible to change the mentality of hospital staff and to attract their attention to HP services.

## Pre Conference Workshop

### HPH for newcomers - from ideology to evidence: Challenges and opportunities: Making recommendations for future action

May 15, 2002, 14.00-17.00

*HALMOS Tamas*

*PURZNER Karl*

*RICHARDSON Denise*

#### Workshop working philosophy, methods and content

Story telling, case histories, the perspectives of new participants in HPHs have become an integral part of the pre-conference workshop. Each participant's story and experience is powerful.

Intrinsic in workshop story telling is a focus on dialogue and conversations amongst ourselves as participants in the international HPHs network movement. The workshop dialogue is a joint construction it is something which participants possess, experience and do together. The dialogue is not just conversations/talk in general, but as special kinds of relationships in which change, growth and new understandings are fostered. 'Dialogue ... welcomes new ideas and guarantees them equality... it cherishes and protects its capacity to learn and grow; it guards as something precious its own access'.

Using dialogue as a transformative medium the 10th International Conference Workshop will be underpinned by the following five main action areas from the Ottawa Charter as working framework and common foundation for health promotion development:

- Building Healthy Policy,
- Creating Supportive Environment,
- Strengthening Community Action,
- Developing Personal Skills,
- Reorienting Health Services.

Additionally, the introductory topics provide examples of perspectives of the implementation of the HPH concept for hospital development from the

- Medical perspective,
- Management perspective,
- Nursing perspective

Each session will have a short presentation followed by discussion through questions and answers.

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## Parallel Sessions 1

May 16, 2002, 11.00-12.30

### 1.1 Good and innovative HPH Projects: Striving for organisational change

#### Continuity and progress in HPH activity of heart surgery department at Hospital of Debrecen, Hungary

*HORVATH Sandor*  
*KEMENY Csilla*

The Heart Surgery Hospital of Medical School of University of Debrecen joined the WHO HPH movement in 1996. The hospital has about 1600 inpatients and 400 outpatients a year. We have 151 members of staff (doctors 23

and 128 nurse and others). It is the biggest in the country and a regional Heart Centre. Its mission plays a very important role in regional cardiovascular public health and health policy.

#### Objectives

- To review our 5 years HPH activity, incl. the preliminaries, maintain programmes, the professional, regional and civil partnerships.
- to prove the evidences of our HPH programme's results on improving the health gain of patients and on strengthening of our setting priorities and partnership.
- To present a SWOT analysis of the HPH activity with the aim of sustaining the future HPH mission and to improving HPH effectiveness.

#### Methods

review, measuring health and health outcomes of patients with the medical parameters and QoL using questionnaire surveys, and SWOT analysis.

#### Results

1) The preliminaries of our HPH activity before 1996 had three phases: cardiovascular rehabilitation programme, and medical sociological follow up of patient's life style and QoL. The running programs this time are:

- Patient education: client club, trainer videocassette and book,
- Rehabilitation: medical health maintenance, training programme, risk management,
- Health promotion: in a civil association third phase rehabilitation "till the end of life", psychological and sociological remodelling of life style, measuring of quality of life, setting programs such as celebrated feasts, excursion, national sport meetings, contact with the media, PR activity. Further programs aim at



our staff; especially

- Support of HPH culture, identity activity: badges with the HPH logo, staff education, making information posters, staff photo tables, measuring patient satisfaction, managing of relatives,
- Healthy workplace and Health promotion for the Staff: nosocomial and workplace-environmental control, smoke-free building, training room, training programme, measuring health state and satisfaction of employees, doctor-patient sport and holiday meetings. In the partnership are most important the Hungarian Heart Association, local Debrecen Heart Association, International (and a Regional German) Kneipp Organisation and other mild alliances with the few civil health profiles associations.

2) The results on the health measurement scale shows dramatic improvement; the cardiovascular and general health state of patients is 25-30% better than before HPH activity. These health gains appear in life expectancies, in QoL parameters, life changes, risk behaviour, self health-control, and setting activity. These health gains are justified in our elderly patient groups, in our women patient groups, in group without heart disease but with cardiovascular risks, as compared to patterns observed in the healthy population.

Results of the SWOT analysis shows that the patients programmes based on civil and professional partnership were most successful. Weakest is the staff's health promotion activity. The greatest problem being the burn out syndrome in nurses, overburden/job stress in doctors and financial-sustainable problems.

Obligations of HPH improvement can come from partnership's enlargement in mission, in profession, and in finance as well.

### Conclusions

- evidence: The HPH activity increases health gain. It's hospital and public effect: decrease morbidity/mortality, improvement of doctor-patient partnership, communication and participation,
- evidence: the partnership in HPH is an essential transmitter of medical and public health needs and the hospital and local health policy. That is our belief in our 5 years HPH movement without outdoor setting advocacy could not have survive up to now and it can not develop in the future.

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experience during first year. The National HPH Website was launched to provide information, communication, consultation, and exchange. The 2nd National HPH conference was held in 2000 to provide information on HPH related to quality of health services and empowerment. At the conference the workshop for integration of HPH with existing quality programmes included HPH with HA, HPH with ISO and HPH with other quality development methods. Specific committees were set up to initiate HPH standards and indicators. At present, Thailand has about 350 hospitals implementing the HPH programme.

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### The effectiveness of an integrated approach of HPH and hospital accreditation (HA): A successful model as a learning organisation in Thailand

PROMTUSSANANON Supa

Thailand has implemented the adopted HPH concept since 1998. A scientific committee was set up composed of health promotion experts from various organisations. The programme started by involving voluntary hospitals to implement the HPH programme and conducting baseline evaluations. The 2 hospitals, selected as pilot hospitals, were further subdivided covering the different geographic areas of Thailand. Each group set up its core group for the network and four advisory and evaluating teams. Then site-visit, evaluation and advice for HPH activities for the first year were summed up. The first National Conference on HPH was held in 1999 to distribute the HPH concept to pilot hospitals and also to exchange their

### Pilot Project "Implementing the HPH-Policy in Combination with EFQM and BSC"

SCHMIDT Werner  
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This contribution describes an HPH/EFQM pilot project for the years 2002-2005. This project will be carried out by four hospitals and a home for the elderly belonging to the "Health Care Institutions of the Evangelical-Free Church of Berlin-Schöneberg" with approx. 1,000 beds and 1,500 employees. The project will be conducted in continual exchange with interested hospitals from the HPH Regional Network for Berlin-Brandenburg. This project has the goal of testing forms of approach: The HPH vision and concept are to be systematically implemented to the organisational structure and culture of a hospital by applying them in combination the EFQM Excellence Model and the Balanced Scorecard (BSC). HPH activities and projects

are deduced from change priorities arrived at through Quality Management and brought into agreement with the BSC. In this context, a model for developing a BSC for Health Promoting Hospitals will be presented.

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## 1.2 Empowerment, health education and health literacy of patients

### Looking for indicators of patient empowerment: review on patient education and health promotion interventions over a five-year period (1997-2001)

AUJOLAT Isabelle  
DECCACHE Alain

Results of a literature review on patient empowerment will be presented. The objectives of the literature review are to answer three questions:

- What health determinants are addressed in health promotion and health education interventions aiming at empowering the patient?
- What indicators are used to assess the level of empowerment of the patient?
- How were the health determinants and indicators identified or constructed?

The results on articles from two sources will be presented:

- selected articles from the proceedings of the five previous international conferences on Health Promoting Hospitals: The selected articles are those addressing "patient cen-

tered health promotion".

- selected articles from the European edition of the journal "Patient Education and Counselling": the selected articles are those which mention "empowerment" as one of the keywords over the 1997-2001 period.

Implications for research and practice will be discussed.

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### Therapeutic patient education can help networking between hospitals and out-patient health facilities

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The Italian government is progressively changing the way of delivering health assistance to patients, shifting to a predominantly home-based model, the hospitalisation being reserved for urgent and complex cases. This political choice entails the necessity for healthcare workers "to accompany" their patients from the hospital to their home and back uninterruptedly. However, at present, there is still lack of communication and co-ordination between hospitals and out-patient health facilities. In the case of chronic diseases, infirmity forces patients to change their way of life. Therefore, to efficiently cope with their disease every day, they need specific training, acquired from their caregivers throughout Therapeutic Patient Education (TPE). Since 1995, Padua General University Hospital started some patient-centred TPE programs. TPE promotes patient empowerment, encourages a more rational

use of hospital and outpatient health facilities, improving their quality. We think that TPE could provide a powerful impulse to the diffusion of a patient-centred health assistance, helping the development of the co-operation between their families and both hospital and outpatient facility healthcare personnel.

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### Patient health education in Avignon: Hospital experience on cardiovascular patients

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Although France has not used the Korelia evidence and conclusions, cardiovascular patients could be more important in France than in others countries of the European Community. Based on the North Korelia project, Puska model and local hospital project and volunteers, we try to get French evidence of health education effectiveness, and to develop Health Promoting Hospitals.

Medical and administrative teams have defined their hospital project with goals of quality as defined by the national accreditation agency (ANAES). With university professors, they designed goals and projects in a 200 patient prospective randomised study comparing two preventive systems.

The first is based only on an information model. The second works on educational models of interactivity and personalised programs and an auto-evaluation tool. The medical evaluation system for cardiovascular risk patients is used throughout the course of the action. We hope to get our first results on morbidity and main risk factors in a few months.

Our work could be financed by the



French National Evaluation and Accreditation Health Agency in 2002 and 2003, because it is an important link between health promoting policy, health quality and contracting policies in France.

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## Empowering nuns and priests against burnout

*PFITZER Franz*

All professional helpers are vulnerable to develop burnout. This is even more true for nuns, priests and other catholic church professionals. They are always on duty, often have little leisure time and poor social contact beyond the other. Living and working together produces conflicts but there is no training in mitigation of conflict management. Orders often are "total Institutions" i.e. the individual is used to shelter and support and often has poor social skills. On the other hand there are a high idealistic motivation, a strong super-ego and ideals of endurance. In 1998 we organised the first 4 week anti-burnout "recreation seminar" at Frauenchiemsee monastery. The project showed good results but was stopped for financial reasons. We continued this stimulating work at our psychosomatic ward, 5% of our inpatient are priests or nuns, they are integrated in our inpatient programme.

### Results

- Problems with suppressed sexuality are less frequent than supposed.
- Lifelong neurotic conflicts, e.g. sexual abuse in childhood, are frequent among these patients.
- Problems in dealing with existential questions of ageing, severe illness require specific

therapeutic skills.

- Patients need social skills, emotional awareness and positive use of aggression for conflict management.
- The project requires specific training of staff, and openness to questions of spirituality.
- Nuns and priests benefit from not being treated separately.
- Other psychosomatic inpatients and staff benefit as well.

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## Empowerment strategies to improve the health literacy of surgery patients- interventions, effects and preconditions for success

*TRUMMER Ursula, Austria*  
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*PELIKAN Juergen M.*

Empowerment of patients is an important strategy in health promotion. Recent discussions within this context stress the relevance of the improvement of health literacy and health behaviour of patients for the improvement of health status. Communication between patients and professionals is emphasised as a main tool and quality factor (Ende, Kazis et al. 1989; Devine 1992; Feste, Anderson 1995; Nutbeam, Kickbusch 2000; Nutbeam 2000; Levin-Zamir, Peterburg 2001). In the framework of a model project subsidised by the Austrian Federal Ministry of Social Affairs and Generations three Austrian hospitals implemented and evaluated interventions to improve the quality of communication between hospital staff and patients (improvement of doctor-patient communication and information, involvement of patients in decision making). Effects were evaluated

with regard to improvement of health literacy of patients, patient satisfaction and health outcome after surgery in the phase of inpatient care (complications, length of stay in hospital, ...).

Results show that improvement of communication has effects on patient satisfaction as well as on post-surgical health outcome: especially in cardiac surgery a considerable increase of patient satisfaction and a decrease of post-surgical complications was reported. The paper will present data, discuss the implemented measures in their relation to empowerment and health literacy, and review necessary preconditions for successful implementation.

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## 1.3 Workplace health promotion I: Coping with stress and mental health hazards

### Investing in comprehensive workplace health promotion

*MURRAY Michael*

#### Target

Managers, Occupational Health Physicians, Human Resource Staff,

#### Target group

Researchers

#### Aims

To outline a comprehensive health promotion policy for hospital staff

#### Methods

Building upon work of Karasek (1990), Siegrist (1996) & Shain(2001) develop a policy to integrate traditional O/H, work-

place health promotion and "people to people" programmes to assess and address the psychosocial impacts of organisational and societal conditions upon the health of hospital staff at work

#### Links

Health care dependent upon staff. New conditions imposing added stress and resulting in physical problems.

#### Research

##### Ongoing

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#### Action on depression in the workplace

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As an evaluation site for the Health Promoting Health Service Framework, the Ayrshire & Arran Primary care NHS Trust Depression Awareness Initiative aims to focus on the impact depression has within our hospital workforce, by considering such areas as, staff health, training and development, policy development and research and evaluation. Broadly speaking the group wishes to:

- Promote an increase in knowledge/understanding of contributing factors to absence from work as a result of depression.
- Create a culture whereby stress/depression loses its stigma,
- Interpret health promotion with individual/organisational performance development and review systems,
- Give an account of good practice, which can be replicated elsewhere.

In developing a framework for good practice the project group collated the results of a questionnaire relating to employees understanding of depression. The study identified 16% of the current workforce were absent from work as a direct result of depression. The result analysed from the questionnaire frames the initiative and also meets with one of the five strategic aims of NHS Scotland, 'Improving (mental) health'. The project plan includes working with health service employees by addressing inequalities; addressing stigma and enabling facilitation of appropriate support mechanisms for those affected by depression.

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#### Mens sana in corpore sano: a sound mind in a sound body - physical activity and exercise as a life-style model for medical personnel

*MAELTSEMEEES Helle*  
*HÄRM Tiiu*

Following research findings, everyone should practise at least thirty minutes of moderate-intense physical activity (PA) on most or all days of the week, as regular PA helps to reduce risks of premature mortality and to avoid several diseases such as coronary heart disease, hypertension, colon cancer, type 2 diabetes etc. Therefore, PA needs a regular place in our far too busy time-table.

Tallinn Järve Hospital as a HPH launched the project "Physical Activity and exercise as a life-style model for medical personnel" in October 2001. In the nearest future, from 2002 to 2004, the present pilot project will develop into a much larger one: "Physically

active medical personnel". The new project will be born in the co-operation of Tallinn medical institutions, the Sport and Youth Department of the Tallinn City Government and the municipal governments of the Tallinn quarters. The project will be supported by the Doctors' Union and Nurses' Association.

The aims of the project are:

- Motivate medical personnel to go in for sports (team games, jogging, a walking habit etc.) in order to promote their health and improve their physical condition;
- Encourage children of medical staff to take up physical activities with the aim to increase the popularity of sports and propagate a sports-friendly attitude among adolescents;
- Direct Tallinners towards a healthy lifestyle and an active and positive attitude towards sports by linking sports to positive personal patterns (athletic looks, good bearing, normal weight etc.);
- Improve co-operation amongst Tallinn health care workers by physical activity and creativity as examples for their colleagues elsewhere in the country.
- Achieve good general physical shape of physicians and nurses in order to improve the quality of medical services rendered in Tallinn (healthy physicians and nurses are able to work more and better).

The activities of the pilot-project (October 2001-September 2002):

- Sept/Oct 2001: Setting up a working group for the project, finding partners and ways for organising sports events, motivation of the medical staff;
- Oct 2001: Organising an autumn outdoor day for hos-



pital staff and their families: a hiking trip on the paths of Kõrvemaa; open-air exercises;

- Nov 2001: Organising a seminar on "Corporal image and self-esteem. Body-friendly life-style"
- Nov 2001: Participation in the community Family Sports Day: physical exercise, sports games, table tennis, gym, trampoline, relay races, etc.
- Dec 2001: Participation of physicians and their children in the Fair of Physical Activity in Tallinn Sports Hall: hip hop, line dance, free motion, and other stress-less exercises;
- April 7, 2002: Organising a Physical Activity-Party on the UN International Health Day.

Several hobbies concerned with PA on regular basis:

- Walking initiatives: walking is one of the most sustainable and undertaken forms of PA;
- Going in for winter sports: skiing days for hospital staff;
- The building of pathways on the territory of Järve Hospital and the exercising of stick walking (the activities are aimed at both patients and hospital staff);
- Taking part in the community Health and Sport Days for the Elderly to render health services such as measuring blood pressure, defining Body Mass Index (BMI), medical counselling but also moving therapy - the introduction of exercises to relax neck and back muscles.

#### Expected results

- To achieve a 2-3 % annual increase in the number of physically active medical personnel;
- To achieve multisectoral co-operation.

If physical activity belongs to our daily schedule, many unnecessary

illnesses will be prevented, disability will be avoided and longevity maintained alongside with a better quality of life.

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## 1.4 Partnerships for community health promotion

### A joint partnership plan for a hospital / community childcare chreche: Midland Health Board and HPH Ireland

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*O'BRIEN Jim*  
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*O'KEEFE Catherine*  
*O'CALLAGHAN Liam*

#### Aim

To develop a quality crèche facility for the hospital staff and the local community which is affordable particularly for those experiencing poverty, discrimination and social exclusion.

#### Objectives

- To develop a partnership between a local voluntary association, community care and St Vincent's Hospital Mountmellick Co Laois Ireland.
- To appoint a pre- school resource worker to carry out a needs analysis.
- To develop a strategic plan for childcare, which fulfils the national criteria.
- To identify the resources required to develop the project.
- To develop a quality training programme for adults who wish to train in the area of childcare.

#### Methodology

- Limited company formed representing all stakeholders i.e. hospital, community care, and a community voluntary association.
- Research was conducted analysing existing data and local childcare needs.
- A SWOT analysis of childcare in Mountmellick was undertaken.
- An action plan was developed to seek funding from a national initiative, which has been set up by the Department of Justice Equality and Law Reform. Relevant expertise of stakeholder organisations was used accordingly.

#### Outcomes

- An action plan was submitted for consideration and 1.4 million Euro was granted to develop a crèche facility, which will be a model of excellence.
- Planning permission granted and building commences in early spring.
- Childcare Development Officer appointed.

The valuable partnership created between the three organisations is proving invaluable as other projects have emanated which will benefit the hospital and the local community.

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### Health promotion at the local level

*MACHATA Miroslav*

The contribution is focused on the process of creating a systematic approach towards planned action

to health promotion at the local level. The purpose of the Community Policy is to encourage local authorities to engage in activities that improve the environment and health of their citizens. Local authorities are recognised to be closest to the problems and closest to the people, and closest to many solutions.

There are many different organisations, groups and individuals involved in local health promotion management in the town of Nitra:

- State health Institute,
- Hospital and other health service sector,
- Health insurance companies,
- Municipality,
- Non governmental organisations,
- citizens.

Partnership and rising alliances are drawn from as wide a range of interest groups as possible. The members are involved in the project "Healthy City" and the project "LEHAP" (Local Environmental Health Action Plan).

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### Screening for IHD at an "open house" arrangement in a local community

*WILLAING Ingrid*

#### Objectives

A new tool for prevention of IHD, the computer programme PRE-CARD®, was used at an 'open house' arrangement (2½ hours one afternoon) with screening for IHD in a community (Albertslund) in the Copenhagen area. Simultaneously a health promotion programme was introduced.

#### Aims

In a co-operation between hospital and community research results and know-how from the hospital was used to introduce health promotion in the local community.

#### Target group

All citizens of the community were invited.

#### Methods

A health check, including measurement of serum cholesterol, blood pressure and BMI was offered. A dialogue accompanied a personal risk profile by PRE-CARD®. Relevant health promotion was discussed. Courses in life style changes were introduced.

#### Results

The interest was overwhelming and more than 210 persons participated. The mean age was 57 with significantly more women than men. At least 50 people did not have a risk profile performed because of long lines. Almost 10% had substantially increased risk factors and were referred to their GP. More than 60 people signed up for life style guidance on smoking, diet and physical activity.

#### Conclusions

This model for introducing health promotion in a community attracts people with a medium to moderate risk of IHD and a motivation for life style changes.

#### Link of topic to HPH

New partnerships between hospitals and the community improved health gain of the community population.

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### Healthy Cities - Municipal partners for health promotion

*LEGEN Gejza*

The national network of 14 "Healthy Cities" in Slovakia is

actively contributing to the national health promotion policy since 1994. The objectives of the network reflect the priorities of the WHO Health 21 strategies and other relevant policies (tobacco, alcohol, drugs abuse) as well as sustainable development and mobility issues. The aims of the network are to create necessary and favorable conditions for needed lifestyle changes of citizens. This is achieved by local events and activities, exchange of best practice, public campaigns and multisectoral local and national co-operation.

Generally, the target group is the whole population, especially youth and children. In order to achieve the set goals, the network trains trainers, organises study tours, workshops, competitions as well as financial incentives - community foundations and funds.

Results include city health strategies (city health plans, local environment health action plans, city health profiles, public health days / health events, co-operation schemes with private companies like PFIZER, co-operation with hospitals through city health plans, car free days, cycling competitions and conferences (American International Health Alliance - AZMS International Conference). The network can be a valuable partner for other health promotion initiatives at local, national and international level. This fact is demonstrated in several member cities.

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### From hospital to home - towards a healthy transition for the older adult

*OLADIMEJI Victoria*

Every year nearly more than five million people in Britain experience life as a hospital in-patient. For the



vast majority of these people the episode will be relatively straightforward. However, the discharge process and outcomes are not always positive for particularly for those considered to be more vulnerable such as the older adult.

Hospitalised patients go through different phases in their care. They also go through different phases of care. Towards the end of patient's hospital stay the return to the community needs to be made as smooth as possible by nurses and other members of the multidisciplinary team.

All patients should be assessed for their discharge planning needs on admission to hospital. This assessment should be holistic and should include social, and health care needs. The communication and consultation should be made with all involved including relatives and other carers.

Patient's readiness for discharge must be taken into consideration. According to (Community Care Act 1990; Patient's Charter 1992) due account must be taken of the patients' and carers wishes in discharge planning arrangements Discharge Planning is a multidisciplinary; multi-agency activity that require collaboration, co-ordination and continuity.

Often the named nurse or the ward manager takes the responsibility for co-ordinating the activities involved in discharge planning. However, it is the duty of all the members of the multi-disciplinary team to ensure that experiences of hospitalised patients are made as smooth as possible.

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## 1.5 Health promotion policy as a framework for HPH

### National initiatives to promote the health of the population of the United Kingdom

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#### Aims

A series of national plans, policies, National Service Frameworks, strategies, and consultation papers have been launched in the United Kingdom in the last few years. The session will explore dominant themes linked to Health Promoting Hospitals. Relevant milestones and action plans will be examined.

#### Target Group

NHS Trusts.

#### Methods

The NHS will wish to establish the current position by undertaking a baseline assessment of services and considering the implications of the standards and interventions for planning and organising services. The following illustrate the wide range of initiatives to be implemented within the United Kingdom:

- Cancer Plan (National Health Service),
- Coronary Heart Disease (National Service Framework),
- Diabetes (National Service Framework),
- Disability Discrimination Act 1995

#### Early Years

- Learning Disabilities (White Paper),
- Mental Health (National Service Framework),
- Older People - including Medicines (National Service Framework),

- Our Healthier Nation: Saving Lives,
- Sexual Health & HIV strategy,
- Tackling Drugs,
- Tackling Inequalities,
- Teenage Pregnancy Strategy

#### Conclusion

Relevant initiatives will be linked to the role of hospitals in promoting the health of their local population.

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### Health promotion oriented health and welfare plans in Piedmont

*FERRO Ciriaco*

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In 1997 CIPES Piedmont, a health promoting non-governmental agency, prompted all the health trustees and hospital in Piedmont to adhere to the WHO HPH network. Four regional projects have been adopted: integration between hospitals and communities, smoke-free hospitals, humanisation of services and prevention of violence to women and child abuse. Information of staff, information of the target population and audits in the community were the main tools of the projects. These efforts resulted in a complete change of the approach to health and welfare problems by all the stakeholders. Consequently, in their regional plans the aldermanship for health as well as that for welfare addressed the problem of organisations changing their target from service supply to the empowerment of people so as to make everybody able to improve his or her wellbeing, letting one choose freely what one feels is good for oneself. Recognising needs, setting priorities and allocating resources

correctly were the corner stones of the process of advocacy. The main target groups were handicapped, disabled elderly people and deprived social minorities. So far it has not been possible to quantify the health gain produced, but patient satisfaction is fairly high.

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### **The creation of a regional health education committee / hospital health promoting network by the Regional Hospitalisation Agency in the Lower Normandy Region of France**

*LESPLINGARD Nathalie*

The regional and national health conferences organised by the French state have concluded that health education is a priority for improving the health of the population today. The law of July 31, 1991, concerning hospitals stipulates that these health establishments "take part on health education and prevention actions."

As of 1992 in Lower-Normandy, the Regional Office of Health and Social Affairs (DRASS) and the Regional Health Education Committee (CORES) began to ratify the inclusion of health education as part of the objectives of the Regional Health Organisation Scheme (SROS) for the period of 1994-1998. The Regional Health Education Committee was solicited to propose a first draft.

It is for this reason that in 1998 the Regional Hospitalisation Agency (ARH) chose to implement these guidelines and realised sustainable funding to formalise a regional health promotion and education network with the CORES and the hospitals. A call for proposals was launched and circulated to all of the hospitals in the

region. Because health education demands specialised competencies, the co-ordination and activity of the network has been entrusted to the CORES. In this manner, seven hospitals on the Lower-Normandy region visualise themselves as contributing the means to create a job position of someone responsible for health education. According to the signed agreement, the person occupying this post will take on the task of working in the health sector half-time in within the hospital and half-time outside the hospital.

The network which is established will contribute to the development of a new health approach oriented towards prevention and to the decompartmentalisation of the hospital and daily life.

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### **Participating Strategies for health promotion in the health authority of Reggio Emilia**

*MARTINI Mariella  
NICOLINI FAUSTO  
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'Health Promoting Hospitals' program of the Reggio Emilia Health Authority (which covers about 400.000 people) defines strategic outlines for re-orienting hospital system activities (system that consists of 5 hospitals all over the provincial territory) addressing Health Promotion and specific activities. While these activities are divided in three areas (development of specific actions and projects, change of the hospital setting, contribution to the development of the community), strategic outline and locate ways and supports for the growth of the Health Promotion culture .

Strategic outlines are about the

contextualisation of the HPH project in the firm planning, about connections with system functions (training, communication, Health education, financial planning), about dynamic configuration of the organisational structure, about the partnership development with socially important subjects such as:

- Professional Associations, to make easier the adoption of an empowerment approach of the patient;
- Representatives of local Ethnic minorities, to understand problems and overcome cultural and linguistic barriers;
- Representative agencies and defence of citizens/users ('Comitati Misti Consultivi') to facilitate general lines and evaluation of Health Promotion activities;
- Local Voluntary service agencies, to help and support the autonomy of the patient and of his family.

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## **1.7 Workshop: Baby Friendly Hospital Initiative - a project for Health Promoting Hospitals**

*BECKER Genevieve*

The Baby Friendly Hospital Initiative (BFHI) is a global project of WHO/UNICEF started in 1991 and running in most European countries. It aims to develop supportive practices in hospital and thus promote and protect breastfeeding. The BFHI embodies health promoting principles such



as supportive environments, using evidence based practices and empowerment of parents and staff. It has a framework of self-appraisal, action planning, global criteria and an external assessment. Partnerships are formed between hospitals to share plans, experiences, and development of materials and programmes. By linking the BFHI with the structures of HPH Networks, both projects can benefit and health promotion is further integrated into services of the health facility. The workshop will be aimed at the general health promotion worker rather than the specialist in breastfeeding. The workshop will include short presentations of projects to act as starting points for small group discussion on specific projects related to implementing best practice. It is planned to include these projects:

- making the health facility a breastfeeding supportive workplace,
- support for hospital visitors who are breastfeeding,
- development of a human milk bank,
- breastfeeding supportive paediatric unit,
- empowerment of service users through informed choice,
- using a structured planning framework to reach goals,
- partnerships within the hospital and with local breastfeeding groups,
- the use of breastfeeding practice audit tools as a means of sustaining development.

Also, there will be discussion on experiences in developing partnerships within individual hospitals as well as between hospitals and with other organisations.

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Amongst others, the workshop will include the following presentation:

### Sperrin Lakeland Milkbank (Ireland's only human milkbank)

*MCCREA Ann*

Human milk has been shown to help prevent Septicaemia, Pneumonia and neo-natal Necrotising Enterocolitis. Premature babies fed human milk have better IQ's due to the higher levels of fatty acids provided by human breast milk.

The Sperrin Lakeland Human Milk Bank was established in August 2000. It is run according to United Kingdom Milk Banking Guidelines. The Bank was started as Irish born babies were at a disadvantage compared to those of Mainland United Kingdom. If their mothers were sick or unable to provide milk no reliable supply was available for the health of these babies.

The Bank is heavily quality controlled. All donors are tested for HIV I and II, HTLV I and II, Hepatitis B + C and Syphilis. Milk is pasteurised which will destroy HVI and HTLV virus if present, as well as TB. The Bank operates a tracking system whereby each bottle can be tracked from Donor to recipient and back. Milk is issued separately whenever possible for premature and mature babies to meet the completely different nutritional requirements.

The Bank operates as a result of all Ireland hospital co-operation. Donors are recruited in health promoting hospitals throughout Ireland and through Community Health Promotion work. Donor milk is then made available after processing by the Bank, to any requesting Unit in Ireland and regularly to Mainland United Kingdom. Improving the health of sick and vulnerable children in Ireland.

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## Parallel Sessions 2

May 16, 2002, 16.30-18.30

### 2.1 Good and innovative HPH Projects: Empowering patients

#### Patient education and counselling in a Health Promoting Hospital

*HÄRM Tiiu, Estonia*

Patient education is defined as "a planned learning experience using a combination of methods such as teaching, counselling and behaviour modification techniques which influence patients' knowledge and health and illness behaviour". Patient counselling is defined as "an individualised process involving guidance and collaborative problem solving to help the patient to better manage the health problem" (Adriaan Visser, Patient Education and Counselling 36 (1999) 97). Patient education is a life-long process, people learn to adapt to no matter what situation, no matter what illnesses. As societal economic development progresses, the incidence and prevalence of disease changes. Communicable diseases and injuries decline in favour of chronic illness, the latter significantly differing from the first ones: Chronic illness can be prevented to a high degree, and far more than normal medical care is needed for adequate care for chronic illness.

The purpose of patient education and counselling is to help patients manage their chronic disease by using the available health, social and economic resources. A well

trained patient obtains a higher quality of life, the disease remains under control, the treatment is consistent and hospital costs are smaller for both the individual and the state.

As a result of the initial role as a pilot hospital in the Estonian Network of Health Promoting Hospitals (1999-2000), Tallinn Järve Hospital has developed into a pioneering institution in implementing innovative strategies and methods of integrated health care services: occupational therapy, creative therapy, patient education and counselling program, smoking cessation counselling program etc. In 2001, Järve Hospital launched a Patient Education and Counselling (PEC) program on the following levels:

- Therapeutic Patient Education Program - for health care professionals in the field of chronic disease prevention - with a view to create a competent health care staff and to provide them with all materials necessary for instructing patients - including videos, internet programs, booklets etc.
- PEC program - for patients and their family members with a view to educate and counsel them in health related behaviour; to help them improve their self-care skills and regain self-confidence in coping with a chronic disease as well as with everyday life.
- "The Manager's Health and Ability to Work" program in co-operation with the Estonian Institute of Public Administration - to give an overall picture of the health status of medium and top level managers; to provide the latter with information about the risks that go alongside with high responsibility and a hyper-intensive life-style; to share solutions how to cope with problems and sustain health and working capacity.

- A smoking cessation counselling clinic - to help smokers quit etc.

Patient education and counselling is an interactive process which assists patients to participate actively in their health care. It makes a wide use of evidence-based health promotion and models of good practice. The activities correspond to the long-term illnesses mentioned in the Report on Therapeutic Patient Education (WHO-EURO Working Group, 1997): cardiac and post-stroke rehabilitation; chronic obstructive lung disease, asthma, smoking cessation; diabetes; osteoporosis; cancer etc. The secondary and tertiary prevention of chronic disease, the reintegration of patients and disabled people into society, the improvement of their quality of life - these are the problems in our everyday work on health promotion in hospitals.

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### **Health Promoting Hospital, patient empowerment and health gain opportunities in an Afghan refugee camp in the Northwest of Pakistan**

*HASAN Zia-ul  
SHAGUFTA Zia*

A team of 7 doctors, 2 medical students, 3 nurses and 5 social workers, organised a free HPH health care camp for Afghan refugees in Peshawar, Pakistan in partnership with the Afghan refugee community to promote health awareness and guide them to the available local healthcare facilities. 304 attended the camp, 22.7% males, 45.3% females, and 22% children under 5 years. 70% living in the camp for 17-19

years 30% were new arrivals of Afghanistan crisis.

### **Profiling needs for health promotion**

Physical complaints varied from viral illnesses to chronic conditions like hypertension, diabetes mellitus, depression, and follow-up of conditions like tuberculosis, malignancy and asthma and narrative experiences e.g.: "Refugees are people who have no choice but to leave their country for their own safety ...". "... used to have our own homes ... feeling insecure and unsure about future. ... females feel depressed and anxious. Involvement with public health services difficult, unable to find the appropriate place at appropriate time for their problems". "Social needs satisfied and optimistic to go back to their own land soon".

### **Outcomes and future development of HPH's in Pakistan**

HPH's approach has enabled health workers to conduct health and social needs assessments, provide organised community / primary care / first referral level integrated services for a community of Afghan refugees in Pakistan and develop a framework for reconstruction of health sector in Afghanistan, focusing on maternal and child health care.

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### **Patient empowerment and effectiveness**

*ORLANDINI Danilo  
SPINSANTI Sandro  
SIMONELLI Fabrizio*

Reggio Emilia Health Authority (covers about 400.000 people) has the purpose of improving the



quality of the outcomes in the care of the chronic diseases and in the therapeutic education of the patients, in co-operation with all professionals involved in care. The project targets not only the Hospitals but also all the extra-hospital health care services, to become Health Promoting Healthcare Organisations.

Health promotion begins from the acquisition of by the professionals of the skills in the use of the Evidence Based Medicine to determine the more appropriate clinical and technical aspects of health care in order to plan Clinical Pathways with the best effectiveness.

The Clinical Pathways are interdisciplinary and multi-professional and use the techniques of communication with the patient to make the Therapeutic Education and to achieve the Empowerment of the patients with chronic diseases; the project covers at present heart failure, COPD (Chronic obstructive pulmonary disease ), diabetes, cancer, and the patients involved in the programme of cardio-pulmonary rehabilitation.

Centre of health care system work has become increasingly individual. The patient (or the group of patients or the families) is able to manage the treatment of his/her disease to prevent the avoidable complications and at the same time to preserve or improve the quality of life.

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## Baby Friendly Hospital

*SARLAI Katarina*

Exclusive breastfeeding for six month and the right complementary feeding is one of the first steps for health promotion of infants.

Baby-Friendly Hospital Initiative (BFHI) launched in 1992 by WHO and UNICEF has been a very successful and effective global initiative to protect, promote, and support exclusive breastfeeding. There are 9 Baby Friendly Hospitals in Hungary.

St. Stephen Hospital in Budapest has the certification "Baby Friendly Hospital" since 1997. There are born near 2000 babies every year. Authors report their experiences on the implementation of the "Ten steps to successful breastfeeding", the work for continuous assessment and evaluation of the everyday praxis. Permanent education of health care staff and patient education is an important part of the program. Fathers and other family members give emotional support for mothers in the open delivery room. The 24 hours rooming-in system give possibility for mothers to learn from hospital personnel the right infant feeding and baby care. Breastfeeding counselling service and lactation clinic support breastfeeding mothers after hospital discharge. The Baby Friendly Hospital promotes the health of babies by using the appropriate feeding praxis. It improves parent's knowledge on right infant feeding and baby care and strengthens partnership between health care staff and parents. The results are: less diarrhoea, respiratory and ear infection, less malnutrition and food allergy. Baby Friendly Hospitals and the community have short and long term benefits -not only the reduced costs of infant feeding (less formula, bottle, energy) but also the healthy generation need less hospital admission, less medicine.

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## 2.2 Improving the health of women, mothers, children

### Individualised health promotion for women: A pilot program

*TAJEDDIN May*  
*SCHIRA Jean-Claude*  
*STALDER Hans*

#### Background

Hospitals are an ideal place for women's health promotion. We developed a pilot program to provide individualised counselling to women working at our institution.

#### Objectives

- To counsel women on health promotion issues,
- to train health workers in women's health promotion and
- to develop a reference centre for women's health.

#### Methods

A physician and a nurse consulted weekly self-referred women for a global health assessment and individualised counselling adapted to their risk profile. Women requiring further investigations were referred to their physician. All received a personal health chart. Follow-up data were collected at 8 months.

#### Results

The first 39 participants are reported. 59% were aged 45 to 55. The prevalence of dietary risk factors was high: low calcium and fibre intake (both 62%), sedentary (54%), overweight (49%) and hypercholesterolaemia (49%). Many women had at least one risk factor for cardiovascular diseases (90%), osteoporosis (72%) and cancer(10%). Only 5% did not have any risk factor. 20% were referred to their physician with a report. 62% followed recommendations received during counselling.

## Conclusion

The individualised health promotion program identified middle-aged women at risk and resulted in a high compliance rate with recommendations.

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## "Back to school in the hospital": Access to school lessons in the paediatric ward

FRIGIERI *Giuliana*  
PIETRANTONIO *Anne Marie*  
PELLACANI *Miria*  
*et al.*

### Aim

The paper deals with a plan carried out by the Carpi Hospital Administration, the paediatrics ward personnel, volunteers and the Carpi primary schools. The plan consists of a computer connection between the paediatric ward and the primary schools for children recovering in the ward, in order to provide the "sick children" with a continuation of school life with the lessons and teachers and social life with School companions.

### Methodology

Through multimedia stations equipped with microphones and video cameras, the children can access lessons in the class room and maintain contacts with teachers and classmates as well as enjoy other types of video programming.

### Target population

The plan targets children in the paediatric ward who attend the primary school, the teaching staffs of the schools, the classmates of the patient, and as well as, volunteers who aid in the educational and

recreational activities connected to the multimedia stations previously set up.

### Results

The project allows the paediatric patients to experience a certain continuity in their lives between the Hospital and school - social - family life. In this way the children can face Hospital care and cure in a more complete humane way.

### Conclusions

The use of multimedia stations in the paediatric ward of Carpi Hospital proves to be an important alliance between the "sick children" and their social - life community, and as well as, between the school and the Hospital. It helps the child patient to overcome the difficult experiences of Hospital admission.

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## Using toys and play in health education for children

ROBINSON *James*

### Objectives

- To transmit health education information,
- To reinforce health education messages

### Aims

- Identify toys and play activities to which children respond,
- To engage children and carers in health education activity.

### Target group

Children and carers in community.

### Method

A nursing team visit agricultural shows and community galas. A model railway layout is the central

feature. This incorporates a number of miniature tableaux each highlighting a safety message. This attracts children to visit the health education display. One nurse engages with the children while another nurses engage with the children's carers. Once attracted to the display children and carers are encouraged to visit other exhibits which use items, such as model teeth, to focus on a range of health messages. Children leave with a badge and activity pack to reinforce health messages.

### Results

Children and carers receive health education messages. Previous health messages are reinforced. Staff can assess the child and carers level of knowledge. Attendance figures drop significantly when the model railway layout is not included in the exhibit.

### Conclusion

Interesting toys can be used effectively in a variety of ways to convey a range of health messages.

### Link to HPH

Hospital engages directly with community to improve child health and reinforce health messages.

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## Partnership for the development of actions to the Diabetic Child in Italy

VANELLI *Maurizio*

The Emilia-Romagna and Tuscany HPH Networks co-produced a pamphlet titled 'How to promote the diabetic child's health - Advice for families'. In this way we built an operative inter-regional and inter-institutional partnership between the Regional Centre for



Diabetes in Developing Age at 'Meyer' Hospital in Florence, the Regional Centre of Paediatric Diabetology of the Hospital of Parma, the Paediatric Clinic of the University of Parma, and finally the Italian Co-ordinating Association of the diabetic youngsters' families. The pamphlet gives indications to parents for a responsible management of the disease, simple knowledge about diabetes, behavioural advice for the prevention of critical events, with the aim of developing self management skills of health by the diabetic child and with the aim of activating collaboration with the health professionals. The pamphlet (now in printing) will be spread in regional centres cited above, and it will be translated into several languages of minority groups, in order to help immigrant families. Finally, the aim of the promoters of this initiative is to obtain modified files that will be spread in some extra-EU and developing countries through a specific activity of international collaboration.

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## 2.3 Arts in Health Promoting Hospitals

### Arts in the hospital environment - enhancing health and healing?

HONKALA Virpi  
HONKALA Matti  
VIRRANNIEMI Leena

It is no secret that patients entering a hospital for various reasons feel uncertainty, fear, stress or anxiety. The well-adopted concept of a Finnish hospital environment emphasises high hygiene standards, easily washable materials,

few plants or decorative textiles and plain "suits everyone" walls, which often represent dullness, cold institution and medicalised emotional deprivation. It is only recently that the doctrine of cosiness, inspiring positive feelings and diminishing the uneasiness related to hospital visits has been introduced.

Raahe hospital was founded in 1967 and renovated during 1996-2001. Choosing the interior design was a continuous innovative discussion between the users and the architect - the latter being extraordinarily patient and co-operative. The hospital had a small collection of paintings and several more were obtained as presents during the 30-year anniversary celebration. Instead awarding medals, it was decided to celebrate the staff members retiring or having a 50 or 60 years anniversary with a painting. When the administrative floor was finished, all paintings acquired to be given as gifts were hung on the walls like in an arts gallery. Since the recipient is entitled to choose among paintings, the "gallery" renews its face at irregular intervals. The Finnish-American artist Rea Nurmi donated four murals to Raahe hospital as a distinction to our work for promoting health.

In order to assess the acceptance of our new hospital, image a questionnaire was given to the patients visiting the outpatient clinics of internal medicine, dialysis and gynaecology, the day surgery unit and two wards. 81 patients, 30% males and 70% females, replied. 94% felt positively affected by the cosy and comfortable hospital environment. The rest had no opinion. No one gave the answer of not caring about how the hospital looks. The patients were asked to grade the appearance of facilities according to Finnish school grades from 4 to 10 (poor to excellent). No grade was below 7, and the average was 8.6. There was no difference between sexes. Only

patients older than 70 years rated 8.9. This may well be explained by the fact that probably all of them had visited the hospital also before the renovation. Written comments were very supportive, and in several of them also friendliness of the personnel was appreciated.

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### Developing Arts on Care in the Midland Health Board - a regional strategy

MCREA Eily

#### Rationale

The Arts in Care Project is a partnership between the voluntary agency Age & Opportunity and the Midland Health Board, Ireland.

#### Aims

- To provide training to enable staff in residential care settings for older people to explore their creativity through process art and drama,
- To create an environment where people can express themselves and facilitate the creative process among people in their care.

#### Methodology

- The terms of 'process drama' and 'process arts' are important because drama workshops do not necessarily conclude with a finished product, but are unplanned experiences where people express themselves with their own words or movements.
- Art workshops provide older people with an opportunity to express themselves working materials such as paper, etc, as part of an ongoing self developmental process.
- Training consists of two mod-

ules of fifteen one-day workshops.

- Trainees can apply for nationally recognised collection.

### Outcomes

- Staffs of eight settings in the Midland Health Board has received training facilitated by senior tutors Elly McCrea and Gerda Teljeur.
- An evaluation is ongoing. Preliminary results indicate that trainees have benefited personally, and many are already applying the training in their place of work.

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### Artwork "Healing Walls"

*NURMI Rea*

My artworks, murals, are on hospital walls. They are at Yale University Hospital and St. Vincent Special Services for Children in Connecticut, USA and also in two locations in Finland, in Raahe Hospital and in an assisted living facility for the elderly in Helsinki. The intention is to bring colour and light to areas and facilities where it is most needed. The work is often in the windowless areas. I bring the seashore or blooming gardens to patients and medical personnel as well as visitors.

The materials are acrylic or latex paints in bright and joyful colours. The healing artwork best adapting to the environment can't be too loud or too bold. In some occasions I have created "Windows of Opportunities" where the work is literally a size of a window instead of a wall-size work in a hospital facility. In addition to exhibiting art, I also teach drawing to children and adults in a hospital setting.

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## 2.4 Developing the quality of HPH services

### Setting up a customer training programme for laboratory staff

*BREEN Ann*

#### Aim

To guide staff in development of a holistic approach to caring for service users.

#### Objectives

The main ethos is in empowering staff with knowledge and skills to give a truly great service. By being part of a team of providing excellent customer service a common vision can develop which will lead to a reality of excellent customer service. Management has an important role in creating an environment that recognises the value of internal customers. Part of this role in equipping staff for their task in service provision is providing training that will enhance skills and confidence for ensuring these standards are met.

#### Method

With these values in mind I set up a training course for staff in the following areas. Freedom of Information standards (FAO). Training in handling complaints verbal and written and referral as appropriate to higher management. Ensuring complaints about service are welcomed and valued not negated. Advocating adherence to confidentiality standards communication skills, conflict management, problem solving and listening skills. Managing errors and ensuring best practice (Risk Management) Telephone handling skills.

### Results

Validation and staff appraisal of the course by questionnaire - Interviewing managers regarding the value of this training - Questionnaire to customers 'how can we be of best serve you' (needs assessment)

#### HPH link

Empowerment of staff with necessary skills to manage customer service. Partnership of care by all service providers. The customer gets a say in the service they receive. Greater job satisfaction and rise in self-esteem. For excellent customer service to exist, the successful joining of corporate values and employee values has to occur.

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### Writing to patients: A randomised controlled trial

*O'REILLY Máire  
PERRY Ivan  
CAHILL Mary*

#### Background

Providing patients with a detailed letter summarising their outpatient consultation has been highlighted in recent studies to be of potential value to patients and signifies. This work reflects an increasing trend towards regarding patients as consumers of healthcare, working in partnership with health professionals and improving quality in communication.

#### Objective

To evaluate the feasibility, acceptability and effectiveness of a summary letter from a consultant to new outpatients attending a haematology outpatient clinic in a general hospital setting.



## Design

Randomised controlled trial: 78 haematology outpatients were randomised to receive a letter summarising the consultation, with a copy to their GP and 72 controls were randomised to receive a note thanking them for attending the clinic with a standard letter to their GP. Patients were assessed for recall, compliance and satisfaction using a standardised structured interview. Referring GPs' / consultants opinions of the use of summary letters were also sought.

## Results

92% of the intervention group were 'very pleased' or 'pleased' to receive a written summary of their consultation and 90% considered the letter as 'very useful' or 'useful'. Strongly positive views on the summary letter were expressed by patients during interview, reflecting high satisfaction rates. The average time taken to dictate the patient summary letter was 6.8 minutes, range 3 to 15 minutes. 42% of GP's and consultants considered the summary letter to be 'very useful', 49% felt it was 'somewhat useful' and 9% considered it to be 'useless'.

## Conclusions

Letters from consultants to patients summarising key elements from the clinical encounter are feasible and enhance quality of care.

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## Reorienting nutrition services in fifteen Caribbean hospitals

RICHARDS Laura D  
XUEREB Godfrey  
MORRIS Audrey

The Caribbean Food and Nutrition Institute conducted operational

research aimed at reorienting nutrition services to assume greater emphasis on health promotion at the secondary and tertiary prevention levels.

## Objective

To assess the potential impact of documentation of the quality of care in 15 Caribbean hospitals.

## Methods

Twenty percent of the medical records (491) in 88 wards from 15 hospitals in 7 countries were randomly selected and audited for selected anthropometric, laboratory and clinical data, diagnosis, diet prescription and notation of nutrition intervention.

## Results

Nutrition intervention was low or not adequately documented by any category of staff in any of the countries although there was adequate baseline information, except for anthropometric data. Over 50% of the records in most countries had no diet prescribed by a doctor. Only 8 of the 15 hospitals had a dietitian.

## Conclusions

The nutritional care offered in the Caribbean needs upgrading. The data identified specific areas of clinical and administrative dietetic services for strengthening and improvement.

## Application to HPH

Attention has been refocused on nutrition in the health of patients. Hospitals oftentimes have the greatest concentration of nutrition expertise. For many persons, this care is only accessible at hospitals. Hospitals need to make their nutrition resources available to the community.

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## Are patients' socio-demographic characteristics related to their level of satisfaction with the hospital?

MILASAUŠKIENE Zemyna

## Aim of study

to analyse the relation between patient satisfaction with health care services and their sociodemographic characteristics.

## Material and methods

The study was carried out in nine Lithuanian HPH network hospitals with 1271 patients. The response rate was 98%. Patient satisfaction was evaluated by a uniform anonymous questionnaire. The patients were asked to rate the environment of the hospital, quality of work of health personnel from 1 (very bad) to 6 (excellent). While performing the data analysis the evaluations very bad, bad, and satisfactory were summed up and considered as negative evaluations; similarly, the answers good, very good, and excellent were summed up and considered as positive evaluations. Multifactorial logistic regression method was used to evaluate how sex, age and education influenced patients' evaluation concerning the physical environment in the hospital and of health personnel performance and behaviour. Odds ratio (OR) and confidence interval (CI) for estimates were calculated at the level of 95%.

## Results

The results revealed that patients' satisfaction with physical environment in the hospital depended on patients' sex and age. Males and elderly patients assessed hygienic conditions in the ward more positively. Older patients and those who had primary education evaluated hospital's food better (OR=1,42, CI-1,05-1,92, p<0,02 and OR=1,92, CI-1,23-

2,94,  $p < 0,003$ ). Patients with higher education more negatively evaluated the behaviour and performance of health personnel. The chance that patients' with university education would evaluate personnel behaviour positively was 2,2 times smaller ( $OR = 0,46$ ,  $CI = 0,28-0,95$ ,  $p < 0,03$ ). Age was the only factor that determined evaluations of the promptness of the services provided. The older the patient was, the better evaluations of promptness were received. The chance that older patients would evaluate promptness of services more positively was 1.81 times higher compared to younger patients. It was found out that younger patients with higher education were more critical in their evaluation about educational activity of health personnel ( $OR = 0,42$ ,  $CI = 0,12-0,32$ ,  $p < 0,001$  and  $OR = 2,04$ ,  $CI = 1,47-2,85$ ,  $p < 0,01$ ).

### Conclusions

Age, sex and education are related with their satisfaction in hospital. Health personnel must pay more attention to the young patients with higher education in order to improve the quality of health care services.

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## 2.5 Developing an overall HPH approach

### Becoming a Health Promoting Hospital

*HALLMAN-KEISKOSKI Maria*

Central Finland Health Care District is responsible for the specialised medical services for the

region's 260.000 inhabitants. The Health Care District consists of the Central Hospital responsible for somatic diseases and three psychiatric hospitals. Altogether the District has approximately 902 beds and 2.421 employees.

The Central Hospital joined the WHO Health Promoting Hospitals (HPH) network in 1998. Initially, the hospital's health promoting committee acquainted itself with documents of the HPH-network. An invitation seminar in the spring of 2000, aimed at hospital management, initiated a deeper involvement in the HPH-process. Staff groups contributed their views to the programme proposal when it was introduced to 23 work units during the autumn of 2000. In the spring of 2001, the proposal was introduced to the Board, consisting of trade union and management representatives, Executive Group and Federation Board of the Health Care District. In its meeting on 8 June 2001, the Federal Council of the Central Finland Health Care District accepted the "Health Promoting Hospital" programme for the years 2001-2006. At the same time the whole Health Care District joined the HPH network. The programme was printed and distributed to employees and interest groups. It was also distributed to work units as a poster and a series of slides were circulated via the hospital's data network to assist the units in managing the programme.

The new programme describes the basis of the HPH network and outlines activities in the district that promote good health. It has nine basic principles:

- Prevention,
- A holistic viewpoint,
- Support of coping,
- Increasing the level of trust,
- 'Course of life' thinking,
- Co-operation,
- Understanding difference,
- Cost-efficiency,
- Research activity.

The employee or the work unit can look at these principles from the point of view of promoting the health of the patients, staff and population, or from the point of view of a health-promoting nursing culture and environment.

The HPH programme is the first one of its kind in Finland - we are the pioneers. The next goal is to get the programme to become part of the thinking and strategic planning of the hospitals.

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### Integrating health promotion for staff, patients and community

*KERR Ann  
 LOUGHLIN Diane  
 CURRIE Paul*

West Lothian NHS Trust is an integrated Trust which provides primary and secondary care services to the west of Edinburgh.

The Trust is an evaluation site for the Health Promoting Health Service Framework.

Having gained a silver award for SHAW (Scotland's Health At Work award scheme) the Trust is aiming to integrate its health promotion work for staff, patients and community.

Examples of current projects are:

- Staff health/patient programme- The colo-rectal surgical ward staff have created a sweet free zone where fruit/healthier options are available to be eaten on a daily basis.
- Staff Health- Positive mental health for staff, following stress audit - introduction of awareness and training for different strategies.
- Patient Programmes / Staff-



Bangour Day centre - development of health promotion newsletter providing information for staff health and health-related issues.

- Working in partnership- Boghall clinic have implemented a food co-op and working with lay health workers.
- Mental Health Promotion Steering Group - multi agency, with trust, council, education, users to develop West Lothian action plan. Currently working on extending health information pack for schools.
- Environment - issues with impact for health and safety were resolved very quickly using the Health Promoting Health Service Framework and raised awareness for staff on their own abilities to take forward other issues.

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### Intrasectoral collaboration: an HPH good practice

*BOYKO Jennifer A.*

#### Objective

To facilitate exchange and sharing of knowledge, information, ideas and resources on hospital health promotion (HHP) between Health Promoting Hospitals (HPH) in Ontario, Canada.

#### Aim

To provide partners of the Health Promoting Hospitals Network (HPHN) with information on HHP, as well as initiatives within partner organisations, so that partners can work more collaboratively on health promotion strategies and initiatives.

#### Target groups

HPHN affiliates in Ontario.

#### Methods

A framework for the classification of HHP was developed to guide the project. A review of literature was conducted and references reviewed and classified according to the framework. A survey instrument was developed to inventory health promotion initiatives within the Network. The survey was sent to each HPHN partner for completion.

#### Results

Participation was 64%. An information package has been compiled that includes a reference list, selected abstracts, an inventory of HPHN initiatives and information about the Network. The resources are to be provided to each partner organisation.

#### Conclusion

Intersectional collaboration has been emphasised as a health promotion strategy, yet collaboration within sectors has not. Intra-sectoral organisations / networks such as the Health Promoting Hospitals Network of Ontario can work more effectively with each other and on health promotion initiatives within their institutions, if information sharing and exchange is enhanced.

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### The South Tyneside healthy living and working project

*SENGUPTA Soumen  
PATON Kevin*

As a member of the International Network of Health Promoting Hospitals, South Tyneside Health Care NHS Trust is committed to promoting the health and well-

being of patients, visitors, staff and the wider community. To enable this process, the Trust has decided to initiate the development of an innovative Health Living and Working Strategy. Developed in association with the University of Sunderland, the purpose of the Strategy will be to provide a comprehensive and systematic framework for action to promote healthy living and working lifestyles and behaviours amongst staff, patients and visitors. The projects seeks to create a novel whole systems approach to co-ordinating and integrating health policies and policies that impact on health within a hospital.

Commencing in Spring 2002, this ambitious project will be progressed by the Trust working in close collaboration with the Universities of Sunderland and Teeside, and is one of the first NHS-based initiatives to have secured financial backing from the UK Government's Teaching Company Scheme.

The purpose of this presentation is to outline the concepts that underpin the proposed Health Living and Working Strategy model, and the scope and structure of the project, as well as solicit feedback and suggestions from international colleagues.

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### Result of self assessment of Health Promoting Hospitals implementation

*AUAMKUL Nanta  
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KIRIWONG Petcharat  
LIANGPUNSKUL Srivipa*

In 2001, Thailand defined 7 elements of Health Promoting

Hospitals including: administration and organisational leadership; human resource and resource development; supportive environment management to health promoting hospital; health promotion for hospital personnel; health promotion for hospital clients, families and relatives; community health promotion; and outcome of health promoting processes. By December 2001, 25 hospitals have gone through self-assessment process of health promoting hospital using self-assessment form covering these 7 elements. Four out of five hospitals reported meeting the criteria on administration and organisational leadership, and supportive environment management. More than half met the criteria on human resource and resource management, health promotion for clients, and community health promotion. However, most hospitals reported failure or uncertain to the criteria on the outcome of health promoting processes. Self-assessment is one of the progress monitoring and learning processes for improvement of health promoting hospital implementation.

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## 2.7 Workshop: The EFQM (European Foundation for Quality Management) model applied to HPH

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*BRANDT Elimar*  
*DIRSCHERL Georg*  
*FAVARETTI Carlo*  
*HERMANN Peter*  
*NOWAK Peter*  
*SCHMIDT Werner*

The Workshop will introduce basic concepts of the EFQM-model and the opportunities to apply it in the context of HPH. In the last four years the body of experience in applying an integrated approach of quality management and health promotion in hospitals has developed to the extend, that first guidelines and source books are available (for example: Brandt, E. (Hg.) (2001): Qualitätsmanagement und Gesundheitsförderung im Krankenhaus: Handbuch zur EFQM-Einführung. Neuwied, Krieffel: Luchterhand.).

The workshop therefore will give a broad range of practical experience with this approach for hospital representatives, who are interested to implement the EFQM-Model (or a comparable quality management model) in the context of HPH. Workshop participants will have the opportunity to discuss their questions (and first experiences) on applying this approach in their hospitals.

Inputs:

- Introduction and Chair: P. Nowak (AUT)
- Basic concepts to apply the EFQM-Model in a Health Promoting Hospital: W. Schmidt (GER)
- Practical experiences from an Austrian Quality Management Project in the Context of HPH R. Bachmann (AUT): the perspective of Nursing  
 W. Werner (AUT): the perspective of Medical Doctors  
 G. Dirscherl (AUT): the perspective of Project Management
- Practical experiences from a German Quality Management Project in the Context of HPH E. Brandt, W. Schmidt (GER): the perspective of Quality Management and Hospital Management
- Experiences from the Italian working group on EFQM and HPH: Carlo Favaretti (ITA)

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## Parallel Sessions 3

May 17, 2002, 11.15-12.45

### 3.1

## Good and innovative HPH Projects: Community interventions

### Health Kainuu - the role of Kainuu Central Hospital in creating municipal health strategies for local decision making

*REINIKKA Matti*

The province of Kainuu consists of ten municipalities, the area is 24.500 square kilometres (two-thirds of the area of Belgium). The population is 90.000; therefore the density of population is only 3,8 per square kilometre (Belgium 333 per square kilometre). The city of Kajaani has a population of 36.000. Otherwise the municipalities are small. Kainuu Central Hospital provides the secondary health care for the province. Healthy Kainuu was launched in 1996 as a provincial health promotion project based on the national health promotion programme entitled Health for All in 2000. The second phase of the program was launched in 2000. Today the priorities of the project are still based on Health for All principles, and the focus of the work is to support municipalities with methodologies and tools, develop and implement health promotion policies, support national health promotion policy and evaluation. The Government Resolution on the Health 2015 public health programme outlines the targets for



Finland's national health policy for the next fifteen years. The main focus of the strategy is on health promotion, not so much on developing the health service system. Provincial co-operation has been seen beneficial because a single municipality is too small to act on its own. Synergistic benefits are gained by combining the resources and through co-ordination by the Kainuu Central Hospital. Using the expertise of the central hospital the program in health promotion is based on analysed information and evidence-based actions are implemented. New networks between primary and social care professionals, secondary care professionals and third sector non-profit organisations are formed.

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## Health system partnership building

*CERNAK Keith*

### Objectives

The objective is to illustrate how hospitals can create highly effective partnerships by creating a catalytic vision of health improvement and then an outcome based approach to achieve it. "Partners For A Healthier Community" (Partners) has developed such an approach that has driven the formation of the largest collaboration of hospitals and community agencies for health improvement in the United States. The "Partners" model community has not only brought the largest health plan in the United States, eight competing hospitals and more than fifty service agencies together, but this partnership is now entering its sixth year.

### Target Group

All Agencies

### Methods

The presentation includes perspectives on the major challenges for hospitals in developing this type of outcome approach, the potential points of failure and the lessons learned to successfully build longevity.

### Results

Partners is a highly recognised and awarded model in the U.S. What began as a regional Seattle area effort is now expanding across the United States with the support of health plan and physician association partners who have traditionally been adversaries.

### Relevance to HPH

The presentation addresses the critical area hospital partnership building and will highlight successful initiatives e.g. our domestic violence in the workplace prevention program launched at Microsoft among others.

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## Stop lung cancer

*BERZINEC Peter*

### Purpose

Stop Lung Cancer project was prepared to help in lung cancer incidence reduction in the region of Nitra, Slovakia.

### Population/audience

Entire population of Nitra region - about 250.000 inhabitants, however, other parts of Slovakia might be influenced as well.

### Methods

Interventions on three most important areas: smoking, occupational

carcinogens, and nutrition. Forms: school-based program for smoking prevention, advice from health professionals for smoking cessation, information/motivation containing facts about smoking, known carcinogens, and nutritional factors disseminated by leaflets, booklets, posters, mass media campaign, and web-site, community activation.

Activities which have been done: Informative posters and leaflets were installed and distributed in our institutions. Information about smoking, occupational carcinogens, nutrition, and lung cancer are available in Slovak on Internet: [www.viapvt.sk/stoprakovinepluc.htm](http://www.viapvt.sk/stoprakovinepluc.htm) (stoprakovinepluc = stoplung-cancer). Interventions started at all secondary schools and at three primary schools in Nitra. Information about lung cancer were published in the newspaper, and given to public by the regional radio. All pulmonologists, several general practitioners and other regional health care workers were informed about the project - at the moment, most of them are supporting it.

### Evaluation of results

Long-term follow-up of lung cancer incidence in Nitra. A questionnaire will be used to assess impact of this project on secondary school students - first results will be presented at the conference.

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## Partnership for health promotion - experiences from an Australian women's and children's hospital

*PETTIFER Susan*

This paper is based on the work of the Women's and Children's Hospital, Adelaide in Australia. Since 1993 the hospital has pur-

sued a progressive health promotion agenda both within the hospital 'organisation' and through its partnerships with community agencies. Presently the hospital has formal partnerships for health promotion with over 30 community organisations. These include local government, peak advocacy groups, community health agencies and the private sector. This paper will describe two initiatives exploring the central theme of partnerships for health. Firstly the lessons learnt from a 6-year partnership with a retail pharmacy chain will be presented. This partnership with the private sector facilitates a health seminar program attracting over 1,000 people annually, monthly columns in the city's main newspaper, and a project to disseminate preventive and self-help health information to the population via a statewide network of pharmacies. Navigating the philosophical differences inherent in this partnership will be discussed, together with findings from a qualitative evaluation of the partnership based on a capacity building framework. Secondly, the facilitation work undertaken with hospital-based health professionals to encourage them to build partnerships with the community, through an internal health promotion incentive scheme will be presented.

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### **Playground accidents - Injury facts and prevention activities**

*SPITZER Peter*  
*MAYR Johannes*

Playgrounds are defined as spaces specially set aside for children and contain items of fixed playing equipment. Playground accidents do not only occur in public or pri-

vate playgrounds, but also in day care centres and schools. To find out the causes and sequels of playground injuries we analysed 374 accidents in a retrospective study. Questionnaires were sent to the people concerned and thus 103 parents provided detailed information on the playground accidents of their children. In co-operation with the Austrian Standards Institute (ON) we additionally investigated and examined the impact of the head injury criterion (HIC), height of fall, type of ground and age of the child on the injury severity score (ISS) in playground equipment-related fall accidents. The results had influence on the work of the Austrian Standards Institute (ON) and the European Committee for Standardisation (CEN). Experts of Safe Kids Austria and the department took part in preparation of revised European playground standards. Numerous seminars and lectures on playground safety were held by us all over Austria and our strategies for improvement of playground safety were presented repeatedly in the media. In Styria we checked more than 150 public playgrounds upon request. We further created a playground safety folder and in co-operation with different partners we offer a playground safety check to playground owners. With support of the media and private sponsors we built a playground in compliance with our guidelines next to the children's hospital of Graz.

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## **3.2 Chronic diseases I: Diabetes, Pain**

### **How to prevent Diabetic Keto-Acidosis in newly diagnosed diabetic children**

*CHIARI Giovanni*  
*GHIDINI Benedetta*  
*VANELLI Maurizio*

#### **Aims and Objective**

To shorten the period of carbohydrate intolerance preceding the diagnosis of IDDM in children.

#### **Target Groups**

Parents, Teachers and Pediatricians

#### **Methods**

The incidence of diabetic ketoacidosis (DKA) was studied in newly diagnosed diabetic children aged 6-14 years, in the area of Parma, Italy, eight years after having addressed an information program on DKA to teachers, students, parents, and paediatricians. Information was provided by displaying a poster with a few practical messages in 177 primary and secondary public schools. The paediatricians working in the same area were given the equipment for the measurements of both glycosuria and blood glucose levels, as well as cards with the guide-lines for an early diagnosis of diabetes to be given to patients. A toll-free number was also provided. Clinical and laboratory features of 24 young diabetic patients diagnosed in the area of Parma (Group 1) were compared with those of 30 patients coming from two nearby areas where no campaign for the prevention of DKA was carried out (Group 2).

#### **Results**

From January 1, 1991 to December 31, 1997, DKA was diagnosed in 3 children only from Group 1 (12.5%) and in 25 children from Group 2 (83.0 %; ?2 =



26.8;  $p=0.0001$ ). The 3 cases of DKA in Group 1 were observed in 1991 (n.1) and in 1992 (n.2). No patients from the area of Parma were admitted to our Unit with DKA after 1992. The duration of symptoms before diagnosis were  $5.0\pm 6.0$  and  $28.0\pm 10.0$  ( $p<0.0001$ ) days, in Group 1 and 2, respectively. Metabolic derangements were less severe in patients of Group 1 than in those of Group 2. Hospitalisation for the treatment of overt diabetes and teaching of self-management of the disease lasted  $5.4\pm 1.2$  in Group 1 and  $13.3\pm 2.4$  days in Group 2 ( $p=0.002$ ). The total cost of the 8 year campaign was \$23,470.

### Conclusions

The prevention program for DKA in diabetic children aged 6-14 years, carried out in the area of Parma in the last 8 years, was successful. Thanks to this program, cumulative frequency of DKA in new-onset IDDM decreased in the 1991-97 period from 78% (1987-91) to 12.5%. None of the newly diagnosed diabetic children 6-14 years old, coming from the area of Parma, was ever admitted to the hospital for DKA after 1992.

### Link of topic to HPH

The aims had been obtained with the collaboration between Hospital's Staff, family Paediatricians and the Parents' Association for Diabetic Children and Adolescents of Parma.

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## The complex therapy of the painful syndrome in the lower extremities in patients with Diabetes Mellitus

PETRICEK Stefan  
JARÁBEK L.

### Aim

To prove or disregard the hypothesis that "Complex therapy" (CT) leads to subjective and/or objective improvements in the patients with Diabetes Mellitus (DM), II. types.

### Methods

579 pts. with DM, II. type with different types of treatment (68 diet, 235 on PAD and 276 on insulin) have been evaluated (in the private health care out-pts. facility) before and after CT. Average age has been  $62,6 \pm 8,7$  years, 316 out of them have been of male sex. Subjectively, the pain grade of the LE affected on 1-5 time of the pain duration scale and big toe and plantar skin sensitivity have been measured. Objectively, the Doppler USG of the LE arteries, (type of the curve and ankle pressure), and Hb, HTC and glycaemia have been realised and analysed. By "CT" - applied in the state in pts. health care facility - authors mean: haemodilution by repeated venepunction, pentoxifyllin i. v., amitriptyllin p. o., LE physiotherapy, targeted diet corrections, hyperglycaemia correction, education.

### Results

The pain grade after therapy has been significantly ( $p=0,001$ ), lower ( $3,34 \pm 0,38$ ;  $1,98 \pm 0,43$ ). The values of Hb ( $136,9 \pm 12,9$ ;  $130,6 \pm 10,9$ ), HTC ( $37,4 \pm 3,6$ ;  $35,7 \pm 2,7$ ) and glycaemia ( $9,6 \pm 3,3$ ;  $8,29 \pm 2,5$ ) have been also significantly ( $p=0,001$ ) lower. The positive correlations or the pain grade with Hb and/or HTC ( $p=0,003$ ) and of the pain grade with glycaemia ( $p=0,047$ ) at the discharge have been found.

### Conclusion

CT significantly diminishes the LA pain in pts. with DM, thus improving their (health - related, disease - specific) quality of life.

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### Follow-up results in patients with metabolic syndrome: success and failure

HALMOS Tamas  
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SUBA Ilona

Metabolic syndrome is a cluster of cardiovascular risk factors leading to fatal myocardial infarct, or stroke, or peripheral vessel disease. We investigated the amelioration of metabolic parameters and experiences of patient education in 73 patients, carrying typical features of this syndrome. BMI: 32,9 kg/m<sup>2</sup>, systolic blood pressure: 166,5, diastolic: 105,2 Hgmm. Basal serum insulin level: 18,6 microU/ml, HgBA1C: 9,0% were analysed. Frequency of type 2 diabetes was 67%, impaired glucose tolerance: 8,2% normal glucose tolerance: 24,6%. Ischemic heart disease occurred in 30, stroke in 6,7, dyslipidemia in 91% of the cases. Besides of drug therapy lifestyle and dietetic education was carried out in all patients. Blood sugar and lipid levels, systolic and diastolic blood pressure. HgBA1C improved significantly. Average BMI values remained almost unchanged. Co-operation was regular in 49% temporary in 28% of the patients, while 23% of them co-operated poorly or dropped out. Drug taking was disciplined satisfactorily in 81%, diet in 43% but exercise only in 11%. This fact has meant, that educational work was imperfect.

Conclusion: Roughly half of our patients cooperated poorly, especially change of life-style seems to be very difficult in adults. In this activity, HPH hospitals, professional staff should have responsibility to convince endangered individuals to keep all the recommended life-style, dietetic etc. principles. Suppression of the metabolic syndrome can be achieved only by education starting at a very young age (family, kindergarden). HPH hospitals have a dominant organising role in halting the development of the syndrome.

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### No pain hospital: An acute pain service. Advantages and troubles

*SOTTILI Sandro*

3 years ago we started a program of acute pain treatment in our 200 beds hospital in Milan, Italy. This HPH project is still running and we planned changes in the anti-pain strategies, looking for different drugs administration, more patients, nurses and doctors information. The service was performed mostly with doctors of anaesthesia service, but we are looking for protocols involving other components of care giving people. The service is aimed alleviating postoperative pain, trauma pain, and other types of acute pain unmanageable by traditional analgesic treatments. Modalities include patient-controlled analgesia (in few cases), epidural opiate delivery, epidural and local anaesthetic analgesia, intravenous analgesia and management of oral analgesics. In addition to obvious humanitarian factors, good postoperative analgesia reduces respiratory, cardiovas-

cular and gastrointestinal morbidity, and may allow earlier mobilisation and discharge from hospital. We developed a more systematic approach to postoperative pain control through formal and informal education of nursing and medical staff and telling patients they have not to suffer pain even in presence of great surgical events. Visual scale is currently used to assess colour, and this score will be recorded at any check of patient condition. Score of 3 is the goal for all patients in the hospital. In order to improve awareness, and hence treatment, of acute pain in this hospital we want introduce a simpler pain score (4 levels) based in observation: Movement component is important to be included as it has been clearly shown a significant underestimation of pain at rest only. The pain score will be regularly assessed and plotted on chart by the nursing staff. Scores of 2 and 3 are unacceptable and intervention is required.

### Conclusion

we are performing an acute pain service 1 To reduce the incidence and severity of acute postoperative or posttraumatic pain. 2 To educate patients about the need to communicate about their unrelied pain. 3 To enhance patient comfort and satisfaction. 4 To reduce postoperative complications and, in some cases, shorten stays after surgical procedures. 5 To learn medical and nursing staff that pain is not a must in the hospital

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### An integrated health care project to manage low pain patients

*TORNESE Roberta*  
*SCETTI Silvia*  
*ADESSO Mario*

### Introduction

The actual National Medical System changes need to integrate the Hospital and Local Services. In this matter an alliance with the family physicians is fundamental. For two years the San Donato Hospital, a hospital in the Lombardia Region, has been working as a task force organised by the Local Health Unit. It consists of the family physicians and other public and private health structure representatives.

### Objectives

- To increase patient satisfaction,
- To reduce waiting lists,
- To improve the collaboration between hospital and family physicians

### Target group

Patients with low back pain who are referred to the public and private hospitals for physical therapy by their family physicians.

### Methods

The task force has produced a plan to manage the physical therapy prescription. This plan has been approved and communicated to the family physicians by the Local Health Unit. The family physicians have to respect it to reach a conformity in prescribing physical therapy.

### Conclusion

In order to achieve the best results in terms of patient satisfaction we hope that our project will improve local and hospital staff co-operation. In fact we know that a strong partnership between local and hospital services is crucial for the success of the health promoting hospital program.

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### 3.3 Workshop: Health promoting mental health care

*BERGER Hartmut*  
*PAUL Rainer*  
*VON OSTERHAUSEN Kim*

Mental health disorders require an integrated approach, since disease processes often develop over longer periods of time, and acute and sub-acute phases of illness alternate with phases relatively free of symptoms. This workshop will offer a forum for sharing experiences on health promotion in psychiatric health care. It is designed to present models of good practice of health promoting mental health care and to further develop a conceptual framework for health promotion in mental health care: HP in the mental health sector must be oriented towards the needs of outpatient as well as semi-inpatient and inpatient services, including the social network of the patient. From the standpoint of the case history and the biography of the patient, health promotion effects can only be achieved if the settings in and through which the patient moves throughout the course of his biography are interacting. The interventions within these settings must be so tuned to one another that their immanent goal to promote health becomes the steering principle. The setting approach expands at this point into a concept of interacting settings. Participants of the workshop are invited to present their experiences on health promoting mental health care (models of good practice). The

team of the taskforce on health promoting psychiatric services will give a short report on the development of the activities, members and the next steps of the taskforce.

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The workshop will include the following contributions:

#### **Integrated care pathway for psychiatry for later life - development & Implementation**

*LORCAN Martin*  
*WHELAN Caroline*  
*SMITH Bernadette*  
*et al.*

#### **Rationale**

The multidisciplinary approach to healthcare delivery may produce difficulties due to the use of different case notes for each discipline. Different notes for each area (inpatient / outpatient / day hospital) and, as the number of different assessments / interventions increases, raises the issue of monitoring if every patient is afforded the same level of quality of care and to keep track of which interventions have been carried out. These issues may be addressed by use of an Integrated Care Pathway (ICP), a multidisciplinary outline of anticipated care, placed in appropriate timeframe, to help a patient move progressively through a clinical experience to positive outcomes. Variations from the pathway may occur as clinical freedom is exercised to meet the needs of the individual patient. Deviations from the pathway are monitored as variances and acted upon. An advantage of the ICP is that all information relating to a case is contained in one location.

#### **Aim**

To develop integrated care pathways for psychiatry for later life.

#### **Methodology**

The ICP devised for use by the Dept. of Psychiatry for Later Life included many quality and risk management outcome measures. Specific aims were (i) the initiation of a single set of multidisciplinary case notes, (ii) reduction in waiting time for first assessment to no more than three calendar weeks and (iii) monitoring communication with general practitioners to ensure efficient transfer of information back to Primary Care.

#### **Outcomes**

The ICP was developed over a two-month period and commenced a three-month pilot period from March 26th 2001. Objectives (i) and (ii) were achieved. The care pathways were well completed and variances always documented. Achievement of specified standards varied. Many variances were out of the control of the service provider e.g. Patient unavailable for an appointment, but several variances could have been avoided if service provision became more streamlined and more staff made available (especially in provision of replacement staff for leave). Further audit would be required to examine where these variances are consistent.

It may be concluded that the introduction of the ICP has improved team efficiency by eliminating unnecessary duplication of information and also improved service delivery by reducing waiting time. It is anticipated that its introduction will also have improved communication with the area of primary care.

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Health  
Promoting  
Hospitals

An International  
Network Initiated  
by the  
WHO Regional Office  
for Europe

## Psychiatric patients and work opportunities. The experience of a mental health department at the local health unit of Reggio Emilia (Italy)

NEGRI Elisabetta  
BALOCCHI Laura  
TAGLIABUE Luigi

The Local Health Unit of Reggio Emilia has among its objectives the promotion, at various levels, of the social integration of people with mental disabilities. "Work" is one of the areas of socialisation of the psychiatric patient, in which social integration is implemented. It plays an important role in the reconstruction of the patient's social role and personal identity. A unit of social and health professionals was constituted to carry out this objective. This group follows a method of "directed placement". Work is considered as one of the main components of patient therapy. It comprises pre-work observation, vocational training, in service training, in service tutoring, and finally the employment of the patient.

The principal functions of this unit are

- the evaluation and planning of a personalised work proposal for each customer, built with the help of the instruments of "mediation";
- the promotion of connections between the various actors and sectors of: career guidance, training and work (links between: the mental health service, social services, the administration of the province, training agencies, enterprises and their associations, social co-operatives, trade unions, voluntary services, and representatives of patients and relatives) creating a network of resources and competencies.

The reinforcement of the professional competencies of our unit

and the increase of resources of the network have helped us to concentrate on the "work axis" - part of the therapeutic relation with the patient - guaranteeing a consistent response to the objective of social integration.

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## 3.5 Disseminating HPH: Networking and Training

### The hospitals of the Valais on the way towards Health Promoting Hospitals: GEHVAL, the group of Valais hospitals, an associated member of the Swiss Network of Health Promoting Hospitals

MARTY-TSCHUMI Elisabeth

A Pilot group from GEHVAL (Group des établissements hospitaliers valaisans) which is the association of the hospital from the Valais, decided to arrange the work setting and the reception place in the hospital that is used by its employees, patients and their relatives in a health promoting way. This pilot group focuses on health promotion and analysis of projects that can be undertaken in collaboration with several other hospitals.

The general aim of the project is to implement and integrate the mission of health promoting hospitals in each hospital in order to achieve sustainable changes. Within this common project, each participating hospital will develop and support the vision of a "health promoting hospital" further. Special education will be given to all employees and within each establishment, clearly defined work

groups will be given responsibility for each health promotion activity. This structure is ideal to support and realise the health promoting projects. By the end of 2003, the philosophy of health promoting hospitals should be widely spread in the Valais and every hospital should be a health promoting establishment.

The special education has been undertaken through several workshops initiated in August 2001. Whilst the German speaking hospitals on introduction followed with a workshop proposed by the HPH network, the French speaking hospitals defined a specific education that was necessary for the implementation of the project. Each meeting of the pilot group should allow the participants to exchange and intensify their experiences and knowledge on the implementation of a health promoting organisation. These meetings can also be centred on a special topic with a presentation of a specialist in the matter. Each representative of a hospital can make use of a professional external coaching to assist him his special setting to develop his organisation.

The Swiss foundation for health promotion supports this financially and will finance in particular the education, the coaching and the evaluation of the project. The participating hospitals have already begun to sensitise their employees, with the organisation, the internal audit to clarify needs and with the evaluation of the project.

The health promoting philosophy should in future be an essential part of hospital's corporate image and the core of its very mission.

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## Organisational and financial policy within the network of Lithuanian HPH hospitals

*MISEVICIENÉ Irena  
PUNDZIUS Juozas*

Kaunas University of Medicine is a WHO collaborating centre in CVD and other non communicable diseases, epidemiology, prevention and training since 1982. As a result, in 1992 the university initiated the implementation of health promotion and disease prevention policy into the organisational structure of Kaunas University hospital. Several research projects were carried out in the hospital by the researchers of Biomedical research institute of Kaunas University of Medicine. However, the personnel of the hospital was also involved, especially when putting the projects into practice. The collaboration between the researchers and the personnel in carrying out the projects together was very successful. The projects were funded by the research funds of the institute. After two years, in 1994, when Kaunas University hospital became HPH, the first national conference of HPH was organised and the network of Lithuanian HPH hospitals was created. 8 hospitals from 6 regions of Lithuania joined HPH network. Due to the expansion of the activities of the network it was necessary to find additional funding for the development of the network; furthermore, the funds were necessary to cover the organisational expenses. The first step to search for the funds was to ask the Ministry of Health; unfortunately, it was not successful. Later, the Joint Committee (the highest decision making body) of the HPH network suggested a methodology for member hospitals to create a common budget. The fixed annual fee (75-100 US dollars in 1996 - 2001) for each hospital, which had 400 beds, was confirmed and an additional fee (0,25 US dollars per bed) was sug-

gested for bigger hospital. From this budget the expenses for the printing of the materials of annual conferences, postal and secretarial materials and copying of training materials for participants of training courses at the Kaunas University of Medicine were covered.

In addition, the Lithuanian HPH network has decided, that the main event of the network, the annual conference, must be organised each year in different host hospital. In that way, the HPH network does not have to look for additional funds. The host hospital is responsible for all expenses (except the printing of the materials) which are needed for the organisation of the conference. Each hospital is fixing the registration fee and is looking for the partners and sponsors (local governmental bodies, private organisations and pharmaceutical companies, etc.) who can support the organisation of the conference. The principal investigator of the HPH network and co-ordinator are responsible for the coverage of the expenses for key (including international) speakers. They are looking for the additional funds, which can come from other national sources such as National Scientific fund, funds for the implementation of national health programmes at Ministry of Health and others. For example, from the above-mentioned funds the HPH network received 7500\$ in 2000 and 5000\$ in 2001. These funds were used for the creation of standardised systems of the HPH activities evaluation at the level of each hospital and at national level as well. Several teaching materials were published and distributed among member hospitals.

The activities in each member hospital of HPH network are funded from the hospital funds and it is the responsibility of the principal investigator of the project to find the additional funds. Six year experience of Lithuanian HPH network

shows, that annual member fee is an acceptable form of the funding of common activities, but it must be revised each year at the Joint Committee of the network and must be confirmed at annual meeting of the chief-physicians or principal investigators and co-ordinators of member hospitals.

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## Hospital Health Promotion: Partnering for success

*MAVOR Ted*

Traditionally, Canadian healthcare facilities were organised to care for sick patients. Hospitals are now facing barriers of funding cuts and calls to focus on the hospital's "core business". However, many argue that healthcare systems need to be more responsive, contemporary and affordable. One of the best ways to save health dollars is to reduce demand on the health system. Applying a change theory model, Grand River Hospital, in collaboration with many partnerships, developed a number of health promotion initiatives. One is a hospital health promotion video. Suggestions on creating alliances, with both the public and private sector, will be highlighted as well.

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Health  
Promoting  
Hospitals

An International  
Network Initiated  
by the  
WHO Regional Office  
for Europe

## E-learning and networking amongst Health Promoting Hospitals

*PATON Kevin*  
*SENGUPTA Soumen*

The University of Sunderland & South Tyneside Health Care NHS Trust are developing an innovative distance-learning, web-based post-graduate certificate course to support the International Health Promoting Hospital (HPH) initiative. Its purpose is to develop professionals working within health services as competent agents of change to effectively facilitate organisational development for health (in line with the HPH ethos, established theory & the contemporary evidence-base). Its leading edge web-based design will enable students anywhere in the world to access the programme, communicate with tutors on-line & share their learning experiences with others. This undertaking is supported by & has received funding from the NHS Executive and the WHO. The course is scheduled to be available on-line later in 2002.

The purpose of this workshop is to explore and discuss how a wholly web-based education programme such as this, and indeed the Web in general, can enable HPH members to develop their ability to effectively communicate, interact and collaborate with colleagues both within and across national boundaries. Strengths, weaknesses, opportunities and threats will be identified through facilitated discussion. The findings will then be used to inform final refinements to the programme prior to its being officially launched.

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## Lecturers and students as main stakeholders: Ten years of developing and sustaining HPH Partnerships

*RICHARDSON Denise*  
*LYNCH Thomas James*  
*HOLROYD Graham*

The historic mission of universities is a very suitable one: assist, through education, with programmes for human resource development, advance knowledge through research, and provide services through constant community interaction. Educational institutions are responding to the emerging needs of the new public health and health promotion agenda by reorienting curricula for knowledge, skills and research development.

### Widening Participation and Narrowing the Health and Education Divide

A culture of health that respects and supports personnel in hospitals, health, social and voluntary services and members of the community in achieving effective participation and the 'empowerment of people and communities for health promotion requires access to education and information.

### Participatory Action Research Approach

Operational research with community organisations with the aim of enhancing awareness, facilitating problem analysis, planning integrated HPH's initiatives or improving ongoing ones.

### Networking and Partnerships for Health Promotion and HPH's:

Has become an efficient medium for stimulating information flows, educating people quickly and creating extensive international 'talking and listening circles' Building networks is about building knowledge and data bases initiated by face to face relationships and connections maintained over many

years without direct contact. Pencil portraits representing collaborative research stories from students/partners actively involved in widening the health promotion movement.

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## 3.6

### Workplace Health Promotion II: Lifestyle Programmes and Surveys

#### Work place health needs assessment survey at St.Vincent's Hospital Mountmellick Co Laois

*DUNNE Mary*  
*DUNNE Angela*  
*BRICKLEY Kate*  
*RHATIGAN Annette*  
*et al.*

#### Background

This HPH survey was developed in partnership with the Department of Public Health, the Occupational Health Service, The Community Dietetic Service and the Health Promotion Service.

#### Aim

The aim of the project was to empower staff to improve their own health and well being, through information, support and the development of a healthier workplace.

#### Methodology

A project co-ordinator was appointed. A budget was agreed for printing, data inputting and analysis of the survey. The questionnaire / survey was adopted



from the Scottish (Stobhill) Survey. It was piloted, adapted and conducted in consultation with staff. Ethics approval was sought and granted by the Midland Health Board Ethics committee. The questionnaire invited staff to:

Describe their current individual lifestyle (e.g. diet, exercise, smoking etc.). Identify issues affecting their personal health in the workplace. Suggest ways in which the organisation can assist them. Suggest way in which the workplace / organisation can be improved. Propose appropriate forms of action and prioritise action. External analysis was conducted at Trinity College Dublin. A report and a set of recommendations were drawn up.

### Outcomes

Staff identified a number of strengths and weaknesses in relation to their health behaviour, lifestyle and work environment. Ten sub-projects were identified and prioritised with staff and linked to relevant regional stakeholders for implementation. A number of sub-projects are completed and currently being evaluated. The overall project has been shared with a Local Authority and a partnership for this project has been formed between the two organisations.

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### A workplace health needs assessment of staff working in an acute hospital setting

*LORDAN-DUNPHY Maria*

The workplace is recognised as one of the most important settings for health, as work can affect the physical, mental and social wellbeing of workers. A large captive audience can be targeted, to promote positive health messages over long periods of time. However,

the physical and psycho-social elements in the workplace have been shown to be of equal importance in workplace health promotion as stressors in the physical and psychosocial environment will ultimately lead to unhealthy lifestyle practices. This research study is a needs assessment of workers in an acute hospital setting. The objectives of the research were to identify staff views on their current health status and factors causing stress at work particularly in the physical and psychosocial aspects of work. It is also examined knowledge of lifestyle issues and suggestions on improving health at work. A survey was undertaken of 210 staff. A response rate of 65.8% was achieved. Findings suggested that over half of respondents felt that their physical and mental health was affected by their work. Factors contributing to this included poor physical working conditions, lack of training and personal development opportunities, communication problems and insufficient flexibility in working hours to balance job and home life. However, respondents were open to participating in lifestyle programmes to work. Results reinforce other similar research that suggests that staff health is affected by work particularly, in relation to the physical and psycho-social aspects of the workplace. Effective workplace health promotion in this setting would require a comprehensive socio-ecological approach as advocated in the literature.

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### Employee lifestyle survey

*BOYCE-BRESNIHAN Brid*

### Aims

To gain an overall perspective of staff lifestyles and behaviours in a 350 bedded acute hospital.

### Objectives

- To help the HPH Department plan appropriate health promoting activities within the hospital.
- To ensure that the needs of staff are met.
- To empower staff with the necessary support and skills to make the necessary lifestyle changes.
- To use the results of this research to make the hospital a more health promoting environment for staff to work in and to provide services that will benefit staff.

### Methodology

- A multidisciplinary team designed, implemented and evaluated the project.
- The survey was carried out by means of a Lifestyle Questionnaire sent to 1,200 staff in an acute hospital.
- The Questionnaire included general questions on the health of staff and their behaviours e.g. diet, work stress, alcohol, blood pressure and cholesterol testing etc.,
- The questionnaire was analysed using the SPSS package.

### Conclusion

The return rate was 38%. The majority of staff who responded were aged between 21-50 years and mainly female. Staff in good health (26%) to very good health (40%). 19% attend on a regular basis medical check up. 30% have a regular dental check-up. Blood pressure is monitored with 41% within the last three months and 12% within six months. 39% have their blood cholesterol monitored and 20% of those were over a year. 38% are physically active. 54%

eat fried food less than once a week, 80% eat fruit at least once a day, and 69% eat vegetables every day. Work overload was the cause of much stress in their work area. Staff suggested initiatives, and the findings of the survey have contributed to the design of new projects relating to staff health and well being.

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## Survey of VSZ Hospital Employees

*VANCIK Juraj*

### Aim

First survey ever done, to show to what extent the employees were happy with their work situation, work relations, and conditions.

### Objectives

Survey items measured employees' attitudes concerning Job overload, Job satisfaction, Intention to quit, Commitment to the organisation, Fairness of awards, Fairness in interpersonal treatment and procedures, Perceptions of support from the organisation, and Teamwork within groups.

### Target group

Employees of first private Slovak hospital, VSZ Hospital, Kosice, Slovakia.

### Methods

Surveys were distributed to each department within the hospital, an envelope was provided to ensure the privacy of the employee, and a specific place was designated to drop off the completed survey.

### Results

From 700 surveys distributed, 225 were collected. Besides answers given according to the scale (Strongly agree, Disagree, Not

sure, Agree, Strongly Agree), employees had an opportunity to answer 4 open-ended questions. Especially these answers provided valuable feedback to the top management.

### Conclusions

Management had their knowledge about certain issues confirmed or they learned, primarily that the most important factor was to improve and develop new channels of communication between management and employees. The lack of communication could have led to dissatisfaction of employees, to the feelings of indifference of employees towards the hospital, and to the feeling of non-involvement. Other notion came about the structure within the institution, which was tied to the problem of communication.

### Link of topic to HPH

Satisfaction of employees directly linked to their:

- Motivation & Performance,
- Loyalty & Pride.

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## 3.7 Workshop: Putting Health Promoting Hospital Policy into Practice

*PELIKEN Jürgen M.*

*KRAJIC Karl*

*DIETSCHER Christina*

We would like to use the opportunity of the conference to discuss our suggestions for guidelines and examples about how to implement HPH policy on hospital level with invited experts and the wider audi-

ence of HPH experts and practitioners. Amongst others, we will focus on the following questions:

- What programme should Health Promoting Hospitals implement, and how can it be done?
- What role should evaluation play?

The results of the discussion will be used to further develop an input for the planned WHO working group on "Putting Health Promoting Hospital Policy into Practice."

Introductory input by:

- Jürgen M. Pelikan
- Karl Krajic
- Christina Dietscher

Invited discussants (tbc):

- Elimar Brandt, Berlin
- Zora Bruchacova, Bratislava
- John K. Davies, Brighton
- Annick Deveau, Paris
- Carlo Favaretti, Trento
- Svend Juul Jorgensen, Copenhagen
- Jerzy Karski, Warsaw
- Laura McLehose, London
- Viv Speller, London
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Amongst others, the workshop will include the following presentation:

**Elaboration of criteria defining the specificity of Health Promoting Hospitals in the context of French community of Belgium**

*DUMONT Jacques*

### Objectives

- propose concrete criteria defining the specificity of Health Promoting Hospital compared to "non" Health Promoting Hospitals, in the



specific context of our country,

- validate these criteria in all the member hospitals of the French community of Belgium in general, and in particular for the WHO annual theme "Move for health".

#### Method

working group (2001-2002) + validation in 7 hospitals (2002-2003).

#### Description

According the Ottawa's, Budapest's and Vienna's charter, WHO letter of understanding together will our law, official and hospital's possibilities and difficulties a working group from 6 hospital has created a 9-main topic development criteria :institutional undertaking and structure, communication, permanent partnership with patients associations, permanent partnership with outside care and medical structures, specific process for migrants and low income populations, patient education, spreading of official health promotion campaigns, staff training in health promotion, development of thematic actions according health promotion methodology.

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## Parallel Sessions 4

May 17, 2002, 15.45-17.15

### 4.1

## Good and innovative HPH projects: Developing the quality of services

### Dealing with complaints within healthcare

CONNOLLY Angela

#### Introduction

Complaints Policy, Grievance procedure, Consumer Affairs Ombudsman, Customer Services. All titles that reflect negative feedback and commonly used in Healthcare. Patients being called consumers, suggesting greater independence and involvement in decision making. Beaumont Hospital in recognising this took a proactive role and introduced the role of a patient / staff representative. The philosophy of this representative is essentially a problem solver or ombudsman, there to ease communication, and help to keep everyone focused on the customer both internal and external.

#### Aim & Objectives

Approval of a hospital complaints policy. Enable patients and families to obtain solutions to problems. To reduce stress and support staff in dealing with complaints. Recognise and acknowledge appreciation of employees who have demonstrated excellence in service to our customers.

#### Methodology

Gaining buy-in from management, the board, nursing and medical staff. Starting a support network among managers. Planning and development of a program in collaboration with members of the support network. Introducing and promoting the program to primary audiences. Complaint Software package introduced. In-built evaluation process at design phase

#### Results & Conclusions

Hospital complaint policy accepted and adopted. Compliments to staff and services captured and circulated to staff. Reduction in anger directed at staff within the immediate area. Introduction of training program in dealing with aggression and customer services. Reduction of official complaints through the intervention of Patient Representative.

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## Reception skills, dealing with aggression and personal safety for patients, services, staff

SMYTH Catherine

The Patient Services Department's Vision Statement states, "We will ensure a safe and healthy environment for patients and staff within our areas of work". It was designed with a view to ensuring the reality met the message that this training course was introduced. It aims at providing staff with skills to attain mutually satisfying encounters while dealing with patients in a friendly, efficient manner; to recognise the signs of potentially threatening or violent behaviour and provide guidelines for their management; awareness of reporting mechanisms and the availability of counselling for those whose health and well-being is affected by such incidents.

#### Methods

The Department employs over 300 staff who provide administrative support services in the hospital day and night. A departmental survey indicated that while 1% of staff had encountered physical violence, 68% had been subjected to varying levels of aggressive and threatening behaviour by patients/relatives. The favoured method of addressing these issues was relevant training. This training course was customised and is presented to staff on an ongoing basis. The Personal Safety element was initially provided by an external facilitator, but is currently presented by the Department's Training Manager.

## Results

Feedback from employees is extremely positive. Changes have been made to security features in some work areas, with further improvements expected as areas are upgraded, and awareness has been raised regarding the safety of staff and patients in the event of violent situations arising.

## Conclusions

An analysis of long-term reactions and successful application of skills has yet to be carried out.

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## Pain free paediatrics: Successful implementation of a hospital program of clown therapy to reduce the pain and discomfort associ- ated with medical care

*MESSERI Andrea*  
*CAPRILLI Simona*  
*MORELLO MARCHESE Paolo*

## Aims

The philosophy of our hospital is to minimise the pain, discomfort, and anxiety associated with the care we provide children, including painful procedures that we perform. The Pain Free Paediatrics Program includes a pharmacological approach always combined to non pharmacological techniques to make pain management a fundamental and routine component of paediatric care. Clown therapy and music in the hospital are integral part of the program.

## Methods

"Clown doctors" are specially selected professional performers who are trained to work in the sensitive hospital environment. They make one-on-one bedside visits throughout the hospital, including ICU, oncology department, emer-

gency and operating room, and in and outpatient clinic. Clown doctors use parody and simplify complicated medical procedures by performing their own, "highly technical" clown-medicine including red-nose transplants, kitty "cat" scans, chocolate milk transfusion, and plate spinning platelet test.

## Results

We have managed very painful procedures in children using distraction performed by clown-doctors. In a ten-years old critically ill girl, we were able to avoid general anaesthesia for a BMA with biopsy.

## Conclusions

The Pain Free Paediatrics Program is a model of hospital-wide program than can have a significant impact on the quality of care given to children. Clown therapy is one of the non pharmacological approaches that can reduce the pain and discomfort associated with medical care in children.

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## Towards a pain-free hospi- tal

*VISENTIN Marco*  
*TRENTIN Leonardo*  
*SELLE Vittorio*  
*VAFIADAKI Adamantia*  
*ZAPPIN Fabio*

## Aim

promoting quality of life in patients suffering from acute and chronic pain.

## Objective

to improve the approach and treatment of the patient in pain (both in hospital and at home) so as to avoid pain-related complications and assure a better quality of life.

## Target group

patients in pain.

## Methods

actions on staff, patients and community were planned: creation of a Hospital Steering Committee, which comprised of representatives of the various areas and professions; evaluation of the prevalence of patients in pain; evaluation of the attitudes and knowledge on pain of health professionals; making aware the community and hospital staff about the importance of relieving pain; to carry out a systematic pain assessment in patients; to improve staff's attitudes and knowledge on pain; to give patients information about the program towards a pain-free hospital; to prepare and implement guidelines for the approach and treatment of the patient in pain.

## Results

the results of an enquiry in a group of Italian hospitals on the prevalence of pain and the attitudes and knowledge of health professionals will be reported. The feasibility on patients of daily pain assessment and the results of a program of education on pain, performed at the Vicenza Hospital, will be discussed. Furthermore a program for involving the community will be presented together with the tools developed for assessing the overall results.

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## 4.2 Tobacco control on international, regional and hospital level

### Developing the minimum standards for a smoke free hospital - a partnership approach

BRICKLEY Kate  
LEAHY Maria  
GRIFFIN Kathleen  
et al.

#### Aim

To implement the Midland Health Board Smoke Free Policy in line with "The Minimum Standards for a Smoke Free Hospital" in an incremental approach.

#### Objectives

- To develop uniform briefing sessions for staff on the rationale for a Smoke Free Hospital.
- To pilot purpose built smoking facilities in four hospital settings.
- To train staff in Smoking Cessation and Brief Intervention Training.
- To develop hospital and community links which will deliver a sustainable Cessation Programme.
- To develop protocols for Smoking Cessation Services.
- To develop a system for capturing smoking status of clients.

#### Methodology

A partnership has been developed between Health Promoting Hospitals and the Regional Tobacco Control, Health Promotion Service. Consultation on development of a uniform briefing session took place and piloted with relevant stakeholders. Community and hospital staff training programmes were developed and delivered.

#### Outcomes

- A uniform briefing session for staff developed and delivered to staff.
- Community facilitators to sustain Cessation Services recruited.

An audit of the four pilot smoking facilities in place (Gazebos) was undertaken. New standardised signs developed regionally and in place. Cessation programmes are now in place for staff and patients and a multidisciplinary team identified to develop protocols. A documentation process developed for capturing smoking status, facilitating continuity of care. All initiatives developed using Thorax Recommendations and other researched based findings.

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### HPH Project and no-smoking regional policies and partnerships

FRANCESCONI Eva

Development of 'Hospital without smoke' project managed by Emilia-Romagna HPH Network, involves all Health Authorities, is one of the 5 sub-projects of the regional public program 'Tobaccoism', that aims at realising the best collaboration - in the provincial area - between Local Governments, Health Authorities, Universities, Schools, Voluntary Services, public or private Institutions, scientific Societies, professional Agencies. The 'HPH model' offers an example of planning methodology of health promotion in this context. This model is useful to all Members of the 'Italian Consulta on Tabagism' that consists of more than 80 scientific Societies, Governments and

Institutions, actively engaged in the campaign against smoking. In 2001, didactic CD-ROM on smoke was distributed in every school in the Emilia-Romagna region, in collaboration with Bologna 'Healthy City' and the 'Tumour League'. It was produced by a network composed by 5 cities (Bologna, Ferrara, Pamplona, Dublino, Belfast) within the framework of the European project 'No-smoking INFO 2000'. In the Province of Ravenna a specific protocol between Government institutions, scientific and professional Agencies, Health Authority, ex-smokers Association, was initiated; one of their important activities was the organisation of the 'world Day without Tobacco' (31 may), and the international competition 'Quit and Win', courses to stop smoking. Through activities based on partnership in the provincial field, HPH project contributes significantly to making a coherent political design of uniqueness and reduction of the habit of smoking.

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### History and results of the international collaboration in the tobacco control project

KAVCOVA Elena  
ROZBORILOVÁ Eva

#### Purpose

The evaluation of the international collaboration in the initiation and continuation of the tobacco control activities at the regional level.

#### Methods

Description and evaluation of tobacco control activities from 1998 to 2001. This process involved the collaboration and support of the American International

Health Alliance (AIHA), the US Agency for International Development (USAID), and MetroHealth System Cleveland, American Cancer Society as well as Martin Faculty Hospital, Jessenius Medical Faculty and Slovak volunteers activities with the endorsement of the city parliament.

### Results

After signature of Memorandum of Understanding was accepted, the action plan and timetable for project were implemented. The following non-smoking promotion activities were realised: First project phase: The results of epidemiological survey indicated that 36% of Martin inhabitants were daily smokers. Slovak volunteers on an exchange stay to Cleveland obtained "know-how" of comprehensive tobacco control activities including written and visual materials. Second project phase: AIHA assisted the Martin partners establish a Learning Resource Centre with training on the use of technical information. This phase included the implementation of educational smoking prevention activities in the Basic and High Schools. Activities of the World No-Tobacco Day celebration (1997, 1998) involved press conferences, seminars, competitions, posters, campaigns across the city of Martin: "change your cigarette for a mandarin", "change your cigarette for Nicorette". First Conference on Prevention and Health Promotion with international participation was organised. Third project phase: this phase has been enhanced with teleconferences between Cleveland and Martin. The third phase involved the establishment of a Non-smoking Promotion Centre. The Centre is providing counselling services and the treatment of the tobacco dependence. The evaluation of the Partnership activities was done at the 2nd Conference on Prevention and Health Promotion with inter-

national participation in 1999. The publication of "in extenso" presentation was edited. In the second epidemiological survey (2001) it was found out that only 29% were smokers and the attitudes and opinions on the tobacco control activities were positive in more than 80% of inhabitants. Specific leaflet for smokers was edited: "You can stop smoking for your health". New WEB site concerning tobacco control was established. First publication for medical doctors: Guidelines for Treatment of Tobacco Dependence is preparing. Postgraduate education of pneumologists was started in 2001.

### Conclusion

The support of AIHA and USAID and comprehensive co-operation led to the exchange of "know-how", new technical equipment, skills and knowledge, which could be applied to the direct needs of the citizens of Martin. Hospital health workers as community leaders volunteered their time and are actively participating in the municipal smoking prevention program with the strategic goals of: to decrease smoking related morbidity and mortality, to promote the health. More importantly, the seeds of the collaboration have developed into the seeds of friendship.

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## 4.3

### Community Outreach programs for increasing health literacy at a regional level

#### Development of a training course for post primary schools, in crises management and prevention of suicide in adolescents

*BREEN Ann*

#### Aim

Provide knowledge, skills and confidence to schools in the area of suicide prevention and management of post suicide crisis.

#### Objectives

- Assess existing knowledge on suicide and build on it to develop an informed school staff.
- Provide training in crisis management and definition of roles.
- Advocate participation of a parent in the training to ensure inclusive care of students and provide links with community.
- Train staff in life skills and personal development and encourage assisting students to personally develop these skills.
- Providing skills and knowledge to recognise an 'at risk' student.
- Empowering staff to confidently use the skills gained in training and from their own experiences in life.
- Ensuring co-operative and partnership of community, pastoral care and school staff in providing service to youth to enhance the quality of life.
- Putting research knowledge into practice in the area of prevention.

#### Method

Format for Training Workshop "A Student Dies: The School Crisis Team Responds"



Group Size: Approximately 20 people or 4 schools represented.

Course Participants: School Principal, teacher, guidance counsellor, pastoral worker, parent

Course Duration: Three week course two hours per session.

**Results**

The training in suicide crisis management and prevention is currently being put into practice. Detailed evaluation of the course by questionnaire and interview of randomly selected participants for qualitative assessment.

**Conclusions**

Everybody has a vital role in preparing our youth with coping and problem solving skills as well as support to live a happy and fulfilled life at all stages of their growth.

**HPH link**

Values such as partnership, co-operation, community and schools an inclusive response in caring for student needs.

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**The All Saints Community Education Project**

*SENGUPTA Soumen*  
*BAXTER Ann*  
*GOODRUM Val*

As a member of the International Network of Health Promoting Hospitals, South Tyneside Health Care NHS Trust is committed to promoting the health and well-being of its wider community. Recognising the links between health, education and employment, the Trust and the University of Sunderland have secured funding from the South Tyneside Single Regeneration Budget and Neighbourhood

Renewal Fund to investigate learning needs and perceived barriers to learning amongst residents within an area of high socio-economic deprivation, with a view to informing the development of learning provision for that local community.

The project involves training unemployed residents as fieldworkers. Once these volunteers have attained relevant accredited qualification, they will engage with community-based groups to collect the necessary data. The findings will be disseminated amongst education providers and interested parties working within the local health economy. Using this model approach to community appraisal, it is hoped to maximise expertise and limited resources to enable the collection of reliable data to inform decision-making amongst stakeholders, while also supporting local capacity building and community development.

The purpose of this presentation is to outline the model approach used, describe the results and stimulate discussion of the role of hospitals as good "citizens" within their communities.

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**The role of PATH-APT-SCAN (professional assessment of total health and personality through self-directed computerised analysis, TM) in the HPHs**

*BISTA Sichendra*

**Objectives**

To provide a user-friendly instrument that serves as a screening system for early identification and assessment of health risks from lifestyle diseases. To provide a user-friendly instrument that

serves a screening system for early identification and assessment of mental disorders, nutritional status, body functions, ageing process, fitness, HIV / AIDS, mental, spiritual and occupational status, epidemiological origin of diseases, and overall personality.

**Aims**

To garner participation from patients on health care status and treatment. To lower rising health care costs in treatment of lifestyle diseases such as diabetes, hypertension, obesity, and cardiovascular diseases. To gather epidemiological data that will show trends of lifestyle diseases. To provide a tool for both patients and physicians in exercising preventive health care.

**Target Group**

Persons who may suffer from mental illness; Persons who cannot afford medical/mental treatment; Persons reluctant to seek traditional medical / mental treatment; Persons who practice/believe in self-treatment; Persons who practice/believe in integrative health care treatment

**Secondary Target Group (Location)**

Airports, Hotels, Stores

**Methods**

PATH-APT-SCAN (software) allows a patient to answer a few questions and provide vital laboratory data that produces comprehensive assessment and prescription of treatment. The data collected provides the following information: BMI, IBW, BEE, TEE, RDA, and TUN.

The software will also prompt the patient to answer questions that study the mental, occupational function, and overall personality. The hardware component consists of a robotic device that converges infrared height, automated blood chemistry analyser, body physiology monitor, sphygmomanometer,

sphygmometer, a touch screen computer, printer, non-invasive GlucoWatch™, cholesterolmeter, thermometer, digital writing pad and pen, weighing device, etc.

### Results

A user-friendly instrument that provides medical and mental assessment data for patients, doctors, and research purposes. A tool that provides assistance to health care industry in the movement towards health promotion and prevention.

### Conclusions

PATH-APT-SCAN is a self-assessment tool that will revolutionise the health care industry in the realms of patient participation, prevention of lifestyle diseases, and cost-containment.

### Link of topic to HPH

PATH-APT-SCAN primary link to HPH is the topic of HPH and Patient Empowerment. This tool is one that can be operated by everyday person and equip him/her with the necessary and comprehensible assessment of his/her mental, physical, social, and spiritual conditions. A secondary link to HPH is Health Promoting Mental Health Care. PATH-APT-SCAN goes beyond just the basic physical screening of blood pressure, vitals, etc. It also tests a person's mental and social aspects thereby giving him/her a private method to ascertain mental status. The tertiary link to HPH is HPH and evaluation. This instrument provides an instantaneous reading of one's condition. Furthermore, it provides one with information on how to treat conditions and / or preventive measures on how to curtail further ailments. Also, this data can be used to share with one's physician in treatment. In addition, all data is compiled and stored in Royal College of Lifestyle Medicine and Hospital for epidemiological research to determine the trend of lifestyle diseases and mental disorders scenarios.

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### Community targeted health promoting activities of the 1st Department of Paediatrics

*VICIANOVA Katarina*  
*BENEDEKOVÁ M.*  
*POLAKOVIC D.*  
*BARÁK L.*

I have been running several community targeted health promoting projects reaching beyond the compound of the Children's. Areas of interest / actions include:

- breastfeeding & healthy infant nutrition promotion and support, managed by the ProVita NGO affiliated with the Division of Neonatology. Current projects focus on mother support groups (parents and children meeting with paediatric specialists), lactation counselling (both by phone and e-mail), production and distribution of information materials to both general public and health professionals (leaflets, posters, a brochure is in making), rising awareness of the multiple benefits of breastfeeding (outreach to mass media, web site - [www.dojcenie.sk](http://www.dojcenie.sk) - *dojcenie* = breastfeeding);
- prevention and complex interventions in child abuse and neglect (multidisciplinary management during hospitalisation at the Children's, follow-up of identified cases, rising awareness by organising seminars for professionals dealing with children);
- support for children with diabetes mellitus (ongoing education of children and their parents, outreach to mass

media, summer camps for children);

- community support for girls with the Turner syndrome.

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### Presentation for general practitioners (GP) by a nurse continence advisor and a physiotherapist on continence problems within a health board area

*CHARLES Bernadette*

### Aim

To provide information on bladder control problems in order to increase awareness of this under reported hidden problem. To open communication links between members of the multidisciplinary team in relation to continence problems.

### Objectives

- To inform GP's of the existing multidisciplinary continence services that are available with-in the region.
- To provide information on how to access these services.
- Liase with GP's to promote co-operation in order to facilitate a seamless multidisciplinary continence service.
- Stimulate awareness among GP's of the prevalence of continence problems in Ireland.
- To encourage participation in the multidisciplinary service presently in place in the region.

### Target Group

General Practitioners and trainee practitioners with a health board area. Method Since it's inception the newly formed multidisciplinary regional group wanted to forge links with all relevant members of the health care team. With this in mind the group contacted the



regions General Practitioners Unit to ask for their contribution or involvement. This could take the form of either 1. a representative to come to meet the group or 2. allow a presentation to be given to them on aspects relating to continence problems. The latter request was agreed to. Group members were asked to nominate or were self appointed to deliver the presentation. All members of the group were asked for their contribution and following this a presentation was put in place using power point.

### Results

Evaluation forms completed post presentation showed an over all extremely positive result.

### Conclusions

Very worth while exercise very well received and appreciated. Should be repeated on annual bases to facilitative awareness of continence problems among new trainee GP's. Link to HPH: Brings together members of a multidisciplinary team.

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## 4.4 Developing HPH: Mastering the dynamics of change

### Developing and sustaining successful partnerships for Health Promoting Hospitals

*JAIN Carrie*

Westcare Business Services is an organisation which provides a wide range of support services to 3 Health and Social Services Trusts and the Western Health and Social Services Board. As one of the 7

departments within Westcare, the Health Promotion Department works in close collaboration with the Trusts and the Health Board to plan, co-ordinate and support the delivery of health promotion for a population in excess of 282,000, across an area of almost 5,000 kilometres. The Westcare model is unique within the United Kingdom and the Republic of Ireland and effective partnership working is acknowledged as key to the success of strategic development, operational planning and the delivery of health promotion activity. This presentation will share the learning and experiences of Westcare's Health Promotion Department, in building, evolving and sustaining successful partnerships. Particular emphasis will be given to the context, principles and resources involved in developing the strong, collaborative relationship between the Health Promoting Hospitals and the Health Promotion Department.

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### Health promotion implementation and re-design of health care processes

*SIMONELLI Fabrizio*  
*PRANDI Franco*  
*AUJOULAT Isabelle*

The implementation of Health Promotion in diagnostic-therapeutic processes involves also the re-design of processes themselves. Health care processes represent complex sequences of professional actions that can be showed in different ways such as flow-charts and time-charts. They demonstrate to be useful to underline Quality Improvement operations and Health Promotion actions. The comparison between the

design of the ordinary processes and their re-design - that includes actions of Quality Improvement or of Health Promotion - allows to underline important differences and operative changes.

This comparison allows to show new organisational aspects to professionals, it allows to focus on a patient's active role, it allows to represent moments of the patient's empowerment, it allows to build Health Promotion tools, and finally it allows to locate positions of evaluation indicators. This technique is useful to improve the quality of processes, to communicate operative changes to professionals, to prepare the integration of Health Promotion in daily activities, to locate necessary resorts and finally to reformulate the organisational frame in which professionals work. Basically, this work aims to show an experience applied into the Health Authority of Reggio Emilia ('S. Anna' Hospital) ) in the planning and prototyping of new services and in the existent innovating processes.

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### Managing conflicts in processes of organisational change

*PAUL Rainer*

In hospitals all over Europe more and more Quality Management strategies are used, even the setting approach in health promoting work is based on Total Quality Management. By doing so far reaching organisational changes took place in the hospitals. The main actors of these change processes are the quality managers and the health promotion project workers (co-ordinators of the health promoting projects) The

purpose of this paper is to give a theoretical and practical approach to dealing with the seldom openly discussed conflicts in processes of organisational change. It is evident that successful initiatives targeting changes in an organisation free those anxieties that are bound in organisational solutions or traditional work routines ("We ever made it this way!"). The sometimes unconscious anxieties could be seen in different reactions to the process of change, which can be summarised as resistance activities ("submarine", "eye-wash", "blindness", "never heard"). Not seldom there are severe conflicts on different levels of the organisation and analysis shows that they are caused by the process. These reactions and conflicts can attack the work of the quality managers and health promotion managers severely.

This paper will give a systematic typology of the manifested anxieties and resistance activities, and will describe central conflicts, often seen in change-processes. The paper is guided by the main hypothesis that conflicts indicate successful processes of change and that it is fundamental for the actors of changing work to understand this to continue their successful work. What can be done to identify the causes of conflicts and how to react on it? will be another central point of the paper. It is hoped that giving these information and approach the agents of change could be empowered.

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## **Pressure, problems, partners, potentials - the power of dialogue and the dance of change**

*PURZNER Karl*

The widening gap between increasing tasks and work loads and at the same time resources being restricted, gives rise to tensions and a bundle of anxieties among many hospital staff members. As a result of this constellation the danger of symptom formation by destructive energies exerted on one self (burn out, psychosomatics, addiction etc.) or the environment (e.g. mobbing) is coming forth; a consequence doing harm to the health of our work force. Hostility between potential partners destroys possible synergies between the partner potentials. In order to counteract these risks there is a need for more co-ordination within contexts of co-operation by dialogue. Another source of the need for dialogue stems from the necessity to create energy for the realisation of change: participative assessment of the present state of an organisational unit (controlling) on the one hand and a participative approach to visioning the future (strategic planing) of the respective unit on the other hand also require an effective and efficient dialogue.

What we need although - under conditions of contextual complexity - is not just any form of dialogue. Rather we have to implement highly structured and integrated modern forms of communication, which are able to re-orient and activate people rapidly and intensively. At the same time these forms of dialogue have to deal effectively with conflicts emerging, taboos being touched, lack of knowledge being seen and mistakes showing up. If these prerequisites are fulfilled we can see, how powerful dialogue can stimulate the "dance of change".

The "Centre of Social Medicine

Baumgartner Höhe" in Vienna has experimented with the above mentioned new forms of communication within the last years. We will report about our experiences.

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## **4.5**

### **Chronic diseases II: Cancer, Heart, COPD**

#### **Eight years follow-up of the health Promoting Hospital subproject "Early integration of cancer patients"**

*HÜLLEMANN Brigitte*

##### **Objectives, aims**

In 1997 / 1998 our hospital participated in a European Survey, CAWAC-Study "Caring about women and cancer". The aim of CAWAC was to assess opinions of concern across a sample as large as possible of women with female cancer. According to our subproject "Early integration of cancer patients" the results encouraged us to go on with our efforts. In 2001 we collected data of all cancer patients attending our hospital in order to investigate the acceptance of various activities in this intervention-programme.

##### **Methods**

Within the CAWAC-Study a questionnaire with closed questions, covering prediagnosis knowledge, perceptions of cancer, level of knowledge was given to the female patients (from age 18) diagnosed with breast or other gynaecological cancer. Through 2001 we collected data of all cancer patients having attended our hospital concerning the participation in the various activities of the cancer subproject.



## Results

The German results of the CAWAC-Study (799 completely answered questionnaires, return-rate 44 %, published in Dt. Ärzteblatt, Heft 47, 11, 2000) showed that the majority of women reported significant problems concerning diagnosis, treatment and the psychosocial circumstances of their disease. Especially the younger women below 45 years were highly motivated in information and special activities. In the last year cancer-patients showed a high acceptance of the different intervention programs provided in our hospital. 80 % of all cancer patients (80 % female, 20 % male patients) took part in the information groups, 16 % of the female patients received individual counselling, 49,5 % received lymphdrainage. Very few male patients attended these activities (less than 1%). 50 % of all female patients visited a female-self-examination course during their hospital stay.

## Conclusion

The outcome of the investigation encouraged us to make efforts on further working in this field. Especially female patients ask for more information and support. In 2001 the female cancer patients showed a high motivation in participating in the special rehabilitation program, male patients showed less interest. Thus we feel challenged to go on with our efforts, also to extend them (e.g. written materials should be distributed in the future, seminars for outpatients, including family members should be carried out).

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## Service for Home Artificial Nutrition (HAN): Organisation and technical aspects

*RUGGERI Federico*  
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*VOLPINI Michele John Casimiro*

In these years, the role of Home Artificial Nutrition (HAN) has acquired great importance in clinical practice, because it is necessary to find alternative models of assistance in chronically ill patients, in order to reduce duration of hospital medical treatment and its costs. New protocols of AN and a wide number of parenteral and enteral nutrition products let us create the basis of the Service for HAN. The main target of Service for HAN is the self-management of AN by the patients and, if necessary, with the help of medical (experts in nutrition, intensive care and surgery, nurses) or not-medical staff (relatives, supporting people). The Service has an important role at the time of passage of the patient from hospital to home. In this period, after the choice of model of nutrition, it is necessary to teach the patient's relatives the method of home feeding, its characteristics and possible problems, with the help of medical and nurses' staff.

The main objectives of the Service for HAN are: optimisation of nutrition therapy; therapeutic continuity between hospital and home; decrease of costs and complications of AN; reduction of costs of therapeutic protocols; integration between hospital and home; good quality of patient's life; reduction of admissions into hospital.

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## Effects of an early supported discharge programme on lung function, breathlessness and health status in patients with chronic obstructive pulmonary disease (COPD)

*MURPHY Niamh*  
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*COSTELLO Richard*

### Aims

A new 'hospital at home' outreach programme was developed to provide an individualised patient friendly, high quality alternative to hospital care for patients with chronic obstructive pulmonary disease (COPD).

### Objective

To investigate the effects of an early supported discharge programme on lung function, breathlessness scores, smoking cessation levels and health status in COPD patients admitted with an exacerbation.

### Target group

Patients who present to hospital with an exacerbation of COPD and who fulfil certain medical criteria are offered an early supported discharge package.

### Methods

Health professionals assess and visit the patient on the day of discharge and as necessary until the exacerbation has resolved. The team puts emphasis on education of lifestyle changes, the disease, smoking cessation, coping mechanisms and self-management plans.

### Results

40 patients, 15 male (37.5 %) and 25(62.5%) female were discharged under our programme in the first 3-month period. Their average length of stay was 2.7 days, range (0-7 days), mean age 70 years (50 yrs-89yrs) and had on average a 67 (20 -200) pack year history. On discharge their

mean forced expiratory volume in one sec (FEV1) was 0.86L (0.19L-1.86L), mean oxygen saturation level was 94 % (89%-98%) and mean Borg score and medical research council (MRC) scores were 2 and 3 respectively. 20 patients (50%) were current smokers with Fagerstrom test scores for nicotine dependence of 9. Health status was measured by using the EuroQol and a disease specific St. George's respiratory disease questionnaire. 14 day, 6 weeks and 3 month results to follow.

### Conclusion

An early supported discharge programme for COPD patients improves lung function, breathlessness scores, smoking cessation levels and health status scores.

### Link of topic to HPH

A new innovative hospital based programme linking hospital and community care for chronic obstructive pulmonary disease patients that enhances patient quality of life and general health status.

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### A partnership for a health heart lifestyle maintenance programme

*RALEIGH Anne*  
*DUDLEY Richard*  
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*BRICKLEY Kate*

### Background

Phase III Cardiac Rehabilitation clients expressed difficulty in sustaining behaviour changes when they had completed the rehabilitation programme. A need for a client / volunteer led maintenance programme was identified.

The "Healthy Heart Lifestyle Maintenance Project" (HHLM Project) is a community led partnership programme. The ethos of the HHLM Project is geared to the individuals ability, working from where the person is at, rather than a set programme.

### Aim

To establish maintenance exercise programme (first stage of the project) which is local, led by the clients themselves.

### Objectives

- To foster empowerment of clients by encouraging an active and participatory role in secondary prevention focusing on exercise.
- To resource and facilitate a suitable training programme for volunteer leaders.
- To integrate achievable changes into the clients everyday lives in a format, which is acceptable to them.
- To develop a sustainable programme which will include client's families and friends.

### Methodology

Baseline information was collected on participants, which was measured pre and post implementation. The tools of project management were used to develop the project with attention to each of the 5 axis of the Ottawa Charter of Health Promotion. Central to this approach was individual behavioural change (based on Prochaska Stages of Change theory) awareness, and client advocacy. Relatives and friends were invited to participate in all events. The users choose which physical activity they would like to integrate into their lifestyle, e.g. walking, swimming, gym, cycling or a combination.

### Outcomes

All objectives were met. Audit results show a marked improvement in physical activity level tests

results and in knowledge and attitudes. Ownership of the project has been taken by the participants and Clients are now self-supporting and families join in events organised. Twenty-five post cardiac clients went into training and took part in a 50-mile cycle event and a 10K walk organised over a bank holiday weekend. A sustainable exercise programme has been developed and participants now meet regularly to share experiences and exercise together. They also have access to advice and support on addressing other modifiable risk factors, e.g. smoking cessation, etc. The next phase of the project will be addressing obesity and hypercholesteramia.

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### Training centre for patients with chronic diseases in hospitals

*BENCHEV Bencho*

There is a tendency for increase of chronic diseases in Bulgaria. Therefore, there is a necessity for patients suffering from such diseases being correctly trained in order to be able to take care of the daily self-control of their disease. Thus, doctors and nurses have one further task - training their patients. It is necessary that the patients obtain knowledge and skills for the self-control of their disease. And it is also necessary that they co-operate with their doctors. The lack of standardised training for patients with chronic diseases is one of the reasons for an increased number of complications among these patients, as well as an increase in hospitalisation, necessity for treatment and rehabilitation.



### Aims

Increase of a level of knowledge and skills among patients with chronic diseases in order to improve the self-control of their diseases. Decrease the frequency of complications among patients with chronic diseases and the number of hospitalisations. Reduction of treatment. Inclusion of training in the list of hospital activities and structures.

### Methods

A group of patients with chronic diseases who had passed a standardised training was compared to a similar group without training in the following areas: Level of knowledge and skills concerning self-control of the disease; Frequency of complications; Expenses for treatment; Number of hospitalisations.

### Results

Increase of self-control in patients with chronic diseases. Decrease of number of the complications among patients with chronic diseases. Decrease of number of hospitalisation within a year. Reduction of treatment expenses.

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## 4.6 Discussion Group on Organising and Financing Models of HPH

### "Health Insurance and Health Promoting Hospitals"

*HORVATH Peter*

#### Aim

To describe briefly the history and present status quo in health insur-

ance system, with the focus on possible approaches to the Health Promoting Hospitals financing.

#### Methods

Author, who has served as a Director of University Hospital in Bratislava for 6 years and at present is serving as a Deputy Director of one of the largest Health Insurance Funds in the Slovak Republic, will present his own experiences and views on health insurance system development and possible perspectives. He will also shortly concentrate on volume and quality of health care services provision.

#### Conclusion

The situation in financing the health promotion activities in Slovakia is at present far from being optimal. There are some signals and signs, however, that some of the key stake-holders in health care financing and administration are becoming to realize that all such investments will pay back in the future.

## 4.7 Workshop: Patient Empowerment in Health Promoting Hospitals

*PELIKAN Jürgen  
TRUMMER Uschi*

Empowerment for health has become an important issue for Health Promotion (Ottawa Charta, Vienna Recommendations, HP-Glossary). In the context of Health Promotion "empowerment is a process through which people gain greater control over decisions and actions affecting their health" and aims at "the mobilisation of resources [...] by providing access to information on health, by facilitating skills development, and supporting access to the political processes which shape public poli-

cies affecting health". (HP-Glossary 1998)

In the setting of hospitals empowerment for patients meets specific challenges (Vienna Recommendations 1997). In the phase of inpatient care professionals in the hospital can basically try to work on two named objectives:

- provide access to information on health and
- facilitate skills development.

Using international research results and project experiences, the workshop aims to discuss the following questions:

- how can professionals empower their patients -techniques of empowerment?
- what skills do professionals need to empower their patients?
- what are the necessary pre-conditions on structural and organisational level if hospitals want to empower their patients?

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## Poster presentations

### Posters on interventions for patients with chronic diseases

#### Effects of a self-management program in chronic diseases

*BILLINGER-LUNDBERG Brigitta  
JACOBSEN M.  
et al.*

#### Objectives

To strengthen the level of self-efficacy and ability of coping for people with chronic diseases regardless of diagnoses.

### Aims

To study the effects of a community based, patient education program on the level of coping in patients with chronic diseases and to investigate whether health service consumption in these patients were affected.

### Target Group

People with chronic conditions regardless of diagnoses and social network.

### Methods

A Stanford University developed program was translated and implemented in a fifteen hours course. All participants filled in an evaluation report before the first lesson and at 6 months. The evaluation form contained scales for general well being, symptoms, social coping and relations to the health services. For statistical evaluation the Chi-square test was applied.

### Results

The general score for self-reported health improved significantly from mean  $4.387 \pm 0.714$  to  $4.134 \pm 0.7$  ( $p=0.01$ ) Ability to carry out activities of daily life was increased from mean  $4.346 \pm 1.784$  to  $3.696 \pm 1.742$  ( $p=0.025$ ). Additionally fatigue from mean  $3.205 \pm 1.295$  to  $2.683$  ( $p=0.0031$ ), worries about future health, physical activity and social relations within the family improved significantly ( $p=0.05$ ). Self-efficacy improved from mean  $3.725 \pm 2.392$  to  $4.827 \pm 2.640$  ( $p=0.0071$ ) Also the patient's conception at the 6 months survey of the communication with the family doctor was significantly improved from mean  $3.193 \pm 1.510$  to  $3.723 \pm 1.364$  ( $p=0.018$ ). There were no significant differences in the contact with health professionals, nor nights at hospitals in our study.

### Conclusion

Patients who have completed the self-help program for chronic dis-

eases reports increased quality of life, reported health, they are using the cognitive methods they learned, they are less tired and are able to control symptoms better in daily life. They are also communicating better with health professionals, and reports increased level of self-efficacy. There were small differences in the usage of the health system.

### Link of topic to HPH

HPH and Patient Empowerment

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### Life Style changes in patients with hypertension as an effect of health education

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*LOBOZ-GRUDZIEN Krystyna*

### Aim

To evaluate an educational training on life style change in patients with hypertension (H).

### Material and methods

100 patients with hypertension, aged 41-70 years with their families were included into the study. Health education in mode of 6 subject workshops regarding proper nutrition, the role of physical activity, how to give up smoking, weight reduction and stress management was performed. At the beginning and after 6 months of education questionnaire anamnesis concerning cigarette smoking, diet, physical activity, stress, obesity and alcohol abuse was performed.

### Results

50 % patients with Hypertension changed their life style. In this group 83,5 % of subjects changed

nutrition manners; up to 78% limited an amount of saturated fats; and 89% amount of salt in diet. Physical activity was increased in 67% of the patients, in mode of gymnastics (51%) and long walks(83%). Stress management ability was improved in 50% of the patients, in 48% in avoiding difficult situations and in 52% in reduction of emotional reactivity. In 47% patients who increased their physical activity weight reduction was achieved. Cessation of cigarette smoking was observed in 2% of patients, 20% reduced numbers of cigarettes smoked per day. 53% of respondents answered that influence and help of family in life style change was crucial.

### Conclusion

Education caused changes in health behaviour in patients with hypertension. Families contribution to workshops improved life style changes.

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### Disease Management Program among hypertensive patients

*TOUNTAS Yannis*  
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### Aims

To reduce blood pressure through Health Education activities.

### Objectives

A Disease Management program was implemented in "AGIA OLGA" hospital (member of the Hellenic Network of Health Promoting Hospitals) for the management of hypertensive patients.

### Target group

160 patients were selected from the internal medicine and cardiol-

gy clinics and divided into a control (80) and an intervention group (80).

### Methods

The intervention group attended smoking and nutritional sessions including lectures, group work, one to one counselling and printed material. Doctors were given a mobile phone on which patients could reach them on a 24hour base. A purpose made questionnaire was distributed and completed with the help of an interviewer.

### Results

44 patients (from a total of 80) remained in the intervention group until the end of the program. 45.5% were men, 61.4% were aged between 61-80 years, and 43.2% were retired.

Initially the mean average blood pressure measurements were: diastolic: 144.55mmHg and systolic 85.80 mmHg which reached 142.61mmHg and 84.09 mmHg respectively at the end of the program.

After the intervention 77.3% followed their doctor's dietary recommendations compared to 59.1% before the program. Eleven patients (25%) consumed alcohol. By the end of the program they were significantly reduced to 18.2% ( $p < 0.001$ ). Four of the 5 smokers (11.4%) attended smoking cessation sessions of which 1 stopped smoking completely. Initially 31 patients (27.3%) reported to be drug compliant, which increased to 90.9% by the end of the program. Doctors received monthly on average 4 telephone calls for counselling.

### Conclusions

It is evident that the implementation of disease management programs has a positive effect in the adoption of healthy lifestyles and the lowering of blood pressure.

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### Coronary artery disease risk factor correction and collaboration between Vilkauskis (Lithuania) and Portage (United States) Hospitals

*KALINAUSKIENE Egle*

Our aims were to identify Coronary Artery Disease (CAD), as number one killer, risk factors prevalence among communities of Vilkauskis (Lithuania) and Portage (United States) and to educate these communities about CAD risk factors and necessity to correct them.

Vilkauskis hospital organized Men's Health day (mortality from CAD in men is higher than in women) in September 2001 and Portage hospital - in November 2001. Patients were filling out the questionnaire about diet and other efforts to maintain healthy life style, received blood cholesterol screen, blood pressure check, body mass index, dietician and cardiologists lectures. Total men checked were 70 (average age 65 years) in Vilkauskis and 218 (average age 65 years) in Portage. Elevated cholesterol level ( $>5,2$  mmol/l, - 60% population tested that day in Vilkauskis and 52% - in Portage) and body mass index ( $>25$ , - around 50% in both communities) prevailed among CAD risk factors in men of both communities. These data were published in Vilkauskis region newspaper. Vilkauskis Diabetes Mellitus club had cardiologist lecture as well in October 2001.

There has been noticed increasing interest of population of Vilkauskis and Portage communities in CAD risk factors, people showed better choice of their food by filling out above mentioned questionnaire on their visits to Dr. D. Suliene (Portage) and Dr. E. Kalinauskiene (Vilkauskis). We are going to con-

tinue this HPH practice and to organize Women's Health day in Vilkauskis and Portage hospitals in the nearest future as well.

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### Chronic cardiac disease: Efficacy evaluation of a training course for health care providers

*SOMMARUGA Mariella*

*OPASICH C.*

*TRAMARIN R.*

Effective communication is an important tool in health care to achieve therapeutic goals and patient's satisfaction in terms of quality of health assistance received.

Aim of this study is to verify the efficacy evaluation of a course into the Continuing Medical Education program by means of a questionnaire.

### Methods

The questionnaire was filled in by 31 of 48 participants before and after the course (12 hours of interactive sessions and 4 hours of role-playing with clinical cases simulated and videotaped). In order to be adherent to clinical arena, the focus was put on chronic heart failure, the cardiac disease with the highest number of hospitalisations.

### Results

1) The Q showed a significant increase in the basic knowledge (correct answers  $12.5 \pm 2.9$  versus  $15.7 \pm 2.1$ ;  $p \leq .0001$ ); especially in areas regarding chronic disease management ( $p \leq .02$ ), patient-centred and relationship centred approach ( $p \leq .02$ ), communication strategies to achieve adherence ( $p \leq .001$ ) communication with



end-stage Heart Failure patients (p£.02);

2) the course was evaluated good (48%) and very good (52%).

### Conclusions

The training-course was effective to sensitise health care providers about the importance of communication as a tool in the management of chronic disease;

It is necessary to standardise specific tools to measure the patient's satisfaction in terms of quality of health assistance received.

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### Developing a team approach for stroke rehabilitation in an acute setting

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#### Rationale

Stroke is the third leading cause of death and the most common cause of acquired physical disability (Ref 1). Research recommends that there is a need for a quality stroke service in the acute and rehabilitative setting with access to diagnostic technology and a defined path of care.

#### Aims

To create a multidisciplinary team approach with a clearly defined continuum of care for the treatment and rehabilitation of acute stroke patients, to provide a Patient centred service with documented performance indicators.

#### Objectives

To set up a multidisciplinary team to develop the project, to identify best practice elsewhere, to document current practice in relation to

stroke patients for each relevant discipline, to develop an information leaflet about the service for clients/relatives, to identify resources required.

#### Methodology

A literature review was conducted outlining the benefits of team approach to care. The relevant stakeholders formed a team and clarified the aims and objectives of the project. A need for a co-ordinator with dedicated time was identified. Current practice for each discipline in relation to stroke rehabilitation was documented. The duties and job description for the co-ordinator were clarified. The project proposal was submitted to the regional HPH steering committee for consideration.

#### Outcomes

Resources for a co-ordinator are allocated. The team approach compliments the existing Community Rehabilitation Project. An information leaflet about the service is developed for clients and relatives. Phase II has commenced with the advertisement of a stroke rehabilitation co-ordinator and the objectives have been identified.

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### Hospital and home-family support improves quality of life of patient with head and neck cancer undergone major Larynx surgery

*GALLI Stefano*  
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#### Background

Surgery on larynx is usually in combination with post-operative procedures (radiotherapy and/or chemotherapy). Most statistical analysis demonstrates a significant

difference on life-saving among total laryngectomy and the several larynx sparing surgery. This major surgery causes a permanent mutilation (aesthetic of the neck, modification of voice, permanent tracheotomy) and the quality of life (QOL) may be evaluated by means a lot of test (EORTC, QLQ-C30, H&N-37

#### Aim

The medical staff of the ENT department of Ramazzini Hospital in Carpi together with Modena Association "La nostra Voce" have developed a model of assistance regarding patients undergone to total laryngectomy. Modena Association "La Nostra Voce" is a voluntary service founded in order to answer to the need of nurse, protection and rehabilitation of patient with total and partial laryngectomy and the practical support of the family, too. Most of these volunteers have suffered a surgery on larynx or vocal cords for a cancer, and most of them have spent a lot of time to restore a new manner to produce their voice.

#### Methodology

The above mentioned consideration brought to an assistance equipment strategy, that is different depending on if the patient is admitted to hospital or if he/she is at home with the assistance of the family. Before surgery the patient is informed by a surgeon and when it is possible one of the volunteers of the association is present at the interview with the patient and his family members. In the subsequent days the volunteer visits the patient at the hospital to provide psychological support (anxiety, fear for pain and for the future). In the immediate time after surgery, the staff of the ENT department attends mainly to their medical job, but they are assisted in all the other problems by the volunteers of the association that visit the patient and his/her parents once a day, independently of ward visiting



hours. The volunteers again follow the patient and his family at home both for medical (rehabilitation planning, psychological support, voice restoration) and bureaucracy problem (application for pension and disability).

#### Target Subject

The project includes patients affected by head and neck cancer, particularly with larynx tumour which needs total laryngectomy or major surgery that decreased the QoL. Around these patients are involved the surgeons and the nursery figures of the ENT department, the psychiatric and logopaedic unit for motor and voice rehabilitation, of Ramazzini Hospital and the voluntary workers of the association "La nostra Voce".

#### Results

The valuable and active collaboration between the hospital personnel and the support team benefited the patients in terms quality of life, compliance with treatment, clinical effectiveness and psychological support.

#### Conclusions

Experience shows that an assistance context drawn on the patients needs and a partnership between the personnel, patient family, and volunteers can allow favourable conditions to increase patient awareness and skill in the healing process.

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### Oncology ward: an assistential pattern to support the whole patients needs

PIETRANTONIO Anne Marie  
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#### Aim

The assistential pattern that we will describe in this paper is one that was adopted in the oncology ward in Carpi Hospital (Northern Italy) and was carried out to meet the needs of neoplastic patients.

These patients have problems not only linked to the illness itself but also, to the changes of one's image consequent to the chemotherapy and-or surgical treatment as well as with problems of anxiety and solitude with regard to the progress of the disease.

#### Methodology

From the above considerations, the assistential team along with the administration of the hospital initiated a task of co-ordination to meet the global needs of these patients in terms of psychological, interpersonal and moral support.

#### Target population

The project was addressed to patients admitted to the oncology ward and involved the ward personnel, a psychologist, a physical therapist and mutual aid groups composed of patients now healed who give support reporting on their illness with hope and confidence, the family doctors, the patient's family and with the support of relaxing techniques, like yoga and cromoterapy.

#### Results

The assistential pattern that was initiated and carried out by the entire target population listed above, realised a context that allowed the patients to perceive a feeling of security resulting from the professional competence as well as the attention given by the members of the support team

#### Conclusions

The experience of the assistential pattern adopted in the oncology ward in Carpi Hospital shows how a partnership of hospital personnel, the patient, the patient's family and doctor and mutual aid

groups can allow favourable conditions to empower the patient on the way to recovery.

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### Timely Diagnostics - a path to improve cancer patients' quality of life

RYABOVA E.N

The dynamics of cancer disease of the Russian population and mortality from malignant growths testify to increase of this pathology. Statistics of 2000, obtained by Ivanovo Regional Oncologic Dispensary, turned out to be impressive. We supervised about 25 thousand patients (2% of Ivanovo Region population). 10-12 cases of cancer disease are registered daily. Almost in 2/3 cases cancer pathology is diagnosed in extensive (III-IV) stages. It is connected with the fact that practically everywhere the system of preventive examinations is reduced. The dynamics of morbidity rates according to separate rates of malignant neoplasms in Ivanovo region from 1993 to 1998 points out preservation of stably high disease levels and a tendency to their increase. Taking into account increase in genital cancer and breast cancer in women since 1998, a program of effective early cancer diseases in women system has been started in Ivanovo region. In this connection, exposure in these locations has risen in 1999 and 2000. The increase in genital cancer disease rates is by 19,0 and breast cancer - by 12,7 in 100 thousand women of Ivanovo region. At the same time there is a decrease in position of advanced breast cancer by 7,7%, cervical carcinoma by 7, 2%. It's deter-

mined that among leading causes of advanced cancer the main ones are connected with faults of physicians. Organisational reserves are revealed, preventive work is improved. To raise the efficacy of breast cancer prevention a centre of mammology has been established.

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### **Model proposal for creating the Kosovar Referral Centre for Diabetes**

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#### **Aim**

The multidisciplinary work aims at prevention, promotion, early detection, adequate treatment, and prevention of the complications.

#### **Objectives**

Decreasing Hospital expenses for Diabetic patients, including lower occupancy bed rate and rationalisation of medical staff, with influence on psychological status of the patient.

#### **Target group**

Diabetic patients and their family members, plus the medical staff.

#### **Methods**

On top of Inpatient activities, the Centre carried out daily Outpatient Treatment and working one week with each group on health promotion activities, diagnosis and treatment, consulting, physical activities, preparation of detail food, collecting of statistical data, organising of trainings.

#### **Results**

For five years period in Internal Clinic, 1321 diabetic patients who suffered from diabetes mellitus for

an average period of ten years were treated, the length of stay was above 20 days and the average age was 56 years. Repeated admissions were 26.45% and they were hospitalised till seven times during this five years period; most of them were retired persons, workers or housewives with large number of complications.

#### **Conclusions**

The health of the Diabetes patients depends firstly from the actions taken from the patient and his family, secondly from society activities in term of improving and promoting their health.

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### **Optimisation of cure for patients with the Alzheimer's disease**

*DEKSNYTE Ausra*

Patients trouble about reducing their cognitive functions. Their relatives are troubled too. Patients and their relatives interpret the decrease of cognitive functions as the end of live. When we are working with them we show that the situation is not hopeless and that there are wide range of possibilities of the training and social adaptation. We suggest them to talk about their feelings, reminiscences, experience. When Alzheimer's disease progress, patients and their relatives experience many different feelings such as loneliness, helplessness, despair. The work of the doctors, psychologists and nurses helps them to overcome these negative feelings and therefore their social adoption, psychological condition and quality of live become better.

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### **The NGO in Partnership with HPH Stakeholders: The Development of Preston H.I.V. Support Team**

*HAWKINS Mike*  
*RICHARDSON Denise*

#### **Responding to Changing 'Needs'**

Reduced hospital inpatient and increased outpatient activity has meant the voluntary sector (NGO's) is an important source of services for the majority of people infected or affected by the HIV. Many HIV positive individuals who present to the voluntary sector do not present to the statutory sector. The Preston HIV Support Group has been developed offering support to all sectors of the community regardless of age, gender, sexuality, race or social class.

#### **Community Involvement and Participation in Health Promotion**

Lay participation in care is an important thread of health promotion. The common purpose of the NGO and the HPH stakeholders is to promote health, helping people infected or affected with H.I.V to maximise their health and well-being. Users, carers and local communities must be involved in planning and providing services based on a dialogue with advocates and those with expert knowledge. Health promotion is about quality of life, the ability to live with dignity and as much independence as possible.

#### **Innovative Partnership**

A range of organisations and groups working together in partnership can achieve more than each individually, the common feature is the involvement of local communities and groups of users. The Preston HIV Support Team pro-



vides a complimentary service to the local Health Authority and Trusts public health and health promotion services offering people the chance to become actively involved in promoting their own and others health and wellbeing.

### Challenges and Future Direction

The Bratislava conference offers an opportunity for sharing expertise, skills, knowledge and development of new partners and support for making long term plans.

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### Disease specific advance directives for motor neuro disease (MND) patients

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*POLONI Marco*

### Objectives

The goal of this study in caring for MND patients is to improve the communication between patients and medical staff, and simplifying the decision-making process. In case of respiratory failure, MND patients have the right to either start or refuse life-sustaining treatment or, in case the treatment has already begun, decide to suspend mechanical ventilation. MND patients are not always informed about their real conditions so that they can not make any responsible decision.

### Methods

We prepared a form with simple statements about respiratory paralysis and our policy about life-sustaining-treatment. The patient was to choose among three options: refuse, accept and be uncertain. In the form, approved by the Ethic

Committee, we stated that, in case of uncertainty, the physician has to resuscitate the patient.

### Results

Since June 2000 we started using the form that has been presented to all MND patients when they had symptoms or evidences of impaired respiratory function. Up to October 2001 we have collected specific advance directives of 19 patients out of 47.

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### Outpatient care for patients with inflammatory rheumatic diseases in Lycksele, Sweden

*LINDMARK Beatrice*  
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The hospital of Lycksele provides outpatient care for patients with inflammatory rheumatic diseases. Patients, whom from doctors, are diagnosed to be in need of training and treatment. At the department of Rheumatology we work in a team that consist of doctors, physiotherapists, occupational therapists, chiropodists and nurses. This means that different categories co-operate to receive an overall impression about the situation of the patient. During the period of treatment the patient has the possibility to meet a chiropodist and social worker if needed. At the beginning of the treatment individual goals are written down and at the end of the period they evaluates and is also documented in the patients case record. The main idea is that the outpatient care should help the patients to keep their independent for as long as possible. For some people this might be their chance to continue working. Our wish is to be able to

contribute to our patients quality of life, despite their chronic diseases. An important factor in our work is the dynamic that the team are able to provide, that the patients have the possibility to come in contact with each other, exchange experiences and support each other. The period of treatment is usually two weeks but might vary from patient to patient and their different needs. Treatment by the occupational therapists and physiotherapists are planed from the patients problems or reduced functions. One of our most important tasks is to help the patients to get started with their training but also to motivate and help them to continue in the long run.

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### Posters on patient empowerment, information and counselling

#### Evaluation of information booklet for patients with a brain tumour

*BEATTIE Shona*

#### Objective

To design an information booklet for patients with a brain tumour.

#### Methods

Expertise was sought from specialists in the Neurosurgical and Oncology Units and the Departments of Rehabilitation, Social Work, Palliative Care, Neuropathology, Neuropsychology and St. Luke's Hospital. The authors considered appropriate reading levels, clarity, credibility of information and up to datelines. A questionnaire was circulated to

evaluate whether the booklet met all these criteria. Several groups participated: (i) Patients and Carers, (ii) Medical / Nursing, (iii) Irish Cancer Society, (iv) Members of the Brain Tumour Support Group.

Groups (i) and (iv) completed the questionnaire, whilst professional staff groups (ii) and (iii) completed amended questionnaire.

### Results

20 randomly, newly diagnosed patients were selected. The patient(s) / relative(s) were invited to participate in the evaluation. 15 replies were received, 8 from patients, 5 from relative(s) and 2 from patient/relative(s), of which 11 were returned. A multi-disciplinary group discussed all contributions and 7 staff members and 2 professionals edited the final draft prior to printing.

### Conclusion

"Coping with a Brain Tumour" is available to patients / relatives. It is clear, easy to read, up-to-date and well acclaimed. It provides information and support to patients/families.

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## A study of the patient's perspective on the nurse-led continence clinic

*CHARLES Bernadette*

### Aim

To provide information on bladder control problems in order to increase awareness of this under reported hidden problem. To open communication links between members of the multidisciplinary team in relation to continence problems.

### Objectives

- To inform GP's of the existing multidisciplinary continence services that are available with-in the region.
- To provide information on how to access these services,
- Liaise with GP's to promote co-operation in order to facilitate a seamless multidisciplinary continence service.
- Stimulate awareness among GP's of the prevalence of continence problems in Ireland.
- To encourage participation in the multidisciplinary service presently in place in the region.

### Target Group

General Practitioners and trainee practitioners with a health board area. Method Since its inception the newly formed multidisciplinary regional group wanted to forge links with all relevant members of the health care team. With this in mind the group contacted the regions General Practitioners Unit to ask for their contribution or involvement. This could take the form of either 1) a representative to come to meet the group or 2) allow a presentation to be given to them on aspects relating to continence problems. The latter request was agreed to. Group members were asked to nominate or were self appointed to deliver the presentation. All members of the group were asked for their contribution and following this a presentation was put in place using power point.

### Results

Evaluation forms completed post presentation showed an overall extremely positive result.

### Conclusions

Very worthwhile exercise very well received and appreciated. Should be repeated on annual bases to facilitative awareness of continence problems among new trainee GP's. Link to HPH: Brings

together members of a multidisciplinary team.

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## A patient centred anti-coagulation service

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*CASEY Marie*

*BREEN Ann*

### Aim

Provision of a patient centred anti-coagulation service that ensures patients are fully informed and empowered with the information and care required to enhance their quality of life and continuance of positive health.

### Objectives

Setting up a dedicated clinic for patients requiring anticoagulation therapy. Personnel fully trained and dedicated to the provision of information and monitoring of treatment on this group of patients. A nurse led clinic and service under the guidance of the Consultant Haematologist. Fully computerised clinic with computer dosing of therapy or manual dosing as appropriate. Ward service for newly diagnosed anticoagulation patients providing reassurance, instruction and education at the bedside.

### Target Group

All Anticoagulation patients.

### Method

The Clinic was set up in 1998 and is run on Fridays 8:30 am to 2pm. It is nurse led predominately with access to guidance from the Haematologist and team. It is fully computerised. The service to the ward or out patients (once a new diagnosis is made) is fully operational. A checklist ensures all mat-



ters relating to instruction and education are met.

**Results**

A fully operational Anticoagulation service informing and empowering patients. Provision of information at diagnosis eases the trauma of an already frightening experience. The specially co-ordinated clinic team provides continuity and familiar face-to-face contact to reassure patients. Empowerment of clinic staff by caring directly for patients.

**Conclusions**

The mutual enhancement of staff and patients can only benefit everyone involved in providing a quality service. The feedback from patients is very positive. Evaluation by qualitative and quantitative means (SPSS) is proposed. It would appear that the service has achieved its goal of quality care and continues to update and monitor its progress to the benefit of all concerned. HPH links: empowerment of patients and staff and providing partnership in care.

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**Providing beside instruction and information facilitate patient's needs.**

*CONWAY Jane*

**Aim**

Providing point of care needs for patients on anticoagulation therapy that will facilitate better understanding of the treatment management and its control.

**Objectives**

providing information and instruction targeting patients and or their families before they leave hospital

helping patients build confidence in controlling their condition seizing a window of opportunity to empathise when patients are first diagnosed and feel vulnerable providing a service to all the hospital Consultants for patients needing therapy providing excellent monitoring and instruction from earliest commencement of treatment induction of patients before they attend the anticoagulation clinic familiarisation with anticoagulation team at earliest opportunity to build rapport

**Method**

When a diagnosis that requires anticoagulation therapy is made, the anticoagulation co-ordinator or deputy visits the patient at the bedside at the earliest opportunity to provide reassurance, explanation, information and instruction on the requirements for maintaining good anticoagulation control. A checklist procedure is used to ensure all information is relayed.

**Results**

Patients commence therapy empowered with knowledge and skills to better understand their condition; Better control of therapy and ability of patients to detect early warning signs of problems will ensure quality standards of care. The service is provided for all Consultants so there is standardised and uniform care for all anticoagulation patients.

**Conclusions**

A team approach for anticoagulation services working in partnership with patients, families, consultants and their teams to provide best practice in care for patients requiring anticoagulation therapy facilitates better understanding of the treatment management and its control. HPH link: Partnership, collaboration, empowering patients and their families. Meeting patients at their convenience while they are still in contact with services.

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**Empowerment through leisure time activities - Midland Health Board, Ireland**

*DALY Mary  
DE SUIN Anna*

**Aim**

To design implement and maintain appropriate leisure time activities to meet the physical, mental and social needs of clients in care.

**Objectives**

To provide a range of social activities which will initiate social interaction and encourage a feeling of well being among clients. To identify an appropriate venue for activities. To develop a team approach with a community link to provide these activities.

**Methodology**

Assessment of current activities conducted and constraints to participation were identified. Consultation on planned programmes with input from patients, ward staff and relatives. Programmes already in place were identified and appropriate links to the community were developed i.e. Arts Centre, Library, Voluntary Organisations and Local Schools. An existing premise's was renovated. A mobile unit for use at ward level to facilitate non-ambulant clients was put into place. Funding was sought to sustain the project.

**Outcomes**

Patients are assessed for functioning level from care plan. Programmes are offered to match the patient's interest, needs and ability. Aromatherapy, Massage, Reflexology, Snoezelen, Painting

and Flower Arranging, Music, Exercise, Gardening and Drama are some of the many activities incorporated into daily living at St Mary's Care Centre Mullingar. Empowerment, self-expression of personal responsibility and choice are key elements of this programme, which reflect the ethos of the Health Promoting Hospital project. A focus group facilitated by clinical audit is in planned to record the satisfaction levels of participants through comments from relatives, head of departments and clients themselves

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### Structured educational program for patients with bronchial asthma in Palanga rehabilitation hospital

*JAKUBAUSKIENE Jurate  
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Asthma is a major chronic airway disorder that is serious public health problem in countries throughout the world. About 4 % of the population of Lithuania are suffering from bronchial asthma. It is suggested in the global initiative for asthma (GINA) that patient education is a corner stone in the treatment of asthma. Patients suffering from pulmonary diseases have been treated in rehabilitation hospital of Palanga since 1991. In accordance with the international requirements for diagnosis and treatment of bronchial asthma, an educational program was started to compile in 1998, then it was applied in practice. During the period 1998-2001, 2858 patients were involved in the program. The principal aim of the education is to impart essential knowledge of respiration system and bronchial

asthma and to explain the differences of the respiratory passages in the healthy and those in the sick with bronchial asthma:

- explain the changes going on during the attack,
- teach how to avoid asthma provoking factors,
- explain the effect of asthma curing medication,
- teach the proper technique of medicine inhalation,
- teach how to evaluate one's condition (according to the symptoms PEF indexes),
- teach how to recognise the signs of the acute condition of asthma and prevent it following the principle of the zones (traffic lights).

We have set these tasks to achieve the above aims:

Comprehensive evaluation of a patient's condition is to be done prior to the beginning of teaching.

- To combine treatment with teaching seeking for the best results.
- To improve the educational program implementing it with accordance of patient's individual level of perception.
- To give thorough answers to all the patient's questions.

We cope with the tasks by the following means:

- Evaluate patient's functional state (endurance to the physical charge, spirometry, picflowmetry, EKG, lab. tests.).
- Work out an individual plan for treatment with medication, oxygen, halotherapy, kinesitherapy, massage, psychotherapy, reflexotherapy, dietotherapy.
- Provide skilful nursing maintaining close contact between nurses and patients. Nurses under the supervision of a doctor ensure the planned non-stop process of education.

- Educational video films are shown to the groups of patients during the halo therapy hours.
- Lectures delivered: lung function /What is asthma? Peakflow diary. Treatment of asthma: Preventers / Reliever medications, Self management plan.

### Conclusions

Education is closely associated with treatment. Extremely important condition of educational efficiency is the "teacher's" (doctor's or nurse's) qualifications and skills. He or she must select the necessary basic information and be able to impart the knowledge properly. A considerable educational function could be allotted to a specially prepared nurse. Patients should be encouraged to revise the educational program, obtain the knowledge and practice it, as it is an important condition of taking control of asthma.

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### Lifestyle risks in trauma patients

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Lifestyle risks and trauma are correlated. Prevention measures may decrease morbidity related to lifestyle risks and may be most effective delivered after trauma, because patients are in a more contemplative phase. These interventions are usually delivered by specialists and do require a sophisticated setting. Modern computer technologies may help in the diagnosis and can be used interactively to provide personalised information to the patient according his or her risk profiles.

The aim of this study was to assess

the prevalence of lifestyle risks among patients in an emergency facility in Berlin with the use of an interactive computerised assessment tool.

#### Method

After institutional approval 1322 adult trauma patients were seen in an emergency facility in a period of 2.5 months. 501 agreed to participate, 412 refused and 409 did not meet inclusion criteria (mentally handicapped, transferred, did not speak German, other).

#### Results

85% of the patients had no difficulty at all to use the computer technology. Among the participants (median age 31yr (range, 18-90 y), 66% male, ISS median 1 (range 1-9). 39% of the patients had an Alcohol Use Disorders Identification Test (AUDIT) (Saunders JB et al. 1993, *Addiction* 88:791) > 5 and 20% AUDIT > 8 points. 46% were smokers, 20% had elevated COHb, 33 % were illegal drug users, but only 5 % consumed other drugs than ecstasy and cannabis. 66% of the patients admitted nutritional problems, 46% had cholesterol over 200 mg %, 16% had sexual problems, 33% complained about disturbed sleep and 44% about unpleasant stress.

#### Conclusion

There is a high prevalence of lifestyle risks in trauma patients. Therefore trauma centres may be an effective setting for lifestyle intervention. This study was sponsored by the German Ministry of Health (BMG 217-43794-5/5).

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## The patients' viewpoint towards health education programmes

*MILASAUŠKIENE Zemyna*

#### Aim of study

To evaluate the attitude of patients towards health education programme in the hospital.

#### Material and methods

The study was carried out in eight clinics of Kaunas Medical University Hospital. A standard questionnaire (n=250) was distributed to all 25-64 aged patients treated in the clinics at the time. The response rate was 95,2%. In order to estimate the knowledge and attitude towards health education according to patient's age we divided the respondents into four age groups: 25-34, 35-44, 45-54, 55-64, and according to education level into five groups: primary, secondary, vocational and university education.

#### Results

The analysis of results revealed that half (50,5% men and 51,5% woman) of patients noted that their knowledge of health promotion and diseases prevention is insufficient. The majority (80,6% men and 88,0% woman) of patients indicated that they would agree to participate in health education programme during their stay in the hospital. patients subjective assessment of their knowledge and attitude towards the health education programme was related to their age and education level. Respondents with primary education and the elderly assessed their knowledge worse than patients with university education and people in younger age groups. Patients with lower education level and those in older age groups were less interested in health education programs.

#### Conclusions

The majority of patients have positive attitude towards health educa-

tion programmes in hospital. In order to improve health knowledge and attitude towards health promotion more attention should be paid to the elderly patients and those with lower education level.

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## Health risk behaviour among patients in Kaunas medicine university hospital

*MILASAUŠKIENE Zemyna*

#### Aim of study

To analyse the risk profile of patients treated in Kaunas Medicine University Hospital.

#### Material and methods

The study was carried out in eight clinics of Kaunas Medicine University Hospital. A standard questionnaire (n=250) was distributed to all 25-64 aged patients treated in the clinics at the time. The response rate was 95,2%. In order to estimate the prevalence of behaviour risk factors according to patients' age we divided the respondents into four age groups: 25-34, 35-44, 45-54, 55-64, and according to their education level into five groups: primary, secondary, vocational and university education.

#### Results

The analysis of results showed that the prevalence of behaviour risk factors among patients was high. Two thirds of patients (71,3% men and 70,8% women) were insufficiently active physically, half of them (59,6% men and 54,8% women) had overweight, every third man (27,1%) and tenth woman (10,6%) smoked. In the period of the last 12 months 39,5% women and 27,1% men



indicated that they had felt depressed more often than other people did. The prevalence of behaviour risk factors was related to sex, age and education level of patients. More often men were regular smokers, used to drink strong alcoholic drinks and had overweight. More obese cases were found among female patients than among male ones. The prevalence rate of insufficient physically active men and obese women increase with age, while the number of regularly smoking men decreased. Men with university education often had overweight, but there were fewer regular smokers and users of strong alcoholic drinks among them. The number of women with overweight decrease with education level.

#### Conclusions

The high prevalence of risk factors among patients indicated the need for a health educational programme, which must become a constituent part of care and be implemented by consolidating the efforts of physicians, nurses and patients.

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#### Health education by participatory learning

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In any hospitals in Thailand health education is a popular process to improve health literacy of clients or patients and their relatives. In general the process is done by teaching or in other words "one way communication". Information is transferred from health care personnel to clients or patients and their relatives or friends with very

little participation. Then outcome in term of life skills or behaviour changes expected to be very low. Being in the process of health promoting hospital development, quality of health education was one of the key issues to be addressed. Participatory learning technique was then introduced to the process of health education.

The process of development was started in the year 1999. Starting with training the health care personnel, then developing 3 curricula and lesson plans for antenatal clinics, well child clinic and postpartum ward. Trial of the curricula and lesson plans were done and adjusted. Since May 2001 the 3 curricula were used regularly in the process of health education with satisfying both staff and patients especially at the postpartum ward

In conclusion with the limitation of effectiveness of the conventional method of health education participatory learning technique was introduced to use in the process of health education in Maternal and Child Hospital to strengthen the quality of Health Promoting Hospitals.

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#### Developing a specific treatment model for orchestra musicians

*PFITZER Franz*

Germany has the biggest number of permanent orchestras in Europe. Trying to be perfect when playing their instruments for several hours a day, a lot of musicians suffer from orthopaedic problems, they are often overweight, physically untrained and different psychological and stress symptoms are wide spread. As no specific treatment programmes exist in Germany, we have studied existing models in

other European countries and established contact with the only faculty of applied research for musicians in Germany at the University of Hanover. We are developing a holistic treatment model trying to combine

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#### Developing a home based phase II cardiac rehabilitation programme

*RALEIGH Anne*  
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*CONNOLLY Eileen*

#### Background

An audit carried out in 1999 on existing cardiac rehabilitation service identified the need for a client friendly phase II programme.

#### Aims

- To provide a evidence based phase II programme for post Myocardial Infarction clients on discharge from hospital.
- To provide a programme to compliment the existing phases.

#### Objectives

- To reduce morbidity and mortality through lifestyle changes, by improving client risk factors.
- To train a facilitator to deliver the programme.
- Collect data on outcomes.

#### Methodology

A project proposal was developed to 1. Seek approval 2. To gain funding for the programme. The service is based around the Heart Manual (Ref 1) which is a comprehensive six-week home-based structured programme, facilitated by a specially trained cardiac rehabilitation co-ordinator. It is based



on a cognitive behavioural model. The Programme demands a multi-factorial approach involving exercise, education, relaxation etc. The selected clients are introduced to the heart manual in their own homes Contact is made by phone during the six weeks. After six weeks the clients are visited and assessed by the trained facilitator. They are then either referred to Phase III or discharged to their GP.

### Outcomes

A database has been developed and set up, to collect, record and store client details, test results, assessment scores, outcomes of treatments, which will also be used for, audit purposes. Improvement in integrating European Society of Cardiology guidelines into cardiac rehabilitation.

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### Expert patients are empowered and educated patients: health promoting hospitals coronary care unit as setting for healing and health education

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### Coronary Heart Disease Prevention: The Setting and Framework for Action

A Coronary Care Unit in a Health Promoting Hospital is working proactively to implement standards and services set by the National Service Framework for Coronary Heart Disease. Here the multidisciplinary team is defining and implementing comprehensive services for diagnosis, treatment, rehabilitation, care, health promotion and disease prevention. The unit is not only a centre for effective clinical treatment it is a place where

patients, relatives and friends want to learn how to get well and keep well.

### Nurses Providing Empowering Health Education as Part of the Pathway of Care

While the nurse-patient-relative relationship in illness may focus on clinical interventions in such a caring relationship the ultimate goal is empowerment of the patient and relatives for self-determination and self-management in order to sustain a high level of health and well being. The nurse-patient-relative relationship for prevention and health promotion is educative-supportive and advocative in character.

### Expert Patients Programmes: Complimentary Approach to Coronary Heart Disease Management

Patients and lay carers have considerable knowledge and experience of their own illness. Structured 'Patient Education Programmes' will help to create a new generation of patients empowered to take action with support from health professionals to take control and promote their own health and prevent and reduce risk of chronic disease development.

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### Assistance to hospitalised patients

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The recently established Ligurian Regional HPH network, in compliance with the guidelines on health promotion fixed by HPH networks, developed some projects on priori-

ty issues such as "Assistance to hospitalised patients".

The specifically established regional working group developed a project on assistance of hospitalised patient, as it deemed that the creation of an environment where the patient can better express his needs may stimulate his active participation, therefore increasing control over his health.

### Aims

- Facilitate the patient's transfer from a "familiar" environment to a health care organisation.
- Create an atmosphere of hospitality, protection and security.
- Guarantee customised, complete and clear information.
- Standardise the activity of caregivers responsible for patient assistance.

### Target population

All patients hospitalised in the Departments and the UU.00 (Operational units) of Medicine of Liguria's hospitals.

### Project Phases

- Adoption and sharing of a single basic procedure for assistance in compliance with the ISO 9000 model.
- Customisation and contextualisation of this procedure in every health care organisations.
- Implementation, outcomes evaluation, possible changes.

### Assessment of results

- Questionnaire to assess patient's satisfaction.
- Interviews with hospitalised patients.

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## Charter on the Patients' Rights in the Slovak Republic

*TOTH Karol*

"Hope for Patients", a civic association was established in the Slovak Republic in 1999. The mission of the association is to revise the Slovak legislation on patients' rights, to disseminate information, to strengthen citizen awareness on health protection issues and to coordinate activities in these areas.

Members of the Association have prepared and implemented a pilot study, the objective of which was to find out the legal awareness of the citizens about their human and civic rights related to health. The study was implemented within the whole Slovak Republic.

An anonymous questionnaire with 9 close and 2 open questions was used in the study. 1874 respondents completed the questionnaire. The questions targeted the basic knowledge on patients' rights and their observance, patient information about their illness, choice of physician and healthcare facility and confidentiality. Open questions asked to rank the individual patient's rights, according to the respondent's opinion on their importance. The rights listed were: compliance, health insurance, premium payment, healthy lifestyle, knowledge about own health condition.

A project targeted the preparation and adoption of a charter on patients' rights which was prepared on the ground of the pilot. The project was implemented within the PHARE program and financed by the European Union. As an outcome of the project, a Charter on the Patient's Rights in the Slovak Republic was written and adopted by the Government of the Slovak Republic on the 11th of April 2001.

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## Staff training for providing empowerment in the Health Promoting Hospital project

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*AUAMKUL Nanta*

As the quality of life of the people is considered a crucial factor facilitating a successful implementation of all development programs, Health Promoting Hospital has been gradually seen as one of the measures in hospital development. Hospitals need to change their stereotypical image as the sector providing health care service to the sick people to that of health promotion and prevention along with health care services. Accordingly, hospital staffs as the key personnel need to firstly undergo self development to become health promoters, and further encourage the community to take action in sustaining their own health.

To achieve the goal, through a new approach of empowerment of the people in a workplace like hospitals, health care and health promotion programs need to be strengthened. Hospital staffs can be empowered through a process of collective mobilisation to help develop their sense of control and ability to bring about positive changes in their workplace as well as counteract the feelings of powerlessness and despair. Based on this concept, the Health promoting Hospital Project arranged a four-day-training course on empowerment HPH for 23 teams of hospital staff. The result is that hospital staff have been to successfully expand the empowerment process among their fellow staff members and the people in the community, plus other effectiveness and whole range of benefits of the HPH.

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## Posters on programmes and projects for elderly patients

### Developing a model of care and quality standards in relation to social gain in a residential care setting

*FEENEY Margaret*

#### Aim

To ensure that residents are the primary focus of efforts. To highlight the need for a systematic quantifiable approach to identify and improve the quality of life for the residents.

#### Objectives

To develop a set of quality standards in relation to social gain.

To develop and devise a model of care which will assist health care professionals to evaluate their performance. To provide training for staff in accordance with identified quality standards / values.

#### Methodology

The research base of quality variables to address the divergent needs of residents was highlighted. A multidisciplinary model of care delivery for older persons in residential care is developed. This project involves the re-designing of care systems, job responsibilities, reviewing and analysing workload patterns, skill components, and the specific tasks associated with each role. Programmes of excellence in education, research, patient care and health promotion are initiated and will be further developed.

#### Outcomes

A set of researched indicators for social gain have been adopted by St Mary's Care Centre such as dignity, privacy choice, rights, fulfilment, independence and engage-



ment in social activities of interest. An innovated partnership has been created between the care centre and an external agency "Age & Opportunity". An action research will be conducted into the monitoring and evaluation of the quality of life enjoyed by older people in residential care. A University will lead this research; Age and Opportunity will publish the findings.

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### Developing a community rehabilitation unit for elderly patients

JOYCE Jacinta  
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et al.

#### Rationale

Evidence based research shows that elderly patients rehabilitate in an environment familiar to them and therefore enjoy more full filled life in there own home (Ref 1). The emphasis for this project is on improving and achieving the greatest possible health and social gain for patients and carers. A pilot site was selected funded by the waiting list initiative. Preventing hospital re-admission by providing a multi-disciplinary rehabilitation home programme and support also empowers clients and carers. The initiative also facilities availability of in- patient beds for elective surgery.

#### Aim

To develop a community based service to rehabilitate and facilitate early discharge of selected elderly patients who have the potential to rehabilitate.

#### Objectives

To provide a multidisciplinary team approach to support rehabilitation

in the home setting for a period of 12 weeks. To educate/support carers in the patients condition/management with an emphasis on empowerment. To monitor the impact of the multidisciplinary approach. To make available hospital beds for elective surgery.

#### Methodology

Consultation / negotiation took place between relevant stakeholders including General Practitioners. Best practice researched. Meetings arranged with the relevant stakeholders to outline 1) aims of the service 2) selection criteria of patients / referral procedures.

#### Outcomes

There are currently four units developed. Qualitative feedback indicates patient and carer well being has improved. There is improved communication between hospitals and community. Reduced duplication of information has been noted and patients are now visited in a timely fashion on discharge from hospital. The clinical audit department carried out a retrospective audit of the service and its impact on caregivers and providers.

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### Getting in touch with the elderly using massage to enhance quality of life

KELLY Linda

#### Aim

To develop massage - an alternative therapy in long-stay care.

#### Objectives

- To identify a co-ordinator with dedicated time.
- To help manage pain in chronic painful conditions.
- To promote self-esteem and improve body image.

#### Methodology

Staff member given dedicated time to develop the project. Discussion with individuals in relation to needs assessment prior to treatment. Evaluation and review following same. Treatment altered depending on response.

#### Outcomes

The use of massage in communicating reassures clients who have difficulty in verbalising their emotions. Feedback from clients, relatives and staff indicates that the programme has been well received.

Demand for treatment has increased. Referrals from multi-disciplinary team increased, which indicates that benefits are forthcoming from this treatment. Massage is a way of spending quality time with clients without taxing their communication abilities. It also helps to restore human dignity. The familiarity of the client with his / her therapist is a factor for success.

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### Quality initiative - care planning for older people and standardising protocols for care centres

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#### Aims

- To develop a new Patient Assessment and Nursing Care Package for Older People.
- To update and standardise Care Centre Policies and Clinical Guidelines.
- To maintain and improve the quality of care, meeting or exceeding patient/family expectations.

## Objectives

- To implement a formal care planning approach in caring for older people.
- To identify the relevant stakeholders internally and externally.
- To research and review current policies / guidelines and update accordingly.

## Methodology

- Formation of a project team, clarification of terms of reference.
- Communication with all disciplines involved.
- The projected group liaised with regional and national stakeholders.
- Delegation of work in accordance with knowledge, specialised training and expertise.
- Research and purchase of literature as appropriate.
- Circulation of draft documents for discussion and feedback, with amendments as required.

## Outcomes

A new Care Package has been developed, which is both patient focused and user friendly. Care Centre policy / guidelines development have been put on the agenda of all the line managers. New partnerships have been developed within the board and sharing of information has been enhanced. A multidisciplinary approach has helped improve the communication systems within the hospital through the involvement of staff at all levels. All staff members are aware of policy, guidelines and best practice.

The process of researching and drafting new policy, guideline documents and encouraging / motivating change in practice, is time consuming. The care package was assessed at ward level at each draft and amended on feedback provided. This project will be shared with other care centres to facilitate sharing of best practice.

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## Access and Involvement to live music experience in Elderly settings - a partnership approach

*MCCREA Deirdre*

## Aims

- To provide training to enable staff in residential care settings for older people to explore their creativity through process art and drama.
- To create an environment where people can express themselves and facilitate the creative process among people in their care.

## Methodology

The terms of 'process drama' and 'process arts' are important because drama workshops do not necessarily conclude with a finished product, but are unplanned experiences where people express themselves with their own words or movements. Art workshops provide older people with an opportunity to express themselves working materials such as paper, etc, as part of an ongoing self developmental process. Training consists of two modules of fifteen one-day workshops. Trainees can apply for nationally recognised collection.

## Outcomes

Staffs of eight settings in the Midland Health Board has received training facilitated by senior tutors Elly McCrea and Gerda Teljeur. An evaluation is ongoing. Preliminary results indicate that trainees have benefited personally, and many are already applying the training in their place of work.

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## The elderly in Liguria : Assessment of care needed after discharge from hospital - training of a relatives to manage the patient autonomously

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*GIORDANO C.*

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A large portion of the population of Liguria is aged above 65. This characteristic feature has led Regione Liguria to include in its Health Promoting Hospitals programme the post-hospitalisation care of the elderly. To achieve this objective, two interdisciplinary projects were developed that identify two fundamental issues of care, i.e. organisation and training:

"assessment of care needed after discharge from hospital"

"training of a parent / relative to manage the patient autonomously".

An assessment card was prepared for patients in the following Operating units: Neurology, Medicine, Orthopaedics and possibly Surgery. The card is a tool to assess the social-care needed and to be reported to the competent offices (R.S.A, A.D.I., Social Services) so that services may be delivered in time, avoiding late reporting. Reading of the card and the patient's continuous monitoring may help identify the individuals who could attend educational and training courses. One of the major problems with patients discharged from hospital, who during hospitalisation reported a decrease in their autonomy, is how they can manage at home such primary needs as personal hygiene, feeding and hydration, mobilisation, evacuation, prevention of bedsores. The relatives of these patients have to



face severe problems for which they had not been prepared during their relative's hospitalisation, with a consequent fall in the quality of care and the possible increase in repeated hospitalisation of these patients.

**Aims**

- Enhance awareness of social-care problems for the elderly and his family;
- favour and improve integration and an interdisciplinary approach of services involved;
- reduce length of stay in hospital and repeated hospitalisation;
- train and educate family members of elderly patients on how to keep their relative in good health, so as to improve his life quality when he goes back home.

**Target Population**

Hospitalised patients over 65, family members, caregivers.

**Indicators**

- No. of patients over 65. / Total No. of patients over 65.
- Ratio between the No. of positive cards and the cards requesting subsequent services from the competent offices: A.D.I., R.S.A., R.P. etc.
- No. of requests for training/No. of completed training courses.

**Assessment**

Questionnaire to assess the theoretical-practical knowledge acquired by the patient's relative; planning and design of an information leaflet for families.

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**Posters on developing health promoting psychiatric health care services**

**Accreditation of a mental health department local health unit of Reggio Emilia (Italy)**

*GRASSI Gaddomaria*  
*COSTI Dorella*  
*TAGLIABUE LUIGI*

In Italy, the authorisation and accreditation of health services are regulated by a national law: authorisation permits a health unit to deliver services, irrespective of funding modalities; accreditation is necessary to obtain financing from the National Health System. National norms define principles, rules and requisites for accreditation, and Regional Authorities specify the details for the application of these norms. Hence, the Region of Emilia Romagna (region in which Reggio Emilia is located) devised a regional law - in 1998 - providing the general requisites for accreditation of Mental Health Services.

The Mental Health Department of the Local Health Unit of Reggio Emilia has a catchment area of 450.000 inhabitants. The psychiatric hospital has been closed, consequently we follow a policy of community psychiatry. Our department consists of: mental health centres, psychiatric homes, semi-residential homes and an emergency ward in the general hospital. The accreditation process of our Mental Health Department started in 1988; it followed the project "Standard of Product" that defined the standards of products, indicators and standards of quality of all the units of our department. The accreditation process created an opportunity for the entire group of professionals to furnish ideas and express motivation to improve the quality of our services.

The outcome contributed to

change and constructed documented evidence on the entire organisation of our department, i.e. describing policies, plans, communication, structures, equipment, training, data processing, procedures, checking of results and improvements.

In October 2001, the Regional Health Agency (Agenzia Sanitaria Regionale dell' Emilia Romagna) accredited our Mental Health Department.

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**The introduction of the care plan approach (CPA) to 400 patients in the Tullamore mental health service**

*O'HANLON Mary*  
*WALSHE Richard*  
*MOLLOY Kathleen*

Funded by the Midland Health Board (MHB). Data analysis by the Midland Health Board Clinic Audit Department.

**The CPA**

This is a multidisciplinary needs assessment drawn up jointly by the involved care professionals, the patient, plus relatives / advocates. It consists of assessment, care planning, key working and review.

**Aims and Objectives of Project**

To acquire basic demographics, perform a needs assessment, formalise patients' input into their own plan of care, rationalise agencies (voluntary and statutory) involved, develop outcome measures and provide informed service planning.

**Methods**

- A Board-wide Project Group was set up to look at feasibility and format.

- An initial pilot project was performed on n= 70 patients.
- CPA and The Health of the Nation Outcome Scale (HONOS) was subsequently performed on n= 400 patients.
- Data was analysed.

### Outcomes

This is a Sector with high morbidity and many unmet needs. The audit provided a baseline level of functioning and information regarding the service required by the patients in the authors care area. A number of recommendations were made relating to service provision. For ease of future audit, future care plans will be computerised. Aims and objectives were met. Costly in the short-term but should contribute to best practice in the long-term. Repeat CPA (following the Audit Cycle) will measure the impact of this approach in 6 months time.

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### Implementation of a hospital-wide educational programme for psychiatric nurses as a means of organisational development

*PAUL Rainer*  
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*BERGER Hartmut*  
*GRAUL-DEHAN Gabi*

Evaluating the HPH-process in Phillips hospital 60 % of the staff stated health-related occupational education important or very important. As a HPH hospital the management under the leadership of the head-nurse decided to develop a structured educational programme for the nursing staff. This programme reflects central professional issues (dealing with anxiety, dealing with patient aggression,

professional attitude and so on) and was initiated as a means of organisational development. One of the central aims was to establish a shared professional basic knowledge and a shared professional language within the nursing staff. During a period of two and a half years all members of the nursing staff have participated in the basic workshop. By doing so the self-esteem and job-related satisfaction increased and the nursing staff as a group feels empowered. Beside this general effects we will describe the attendance and acceptance of the programme and first results of a evaluation study, concerning change in professional knowledge and professional attitude. After the intervention period the programme was continued to train new staff members. All in all our experiences are very positive, nevertheless, the effect of a profession-bounded programme on the co-operation of the different professional groups in the ward teams should be discussed.

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### Personal development for students / mental health nurses S.E.H.B.

*POWER Joan*

#### Background

Delivered and compiled as a result of observation made by the Nurse Training management Team.

#### Objective

To raise the awareness in student nurses of the need for personal health from a Holistic perspective i.e. Physical, mental, Emotional and Social, and to provide the students with the skills and resources to do so.

### Target Audience

Student nurses in the department of Nurse Education, W.I.T. both Male and Female. Group size: @30 per session. Methodology: Lecture format, time: 10.00-1.00 p.m. Including: Workshops, group involvement, brainstorming, audio-visual aids, resource material, needs assessment, written evaluation and follow up.

### Follow up

Addresses specific individual needs as defined in the class evaluations and lines of contact for further support, in relation to specific areas of need from the holistic perspective as defined.

### Outcomes

As a result of this intervention the Health Promotion Development for student nurses will be ongoing, and in 2001/2002 the mental Health Matters Education programme (MHAI) will be included in the curriculum.

### In Conclusion

In the Nursing Profession a nurse must have the awareness of how important it is to look after his/her own health firsts, in order to be proficient in the care of other people. This is a Health promoting Hospitals initiative.

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### Cyber cafe in a community mental health centre

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*GALEOTTI Margherita*  
*TAGLIABUE Luigi*

The project consist in a cyber café inside the psychiatric centre Villa Valentini, situated in Scandiano (Reggio Emilia), a little town in the north of Italy. The aims of the project are: to give the patients the change to; to overcome the isola-



tion through a new type of therapy based on the new technology; overcome prejudice and promote a volunteer experience among new people.

The target group will be clients of the community mental health centres, their families, the local community, in particular young people, to which this project is addressed in particular.

The methods consist in the creation of a Internet café with three computers (and the links to Internet), a recreation space where it's possible to play and drink a coffee together. We expect a therapeutic positive impact on clients. We have set up some evaluation instruments related to our aims. The cyber café should contribute to improve mental health and its impact in the local community.

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## Health Promoting Mental Health Care

*SUGDEN Moira*

This project was set up to be part of an overall evaluation of the Nurse Consultant in Health of Older People's role within Barnet and Chase Farm NHS Trust, a joint appointment between the Trust and Middlesex University.

Ten focus groups were set up with interested parties, of both professionals and service users, to prioritise a clinical issue. The issues of "mental health needs of older people within the acute general hospitals" was identified as a priority practice problem. Weekly data collection was undertaken by the researcher to substantiate the qualitative data. The use of the Essence of Care audit tool "Safety needs of mental health clients in

acute care settings" was discussed. A plan to improve liaison between the General Hospital Trust and the Mental Health Trust, was executed resulting in two bids towards community psychiatric nurses to work with the recently set up Old Age Psychiatry liaison service, which were successful. A range of multi-disciplinary educational interactions were set up with joint work on the writing of specific policies. Recommendations were made for both the Trust and the University with which this post is linked.

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## Club 13 & Co: Integration in European patients' movement

*SURVILAITE Danguole*

Club 13 and Co is an independent, public and non-governmental organisation which invites to its ranks people with psychiatric experience as well as their family members, professionals of mental hospitals and supporters of the organisation. Founded in March 1993 at male ward No13 of Vilnius Republican Psychiatric Hospital it was the first organisation of such type in Lithuania. Structurally it is modelled on the American Fountain House but in activities the club features the experience of its Polish counterparts in Krakow. Since then the patients' movement began its activity in psychosocial rehabilitation in Lithuania. The main goal of organisation is social rehabilitation of the Club members with mental problems. International co-operation is very important mission, too, because it give a possibility for mental patients to improve the quality of lives and to integrate to European and World patients' movement.

In 1994 we began to co-operate

with London fund Hamlet Trust. Hamlet Trust have sponsored the participating of our club members at international conferences (in Estonia, Romania, Hungary, Poland and Slovenia), where our members presented the posters on Club's activity. Close and fruitful relations have been established in Poland with the Suwalki Association of People with Mental Disorders, their Families and Friends called Nadzieja. Club 13 & Co and Nadzieja have organised a few joint rehabilitation camps and exhibitions of paintings by patients both in Poland and Lithuania. Two years ago we began to co-operate with organisation NIKE in Bialystok (Poland) and were invited twice to participate in art planers and organized common art exhibitions. In 2000 four of our Club members participated at the 6th European Clubhouse Conference in Rendsburg, Germany. There we had a possibility to meet mental outpatients from different countries and to learn that patients' movement is a great force in mental health promotion. In April, 2001, Club 13&Co was admitted to GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Networks) and two members were invited to participate at Annual Convention in Malta, where presented paper about Club's activities. Admission to such important organisation was a great recognition of Club's activities in fighting on rights of mentally ill people.

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## Posters on smoke free hospitals and stop-smoking-initiatives for patients and staff

### Health Promoting Hospitals - developing a smoke control policy

*BENCHEV Bencho*

The implementation of a hospital policy for smoking control gives hospitals an opportunity to clearly express their position concerning this problem to hospital personnel, patients and other hospital visitors, as well as the general population.

#### Aims

The purpose of this subproject was to establish criteria for a hospital policy for smoking control as defined by the Bulgarian hospital directors. The task was to create a sample of hospital policies for smoking control.

#### Results

Concerning criteria of hospital policies for smoking control, which have to be applied in all Bulgarian hospitals, the following results were obtained. According to the opinion of the directors there is a necessity to disseminate some specific criteria to all hospitals in Bulgaria alongside with information about smoking-related problems: There should be hospital zones where smoking is forbidden; medical consultation and training for patients who wish to stop smoking should be included in the list of medical activities; and the medical personnel should have benefits for not smoking.

An analysis of the development of this subproject shows that the Bulgarian hospitals consider health promotion increasingly becoming part of their hospital policy. The hospital policy for smoking control is only one part of the complete hospital policy in the area of health promotion.

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### Smoke-free Hospitals, reducing smoke in health care organisations by enhancing caregivers' awareness and observance of rules

*BOERI L.  
GAGNO R.  
GASCO R.  
et al.*

The Health Promoting Hospitals Programme by Regione Liguria includes the "Smoke-Free Hospital Project", in observance of the rules banning smoke in public organisations and in compliance with the guidelines set by WHO for European health policies. Five hospitals and other hospital facilities belonging to the Unità Sanitarie Locali (Local Health Units), identified Azienda USL 1 Imperiese as the leader of this initiative, and decided to inform, train and enhance caregivers awareness for "tobacco smoke", rather than simply ban it. The following Aziende Ospedaliere (Health units) participated in this project: AUSL 1 Imperiese, AUSL 2 Savonese, A.O. Santa Corona-Pietra Ligure, A.O. Villa Scassi-Sampiedarena, AUSL 3 Genovese GE-Nord/GE-Ponente/GE-Levante, A.O. San Martino and University Clinics operating within the national health service, A.O. Galliera, A.O. Evangelico Internazionale, AUSL 4 Chiavarese, through an enlarged work-group, that identified a regional co-ordinator and in-house work-groups, developed a model applicable in every hospital and facility, with the intent to directly involve or better attribute a decision-making role to all trainees during all the phases of this process, starting by fixing its aims.

#### Aims

- Plan a series of actions, in line with WHO recommendations, targeted at developing synergies with the other initiatives fighting tobacco smoke within the community, by creating partnerships with the local associations;
- promote healthy life-styles within the Hospital, safeguarding patients' rights and setting a model for communities;
- apply anti-smoking laws
- educate caregivers to behave correctly inside the hospital.

#### Target Population

Caregivers, technical, administrative staff operating in the Hospitals and Health Units of Liguria region, hospitals' patients.

#### Indicators

- Percentage of distributed questionnaires and collected questionnaires;
- formation of interdisciplinary work-groups and appointment of a co-ordinator for each Health unit;
- percentage of caregivers who smoke in the presence of patients;
- presence/absence of a reference centre either inside or outside the hospital, where staff members may turn to for smoking cessation programmes.

#### Activity Programme

- Investigation on tobacco use in hospital through the distribution of a questionnaire;
- organisation of specific training programmes and conferences in co-operation with Agencies and Associations;
- dissemination of information material and of initiatives that have been undertaken;
- identification of limited smoking areas;
- design and billposting of educational posters reporting all



rules and guidelines set by P.C.M. 14/12/1995 Directive at main and secondary entrances, in halls leading to wards, waiting rooms, staircases and landings, corridors;

- formulation of in-house regulations;
- participation in publicity campaigns such as the World No Tobacco Day and the National Breath Day by putting up posters with targeted messages aimed at enhancing awareness on this issue;
- direct involvement of Operating Unit managers and ward sisters through the creation of improvement groups;
- formation of interdisciplinary, reference groups for smoking cessation.

#### Assessment

Verification of indicators.

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### The Local Health Unit of Chioggia, Italy, systemic approach to treating tobacco use and dependence

*BOVO Ginettoy*  
*INDIANO A.*  
*PORTESAN O.*  
*MINETTO P.*  
*et al.*

#### Objective

The societal costs of tobacco use are very high: direct medical costs for smoking related illnesses plus lost productivity and earnings. Our aim is to implement an effective strategy by co-ordinating clinical assessment/treatment and educational interventions.

#### Methods

An integrated ambulatory care setting comprehensive of clinical assessment (pharmacotherapy, and scheduled follow up visits),

educational strategies (prevention of smoking habit at high school level, and in the adult population with GPs one to one counselling; intensive quitting interventions with self help courses; policies that promote smoke free Hospitals).

#### Results

Before this organisational effort, the rate of success was low: 36% of 210 smokers that have taken part in 10 active self help courses stayed abstinent after one year. We expect to raise this number. The evaluation phase will use these indicators: -) Process: number of quitting courses in 2001; number of smokers with a clinical assessment; typology of treatment. -) Outcome: number of quitters in smokers attending the courses and in smokers assessed at clinical level; number of early clinical smoke related diagnoses.

#### Conclusions

The integrated ambulatory care setting is a new approach with both clinical and educational interventions. Our aim is to help smokers to successfully quit smoking habits and stay smoke free.

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### Changes in smoking habits among hospital staff

*BRINK-KJAER Tove*  
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*JOERGENSEN Torben*

#### Objective and aim

To investigate whether a more rigorous smoking policy and support to smoking cessation lead to a reduced smoking prevalence among employees.

#### Target Group

Hospital staff who smokes.

#### Methods

To introduce a smoking policy, in which the staff only is allowed to smoke in rooms especially adapted for the purpose. Education of smoking cessation instructors. All smoking staff are offered participation in a smoking cessation course, lectures on smoking cessation and/or individual guidance. Follow-up after 3 and 12 months. Questionnaire is administered every two years to all employees on smoking habits.

#### Results

64 instructors have been educated. Since 1999 approximately 1/6 of the smokers have attended the courses. Preliminary results show that the overall cessation rate is 29% after one year. The smoking prevalence has declined from 33% (daily smokers: 28%) to 31% (daily smokers 25%) in two years.

#### Conclusion

Only a minor part of the smokers accept the offer of help to quit. The rate of smoking cessation at the courses matches the expectations. The decrease in the smoking prevalence among the hospital staff is equivalent to the decrease in the general Danish population. However, the number of daily smokers has decreased significantly in the hospital.

#### Link of topic to HPH

Strategies to develop the hospital into a healthy workplace with an empowered staff.

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## Establishing a smoke free hospital - an incremental approach at Midland Health Board HPH Ireland

CARROLL Patricia

GRIFFIN Kathleen

HYLAND Noreen

### Aim

The aim of the project is to develop a policy which reflects the aim and objectives of the Midland Health Board Smoking Strategy and to improve health by achieving a smoke free, safe environment in the hospital setting with a designated smoking facility.

### Objectives

- To create awareness among staff, patients and visitors of the rationale for smoke free zones.
- To train staff in brief intervention and smoking cessation.
- To develop an effective pathway of communication for change.
- To provide adequate support systems for those who wish to quit.
- To develop linkage of services internally and within the Board.

### Methodology

A multi-disciplinary project team of personnel was established. An incremental approach is being adopted, and the project was divided into three major milestones; Staff, Patients, Visitors. Data collected and analysed in relation to smoking status of staff. Cessation programmes designed based. Support and a designated area for staff are provided. Cessation clinics for patients established as a pilot project linking in with a community referral pathway. Leaflets designed for staff induction pack and there is an information day once a month. Policy designed to monitor and review.

### Outcomes

Staff are more aware of guidelines, legislation and the rights of the non-smoker, to breath clean air. A Multidisciplinary group liaises with other regional groups to identify, and compare problems. Resources are allocated through the regional cardiovascular funding for this project. Quantitative data is being collated to monitor and review progress against the stated objectives. The key elements are: Commitment, Communication, Support, Education, Prevention, Monitoring and Review.

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## Smokers supporting each other in their efforts to quit. A stop smoking support group

COLLINS Bedelia

KENNEDY Mary

### Rationale

Smokers and ex-smokers are at various 'Stages of Change', at various times, before during and after quitting. We felt that there was a need to provide support not just for people at the preparatory and action stage of change, but also for those in the contemplation and maintenance stages, respectively.

### Aim

To develop a Stop Smoking Support Group which supports clients at whichever 'Stage of Change' they were in.

### Objective

- To develop a support group that actively encourages those who are trying to quit smoking to attend for six weeks.
- To provide an open door support service which allows those who had stopped smoking for sometime to drop in and out of the group as the need arises.

- To provide a service which allows people to join at any time of the year, when ever they feel ready to try or quit.

### Method

To run a support group once a week for one hour all year round (excl holidays). Every six weeks the group has an introductory night where new group members are actively encouraged to join. They get to meet present members of the group, are given a brief overview on how the support group works. Thus given the opportunity to decide if they are ready to join the group at that time or at a later stage.

Each Session actively encourages group interaction and discussion in both the large group and in smaller groups of 2 or 3. Each session focuses on issues presented by the group as well as one chosen topic decided on by the smoking cessation facilitator.

### Conclusion

The Stop Smoking Support Group to date is proceeding very well. The open door approach has empowered its participants to use the group as much as they feel necessary. It allows those in pre-contemplation stage to assess their readiness to change, hopefully pushing them onto a preparatory stage or at least to be aware of a service that they may use at a later date. It also ensures that a support service is in place for those who need help after a period of cessation.

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## Developing a smoke free hospital in a long stay setting

HARRINGTON Una

### Aim

To provide a smoke free environment for clients/staff in a long stay setting.

### Objectives

- To promote health of patients, staff and visitors.
- To support those who wish to quit smoking.
- To set up a multidisciplinary team to develop the project.

### Methodology

A multidisciplinary team is leading the process. The focus is on staff initially. Areas for improvement were identified and designated areas for smokers were put in place. The local committee is informed of the regional developments in relation to smoking policy by the Health Promoting Hospitals committee.

### Outcomes

The hospital is now a smoke free environment from a visitor perspective. No smoking signs are now very visible. Briefing sessions for staff clarified the importance of smoke free zone, which enhanced commitment. Through effective communication opposition has reduced significantly. Staff and patients now only smoke in designated areas. Visitors are prohibited from smoking. Compliance is an on-going problem.

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## Rates of smoking in the households of cardiac patients

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### Background

Non-smokers who live with smokers are at increased risk for CHD. However, such a risk may be increased if the non-smoker is a patient with established CHD. The present study assessed the percentage of cardiac rehabilitation patients who share a household with regular smokers.

### Methods

103 consecutive cardiac patients attending a hospital-based outpatient 10 week multidisciplinary cardiac rehabilitation programme completed a questionnaire to assess the smoking behaviour of cardiac patients and the smoking behaviour of others in the patient's household.

### Results

40% of the present sample reported sharing a household with someone else who smoked. The single most common smoker in the household was the patient's spouse (36%), followed by son (12%) and daughter (12%). Of those living with a smoker, only 15% reported that the smoker did not smoke in their presence. Thus, 85% of cardiac patients living in a house where somebody smoked were regularly exposed to environmental smoke.

### Conclusion

A substantial number of cardiac patients may be exposed to environmental smoke in the household. Interventions to modify the lifestyle behaviour of other members of the cardiac patient's household may be warranted in order to achieve optimum secondary prevention.

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## Reduction of Smoking in Hungarian Hospitals

KOVACS Gabor A.

Smoking is a very big problem all around the world, especially in Hungary. Today 37% of the adult population are frequent smokers (M:42%, F:29%). The reduction of smoking is part of the new government program ("General Health Program for the Healthy Nation"). Smoking reduction among physicians and nurses, who are role-models of the people is therefore very important. The smoking habits of the health workers are better than the community, but worse than acceptable (32%).

We would like to organise a smoking cessation program in the hospitals, within two years, starting with a pilot program for 20 hospitals in 2002 (10 HPH and 10 hospitals for Pulmonology). With the use of a questionnaire we would like to know the degree of nicotine dependence and the motivation of cessation. The population can be divided into two groups. One group consists of those who are dependent smokers (with nicotine replacement therapy or bupropion) and the other group are the non-dependent smokers (without drug substitution). We can organise the smoking cessation action in other hospitals in 2003 based on the experience of the pilot program. To date there are 160 hospitals in Hungary, with 50000 health workers. We hope that the number of smokers among the health workers will decrease by 10% after two years.

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Health  
Promoting  
Hospitals

An International  
Network Initiated  
by the  
WHO Regional Office  
for Europe

## Project "Non Smoking Hospital"

*PALESTRA Marina*  
*SCRABBI Lucia*  
*BONFANTI Marina*

### Framework

Tobacco addiction is the most important and urgent problem of public Health in Italy and in other industrialised countries: an evaluation performed in Lombardia in 1988-1989 shows that about 31.000 deaths are due to tobacco (85% lung cancer, 15% other cancers). In order to face this dramatic situation, the Region Lombardia, particularly the General Health Direction, has adopted several operative strategies, e.g. guidelines for the fight against tobacco addiction and constitution of a work group, aimed at promoting practical applications of guidelines. This work group was divided in teams, among which "Hospital no smoking", that had the general purpose of connecting over the Region the competencies on the matter.

### Objectives

- Increasing the number of involved hospitals;
- becoming a regional point of reference;
- making the locally elaborated material available;
- supporting the network;
- looking for alliance with next Regions.

### Methodology and effectiveness

#### First step:

- study of projects in progress;
- connection with AIPO project (Hospital Pneumology Italian Association);
- knowledge exchange with other no smoking networks

#### Second step:

- elaborating an exportable model of project, which is well defined with reference to objective, methodology, instruments and valuations;
- creating the bases for a

Region network and for a benchmarking work;

- sending the project to all the regional hospitals;
- meetings for checking and supporting, also referring to specific situations.

### First operating results

The attention on Hospital no smoking problems has been focused by sending the project to everyone; other structures are going to begin the project phase; during 2001 four new Network projects joined the first ones and some ones else are now in project stage; some common strategies have been decided: epidemiological results have been compared and operative choices have been shared, in particular about posters, training stages for inspectors and sanction forms; all the materials about projects in progress have been collected and shared; participation to national conferences has been favoured, also for getting comparison with work teams in other regions; exchange of ideas, knowledge and suggestions with other teams has been promoted, especially with No smoking Centre one and Family Doctor one; studies about new strategies aimed at making all the processed ideas available to interested people; general review of posters to get some regional ones; other health organisations have been involved by periodical meetings.

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### How to stop smoking after a myocardial infarction

*SCHMIDT Sonja*

### Objects

- To improve quality of life, by learning how to handle their

new life as a non-smoker.

- To quit smoking is truly their own decision, but also one of the most important things to prevent new strokes.

### Target group

Patients with post acute myocardial infarction, Q or non Q, and by pass surgery.

### Method

During conversation, patients are given "tools" to use in their fight against tobacco. Help is given to get a healthier lifestyle by insight, knowledge, working out their smoking profiles, help to eliminate the cigarettes totally, by replacing them with nicotine substitutes.

### Conclusion

The majority of the target group stopped smoking. Results are presented.

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## A 3-Step Partnership: The opportunity to create sustainability in a smoking cessation programme of support

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### Background

In terms of health and lifestyle North West Lancashire is a disadvantaged area of the United Kingdom. Smoking makes a significant contribution to the excess numbers of deaths (North West Lancashire Health Authority 2001).

### Step 1 - Hospital

It can be argued that the Tobacco Policy in a local HPH is disempowering patients because it does not



allow them to smoke within the hospital environment. However the policy can be equally utilised as an empowering framework. 7 out of 10 smokers want to give up (DoH 1998). Half of those who give up smoking do so as the result of a health problem or crisis (RCN 1999). These statistics highlight an opportunity for hospital staff to support patients in smoking cessation (Roberts and McKeown 2001). Ward based nurses can offer education for the development of personal skills in a supportive environment (Tones 2001).

### Step 2 - Discharge

Patients return to their community at a time of vulnerability and face a choice. The decision to stay smoke free should be supported by a clear strategy prior to discharge. The development of a protocol will enable nurses to plan, facilitate and prioritise the uptake of the Smoking Cessation Service within the community.

### Step 3 - Community

Clients may self refer to a specialist Smoking Cessation Advisor who will offer confidential advice and support in a local clinic setting. The difficult areas of physiological and psychological dependence on tobacco use are addressed with mutual respect, honesty and openness. The development of this partnership empowers all individuals involved in the process.

It provides a hospital / community link, which will address inequalities, enhance quality of care and increase health gain.

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## Multi-disciplinary partnership / specialist smoking cessation clinic

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### Aim

A multi-disciplinary partnership from both Hospital & community care sectors providing "specialist" support and treatment to Patients wishing to quit smoking. The target group are Out-patients with medical conditions attending clinics, and in-patients from the medical wards.

### Objectives

To recruit motivated patients to participate on a "specialist" smoking cessation programme and achieve a 20-25% success rate after 12 months (research indicates that without professional help only about 2% are successful).

### Method

Patients are assessed by multi-professional team members including a Nurse, Pharmacist and a Doctor/GP. Those motivated to quit are referred to the specialist programme. Each patient is given an initial appointment with the pharmacist or nurse and a "quit date" is agreed. Four further clinic appointments, one week apart, are made. A supply of Nicotine Replacement Therapy (NRT) is provided by the pharmacist or nurse under an agreed protocol. If Bupropion (Zyban) is considered appropriate a prescription is provided by the GP. Carbon monoxide levels are monitored after 4 weeks and again at 12 months.

### Result

Initial findings are positive. 22 patients were given appointments. 16 patients attended and 7 (44%) have successfully quit smoking after 4 weeks. Of the seven confirmed "quitters" two are taking

Bupropion (Zyban), two are using Nicotine Replacement Therapy (NRT) patches and three don't use anything. The programme is still ongoing and under evaluation.

### Conclusion

Smokers quit more readily when "specialist" support / intervention is offered as part of a treatment plan for an existing medical condition. (The current evidence is that "specialist" support will enable 20-25% of smokers to remain abstinent after one year.)

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## Posters on Baby Friendly Hospitals and Breastfeeding Promotion

### Assessment of current breastfeeding rates at the maternity unit - Midland Health Board H.P.H. Ireland

BOOTH Dolores  
MOLLOY Kathleen

Data relating to the number of children born and their method of feeding was recorded using a specially devised recording sheet designed by the clinical audit team in consultation with the staff at the maternity unit. The ongoing co-operation of staff facilitated this audit.

### Aim

To have accurate assessment / measurement of breastfeeding rates at initiation stage and on discharge.

### Objectives

To develop an audit tool for data collection at ward level. To develop a system for analysis and provide regular feedback to staff.

### Methodology

Audit tool was developed through consultation with staff and clinical audit team, to prospectively collect data. The tool identifies exclusive breastfeeding rates and partial breastfeeding rates at birth and on each successive day until date of discharge. Qualitative Data is also recorded. This was analysed on a monthly basis using a Statistical analysis package SPSS by the Clinical Audit Department and feedback of results is given at regular intervals to staff.

### Outcomes

A user-friendly questionnaire was developed. Results revealed a steady rising trend in numbers of breastfeeding mothers particularly first time mothers. Staff are now more positive to audit as they are involved in the results and feedback.

Feeding methods were recorded for 567 babies born during the first six months of 2001. The mean percentage at birth was 36.6% (202/567) this fell to a mean 29.4% (167/567) breastfeeding on discharge.

The data is well recorded and of good quality which enables an accurate picture of feeding methods to be obtained.

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### Providing an appropriate 18 hour breast feeding course for staff in Midland Health Board, Ireland

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*HEALY Mary*  
*EARLY Eileen*  
*QUINN Gerri*  
*TOUHEY Samantha*

### Rationale

The Midland Health Board's breastfeeding policy identifies the

need for training for health professionals in giving accurate and consistent information to pregnant women. The need for this training has also been highlighted in the National Breastfeeding Policy for Ireland.

### Aim

To provide an appropriate 18hour breastfeeding training programme

### Objectives

- To review the existing programme with relevant stakeholders.
- To identify staff to be trained.
- To identify a suitable revision programmes for staff already trained.
- To identify the training needs of the trainers.
- To identify costs / resources.
- To identify an evaluation process for the revised programme with the Clinical Audit Team.

### Methodology

Consultation took place with the relevant stakeholders. An action plan was drawn up. Areas identified to be resourced included training the trainers, release cover for trainers and staff attending the courses, venue, travel and subsistence. Two public health nurses and two midwives have developed a team approach to deliver this programme. A budget has been allocated and the annual target is to deliver two training programme per year and provide revision programmes. An evaluation of the revised programme has taken place by the Clinical Audit Team using the University of Lancashire Skill Acquisition Tool.

### Outcomes

The audit indicates that areas of the 18-hour breastfeeding course need to be reviewed and recommendations have been given to all stakeholders. In addition the effectiveness and validity of the audit tool used to evaluate the course

will be assessed and modified accordingly. An action plan will be put in place involving regional / national stakeholders to devise the most appropriate 18-hour course. Following the implementation of the audit recommendations a further evaluation will be carried out to assess the effectiveness of these changes.

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### Developing the Baby friendly hospital initiative at Longford / Westmeath General Hospital

*EARLY Eileen*  
*HEALY Mary*  
*GLENNON Corina*  
*KEEGAN Maura*

### Aim

To implement three actions at Longford / Westmeath General Hospital which are consistent with Baby Friendly Hospital Initiative and the Midland Health Board Breastfeeding Policy 2000-2005.

### Objectives

- To train twelve maternity / paediatric staff in the 18 hour Breastfeeding Training Programme 2001.
- To remove all infant formula advertisements and promotional material.
- To review the current statistical analysis of infant feeding.

### Methodology

A local implementation group was identified to liaise with the Regional Steering Breastfeeding Group and the Regional Health Promoting Hospitals Steering Committee. A review of all staff trained was undertaken. A staff member was released for training to deliver the 18 hour programme in conjunction with the existing



training team. Commercial companies were communicated with by senior management in relation to their attendance at antenatal classes and distribution of promotional material. A staff member was also appointed to monitor and remove all formula advertisement and promotional material

### Outcomes

New Midland Health Board posters, pens, 'post its', cot cards and gestation wheels with breastfeeding promotion were designed and printed to replace commercial brands. Bounty packs are reviewed on an on going basis. A review of the data collection of breastfeeding rates was undertaken and a system for collection was designed. Staff are more aware of the Breastfeeding Policy. A local implementation group liaises with Regional Breastfeeding Committee which enhances and secures resources of the agreed initiatives. Actions are now built into service plans. Communication between hospital, community and voluntary groups is enhanced. A suggestion box for staff and mothers is now in place to generate new ideas.

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## Baby friendly hospital initiative (BFHI) cup feeding

*HEFFERMAN Elisabeth*

### Aim

To target the BFHI initiative "reducing supplement use". The most apparent deficit in this area was the inability to provide an alternative for breastfeeding women, who did not wish to give their babies breastmilk via a bottle and teat. The BFHI, suggest cup feeding as an alternative method. (addresses step 9 of BFHI).

### Objectives

To implement "best practice" in the maternity services by promoting and supporting breastfeeding. All maternity staff would attend a program of theory and practice on cup feeding. All staff would feel confident and competent to cup feed a baby as the need became apparent. Both mother and baby would benefit by receiving a holistic, individualised standard of care, pertinent to their needs.

### Method

Formed a committee comprising of clinical and managerial staff, who would have significant involvement in the initiative. Developed an action plan with goals / targets, outcomes, time frame, evaluation, and resources required. Presented a proposal and secured both structural and financial resources. Commissioned a lactation consultant to deliver the program of theory and practice to approx. 50 staff members. Provided 10-15 minutes information / awareness sessions regarding HPH Network, BFHI, and the program: structure, date / time, numbers of staff, venue (on site) and facilitator.

### Results

The program of theory and practice of cup feeding was undertaken by 54 staff members during July 2001. Staff were very positive and pleasantly surprised at how easily they acquired the skill of cup feeding. Cup feeding was introduced and practised when the first opportunity arose.

### Conclusion

Evaluation in the form of a questionnaire is being developed. Future plans for in-service training will be addressed.

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## Working together to protect, promote and support breastfeeding in our region - a partnership in reality - pathway to health gain

*KELLY Mary*

Letterkenny General Hospital is located in Donegal in the North West Region of Ireland it is an acute 295 bedded general hospital providing a wide range of services to a population of approximately 127,000 people. Health promotion is an integral part of the ethos and culture of the hospital. The hospital is an active member of the Irish National Network and European International Network of Health Promoting Hospitals. The hospital employs a full time health promotion co-ordinator and smoking cessation co-ordinator. This poster displays and reflects health promoting activities at the hospital which includes European Smoke Free Project, Baby Friendly Hospital Initiative European Internet Café, Health Information, Cardiac Rehabilitation, work with schools, Stroke rehabilitation and many other health promoting projects. These projects reflect the needs of staff, patients, visitors and the wider community.

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## Difference of medical personnel knowledge about breastfeeding in clinic of children diseases, Kaunas University of Medicine

*KUDZYTE Jolanta*

The aim of the study was to evaluate the difference in medical personnels' knowledge, concerning breastfeeding.

## Method

64 nurses working in the clinic of children diseases Kaunas University Hospital and 76 paediatricians, coming to postgraduate courses from various Lithuanian hospitals, were questioned.

Promotion of breastfeeding subproject was launched in the clinic, in 1996, so lectures and seminars about the new tendencies in breastfeeding were given for the nurses several times per year.

## Result

30% of paediatricians and even twice of that- 68% of nurses answered that baby must be breastfeed up to 2 years old. Much more nurses knew the benefit of breast milk for babies and were able to mention the most important things as balanced ratio of proteins, carbohydrates and fats, role of immunoglobulins and enzymes in comparison with the doctors. Lower morbidity of breast and ovarian cancer, family planning better bonding and economical benefits of breastfeeding for the mother were encountered by 89% of nurses and by 65% of doctors. 93% of nurses and only 74% of doctors knew the correct methods, to avoid hypogalacty.

Conclusion: So, our data showed that nurses knew much more about breastfeeding; and the results were achieved very easily - by giving lectures on breastfeeding yearly.

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## A breastfeeding promotion project to promote health in the hospital

*TORNESE Roberta*  
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*ROSTI Luca*

## Introduction

The health effects of breastfeeding are well known, however, a number of barriers negatively affect the initiation and the prosecution of breastfeeding. Our hospital is one of the two child delivery centres located in Pavia, a medium size town in north of Italy. Until the end of 1999, none structured efforts was made to increase breastfeeding rates and to improve mothers knowledge about this issue. Beginning March 2000 a new approach was established. Trained midwives hold prenatal courses with sessions focused on promoting breastfeeding and the future parents are given printed materials to increase their information bulk. Moreover, following delivery and during the hospital stay, the Nursery staff is involved in a continuous helping - promoting breastfeeding activity. Finally, after discharge, the parents have the opportunity to contact the Nursery staff through a dedicated telephone line or sending e-mails, to sustain their breastfeeding efforts.

## Objectives

- To promote breastfeeding.
- To verify the effects of the intervention on breastfeeding rates.
- To know the reason for stopping breastfeeding.

## Methods

To test the efficacy of these interventions, we have conducted a two phases study, contacting the mothers discharged before and after the implementation of the interventions.

## Conclusion

We have collected the results of the first phase of the study and now we are collecting the same information for the post- intervention group. In conclusion we hope in a positive result which might confirm the feasibility of a breastfeeding promotion project in the hospital.

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## Posters on meals and nutrition in the hospital

### Audit of Meal Provision on the Nutrition Aware Ward

*CURRAN Anne Marie*  
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Malnutrition in hospitals is common. A recent patient survey in St. Vincent's University Hospital (1999) highlighted areas of concern such as missed and delayed meals, fasting, lack of assistance with eating and dislike of food. In response to this survey the Nutrition Aware Ward project aims to encourage a multidisciplinary approach to nutrition awareness through appropriate and achievable initiatives which can eventually be implemented throughout the hospital.

## Objectives

Complete an observational audit of current practice. Identify factors which can be implemented to ensure change.

## Methods

A nutrition aware ward was established involving nursing, medical, catering and dietetic staff and an observational audit relating to meal provision was conducted on this ward.

## Results

34 patients were studied. 89% of patients were correctly identified as having special requirements, such as specific equipment, feeding assistance and special diets. Preparation for meal service var-



ied. Only 31% of patients who required assistance to sit up were helped at lunch compared to 100% at breakfast. 39% of the patient's tables were not moved within their reach. Interruptions to meals included ward rounds and presence of visitors who were not assisting patients. Assistance, supervision and monitoring at meal times was poor due to medication administration, staff mealtimes and other nursing duties.

### Conclusion

The audit identified factors which needed to be addressed. This ongoing project will result in change occurring at different stages. Many other initiatives are being put in place at present Education - nutrition updates for nursing staff are ongoing. Communication - Bi-monthly meetings between catering, nursing and dietetic staff. Interruptions to meals - The timing of the evening ward round has been changed. Posters are being used to indicate the timing of meals on the ward. Recognition is being given to the validity of identifying changes of practice which are desirable but not yet feasible.

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## Planning, developing and implementing a catering action plan for the acute hospitals in Midland Health Board, Ireland

*DOWLER Yvonne*

### Rationale

Catering services are an integral part of every hospital. This service can present complex and varying challenges and therefore embarking on a wide-ranging strategy will ensure that the service meets the needs of its users and complements the hospital image.

### Aims

- Develop and implement a food and nutrition policy.
- Assure food safety using the principles of HACCP (Hazard Analysis Critical Control Points).
- Co-ordinate a continuous quality improvement programme which encompasses value for money.
- Develop a Human Resource Strategy reflecting the Midland Health Board's Human Resource Strategy.

### Methodology

A project manager was appointed to plan and develop a catering action plan. A project team based on a partnership strategy was established. Two sub projects teams are in place - A Nutrition Team and A food Safety Team. Both teams use the tools of project management. Activity lists were identified and work breakdown structures were developed. Gantt Charts, Linear Responsibility Charts and Milestone schedules assisted in structuring the project. Conditions and constraints were identified and concise communication strategy was essential. The Nutritional team includes Nursing, Dietetic, Catering, Administration and a patient representative. The Food Safety includes Environmental Health Officers, Maintenance Supervisor, Catering, Nursing and Administration Staff. A Human Resource Strategy is assisting in the change management process and is an essential element in motivating staff.

### Outcomes

Outcomes included appropriate staff food for staff incorporating a food cost control system in place. A personal development plan for key stakeholders, training in food hygiene and nutrition for all relevant staff has been developed.

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## Engaging partnership for benchmarking food and nutritional care of patients and staff in an acute hospital

*HADE Anita  
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et al.*

### Rationale

Nutrition plays a major role in the overall strategy for health care in hospital. Well-nourished patients are likely to recover more quickly. Part of this strategy includes the implementation of a "Healthy Eating Programme" for staff.

### Aim

To provide nutritionally appropriate safe food and develop policies on core aspects of nutritional care.

### Methodology

A multidisciplinary project team was set up. This team includes representatives from Catering, Dietetics and nursing Departments including a patient representative. The Nutrition team is involved in planning appropriate menus; reviewing meal times, food availability, patient feeding and nutritional screening. Staff education and training is ongoing. The strategy is being implemented on a 52-bedded Regional Orthopaedic Unit.

### Outcomes

Outcomes include a menu policy, standard recipes, increased availability of food and improved nutritional care. Staff will be aware of the importance of hospital food as treatment.

### Conclusions

A multidisciplinary team approach is crucial if catering services are to be enhanced and the development of nutritional care policies are to be implemented. A commitment to continual staff training and educa-

tion is essential for the successful implementation of the strategy. Widespread consultation and collaboration with all staff throughout the project will result in a high quality service that is patient centred. The MHB will co ordinate its catering service by using common elements of this project on other acute hospital sites.

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### **Audit of special diet provision to adult in-patients, MWRH, Dooradoyle, Limerick**

*HALES Karen*

#### **Rationale**

Clinical studies have shown that approximately 40% of hospital patients display signs of malnutrition and that 60% lose weight during their stay (McWhirter & Pennington, 1994). Malnutrition results in impaired wound healing, decreased resistance to infection, muscle wasting and longer length of hospital stay (Bistran et al, 1975; Leonard-Jones, 1992). A number of factors were identified by Allison (1995) and Goodwin (1989) that prevent people from eating in hospital: problems in ordering food, poor menu choice, disruption to meal times and communication breakdown.

#### **Aims and objectives**

- Assess patient satisfaction with food choice.
- Review the suitability and availability of snacks.
- Evaluate if nutritional products prescribed are being received.

#### **Methodology**

A survey was carried out on selected adult wards over the period of one month. Dieticians interviewed the patients and completed the questionnaire at the bedside.

#### **Results**

Pending analysis of the survey.

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### **Peer led education and nutritional knowledge levels in the post-primary school setting midland Health Board HPH Ireland**

*JOHNSTON Charlotte*

#### **Objectives**

- To assess nutritional knowledge levels of first year students in the post-primary school setting.
- To harness peer-led education, with a view to raising nutrition knowledge identified as being poor.
- To challenge schools to encourage nutrition and healthy eating promotion in the post-primary setting.

#### **Methodology**

Anonymous self-completion questionnaire and innovative transition year student centred project.

#### **Outcomes**

Nutrition knowledge of recommended portions for protein, carbohydrate, iron and calcium was poor. Lack of knowledge existed about iron sources and function; fibre sources, and difference between fat levels in foods. Transition year students created many varied innovative projects to promote nutrition messages including website creation; tuckshop interventions; video production and health days.

Lack of basic nutrition knowledge seemed to exist amongst first year post-primary school students. The implementation of awareness raising projects by transition year students created much interest and

action with regard to healthy food in the school setting.

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### **A specialist Nurse (S.N.) improves the quality of the nutritional Team for human artificial Nutrition**

*LIMIDO Eugenio*

#### **Introduction**

Artificial Nutrition (A:N.) can be better carried out by a multidisciplinary team in which an AN-trained nurse is the outstanding figure.

#### **Methods**

Since January 1993 a team of physicians and an hospital pharmacist have been operating together. At present a S.N. is working in an office dedicated to H.A.N:

#### **Results**

The co-operation of a S.N. has improved the following activities. Teaching H.A.N. practical and theoretical methods: S.N. is the most suitable medical figure for a proper training. Setting up and managing a Day-Hospital to periodical follow-up, check the training degree, test the nutritional status. Telephone follow-up: direct line with the patient at his home, to check if H.A.N. is being correctly out, possible problems or remarks. Revision of H.A.N. protocols. Computerised control of files in order to collect scientific statistics.

#### **Conclusion**

It is clear that part of the above listed items is consequent to a greater number of human resources, no matter what kind of professional jobs they do.

Anyway the permanent co-operation if a S.N. has enabled us to improve the standard of nutritional



support at home, thus, improving the patient and family quality of life.

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## Our experience with separated diet

*MALICKOVA Danica*

### Aim

The aim of this study was to find out the effect of special diet - separated diet) on the health of employees.

### Target group

A group of volunteers from hospital staff.

### Method

For the research we used a questionnaire, which was filled in by 30 employees. It is 1/6 of the total number of boarders.

### Result

The data shows that most people from the target group preferred reduction of their body weight and aesthetic looks of dishes.

### Conclusion

The findings suggest that diet regime contributed to improvement of health status and at the same time created new ideas for development of the diet regime.

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## Promoting healthy eating for older adults in hospital environment

*OLADIMEJI Victoria*

Eating and drinking are essential activities of daily living. They are essential elements in our lives, not only from the perspective of maintaining our health but also as a means of socialising with friends and relatives. According to Sarafino (1998) mortality from most of today's leading causes of death could be substantially reduced if people would adopt lifestyles that promote wellness, such as eating healthful diets. Denham (1992) emphasised the importance healthy eating for the older person when he stated that an unbalanced diet in later life caused by either too much food, or a specific deficiency, may shorten life expectancy or increase morbidity due to age-related diseases. However, he also stated that a carefully planned and balanced diet, especially if combined with regular exercise, is likely to maintain health, improve life expectancy and quality of life. Promoting Healthy eating poses particular challenges for those who work with Older Adults because these client group may have well established eating regimes and food preferences. Admission to hospital can cause disruptions to a person's usual diet, particularly eating times and food preferences. The environment may also not be conducive to developing a healthy appetite. A careful assessment and provision of the patients' dietary needs in hospitals is important as well as ensuring that the food served is eaten by patients. Due to the age related changes, which may interfere with the digestion and absorption, healthy eating in hospital, should be regarded as part of patients' treatment and nursing care.

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## Healthy nutrition teaching and introduction of contemporary dietetics in Kaunas Clinical Infectious Hospital

*SURKUVIENE Vitalija*

### Purpose

To propagate knowledge about healthy nutrition, to explain the importance of contemporary diet therapy in improving the work of the food making department of the hospital.

### Tasks

- To reorganise the work of Food making Department of the Hospital and Dietetics Service.
- To organise the nutrition of patients following the principles of contemporary diet therapy.
- To improve the knowledge of the personnel about healthy nutrition.
- To propagate the up-to-date information among patients.
- To fight for natural feeding of babies

### Methods

- Healthy nutrition implementation group was formed in the hospital.
- Conversations with patients and employees.
- Questionnaire. Analysis of collected data.
- Lectures, reports, methodical instructions.

### Results

The healthy nutrition group coordinates the carried out work. The results of the questionnaire show increasing interest in healthy nutrition. After the analysis of the amount of cholesterol in blood (approx. 40% of the questioned persons did not know their cholesterol data), it was established that persons with amount of cholesterol above normal, have bad food: they use too much fat meat, fat fish, eggs, butter etc. These persons

have higher body weight index. The employees and patients are taught to calculate their body weight index and they are introduced to the pyramid of healthy nutrition.

In the conversations with mothers taking care of children, the importance of healthy nutrition is being explained.

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## Posters on promoting the health of hospital staff

### Promoting increased physical activity levels for staff in a hospital setting

*BOLGER June*  
*KEOGH Danielle*

#### Objectives

- To target sedentary staff, or staff who were not in the maintenance stage of the Transtheoretical Health Behavioural Model, at the hospital.
- To increase their physical activity levels.

#### Methodology

One on one consultation, educational group interventions and environmental supports were the modalities used to promote the increase of the physical activity levels of the staff. Fitness assessments conducted on 81 staff who volunteered, which was 50% of the total hospital staff. The assessment looked at the health related components of fitness, being cardiovascular endurance, body composition, muscular strength, and flexibility. The tests used involved the Rockport 1 Mile Walking Test, Peak Flow Meter, BMI, Hand Grip

Dynamometer, and the Sit and Reach Test.

#### Outcomes

Each staff member received a personal report and an individual consultation, Individualised exercise programs were administered. In the six weeks following the assessments, the staff had access to professional physical activity. Educational sessions were also conducted dealing with injury prevention, exercise for weight loss, motivations and barriers to exercise, and tips on how to have more energy in their day. After nine weeks, one on one consultations were conducted to evaluate progress of individuals and the Heart Health Program itself.

A holistic approach to increasing the staff physical levels is adapted by the ongoing promotion of physical activity in the workplace, workplace Physical Activity Policy, creating a supportive environment for physical activity - the Health Promotion Service has now funded showers and changing rooms facilities.

Further developing personal skills on empowerment through information and education on physical activity. Strengthening the workplace physical activity action. The results of the process evaluation yields important information, which will help with the design, implementation and delivery of further initiatives.

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### Integration of newly hired caregivers

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*et al.*

The specifically established regional working group, developed a project on staff admission, for newly hired caregivers, since it considered that curtailing of uncertainties, resulting from a new and unknown working environment, can optimise caregiver's awareness of his / her role as promoter of everybody's health including his/her own.

#### Aims

- Guarantee correct dissemination of information necessary to illustrate the new working environment.
- Disseminate clear information to reduce risks and prevent accidents resulting from operating in situations of uncertainty.
- Improve quality of care provided.
- Optimise awareness on the role of health promoters.

#### Target population

All newly hired caregivers by the Health Units belonging to the regional HPH network.

#### Project Phases

- Drafting - by the regional work-group - of a single, basic procedure for assistance in compliance with the ISO 9000 model.
- Customisation and contextualisation of this procedure in every health care organisation by involving staff members who will apply this procedure.
- Application, assessment of results, changes (if any).

#### Assessment of results

- Questionnaire to assess results, distributed to newly hired caregivers.
- Questionnaire to assess results, distributed to UU.OO (Operational units) managers.

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## "Caring for the Carers" - The being well-programme

COLLINS Bedelia

### Aim

To encourage staff to participate in a positive lifestyle change course, promoting greater health and awareness in their personnel lives.

### Objectives

1. To run a Being Well course addressing the following topics:

- Eating Healthy,
- Being Active
- Dealing with stress,
- Relaxation Technique,
- Drug and alcohol awareness.

2. To measure any lifestyle changes, made by staff as a result of doing the course.

### Methodology

Requirements - To ensure delivery of effective and appropriate lifestyle advice a team of in house expertise including Physiotherapists, clinical nutritionist and a Being Well Tutor gave the course. Management authorised staff to do the course during their working hours.

### Action

Staff from various disciplines were invited to do the Being Well course, 19 staff accepted a place. Participants completed a pre-course questionnaire. Each person was asked to identify the 'stage of change' (Prochaska and DiClemente 1984) they were at in all of the topics included above. The Being Well course ran for six weeks, 11/2 hours a week. On completion of the course a second 'stages of change' questionnaire was complete. A comparison was then made between the pre and post questionnaires to identify if any lifestyle changes were made by staff as a result of doing the course.

### Results

17 staff members completed the course, 11 completed the second

'stages of change' questionnaire. The General Responses from the course was very positive 10 out of the 11 participants rated the course as very good or excellent.

### Conclusions

Due to the positive feedback from those who took part in the Being Well course, the HPH working group has decided to run the course on a regular basis.

### Recommendations

Six months after the completion of the course a third stages of change questionnaire should be completed to monitor the long-term effects the course on staff members.

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## Evaluation of a hardiness reinforcement programme on hardiness, coping strategies, perceived stress and quality of life at work for French nurses

DELMAS Philippe  
AUJOULAT Isabelle

Based on the assumption that hardiness is a personal resource allowing people to remain healthy in highly stressing environments, a hardiness reinforcement programme was run and evaluated in a French hospital among a sample of 70 nurses. The sample was randomised so as to allow for the creation of both an experimental and a control group. The repeated measures' design allowed to explore the results before the intervention, during the intervention, one month and three months after it.

According to Maddi and Kobasa's (1984) recommendations, three techniques were used: the focusing, the reconstruction of the situa-

tion and the emotive-rational approach. The programme lasted for 15 hours with three sequences of interventions.

The results on the three-post intervention time measures show how the intervention has reinforced the level of hardiness, the active strategies of coping, and the nurses' quality of life at work. At the same time, the perceived stress intensity and the avoiding strategies have decreased. The results demonstrate the relevance of reinforcing hardiness as a way to promote health at the workplace.

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## Health and well-being at work in an acute hospital trust

DOHERTY Margaret  
McBRIDE Mark

### Introduction

Whilst it is recognised that employment can promote the health of the individual it is conservatively estimated that each year, in Northern Ireland some 55,000 people suffer from ill-health, caused or made worse by work.

People who are employed spend on average 1/3 of their waking life at work; therefore it makes good sense to contribute positively to their health.

### Aim

This presentation will describe initiatives implemented or planned, to actively promote the health and well-being of staff of Altnagelvin Hospitals Health and Social Services Trust. This work is being undertaken by the Well-Being at Work Subgroup of Altnagelvin Health Promoting Hospital.

## Objectives

To

- Establish a Health and Fitness Centre for staff and their partners.
- Promote planned short healthy walks for staff.
- Promote safe Manual Handling.
- Offer Physiotherapy Sessions for staff.
- Introduce Alternative Therapies for staff and ante-natal women.
- Address Mental Health at Work.
- To facilitate the needs of Breastfeeding staff.
- To assess the feasibility of providing crèche facilities.

## Method

A multi-disciplinary group has been established to plan, introduce and monitor the process. Assessing the outcomes of the individual programmes listed above.

## Expected Outcomes

The learning gained will inform the evolutionary process of improving the holistic health and well-being of Altnagelvin Hospitals Trust staff members.

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## Physical strain of health care employees in the Slovak Republic

*HUBACOVÁ Leona  
ULCOVÁ M.*

Physical strain of physicians, registered nurses and enrolled nurses were ascertained at 30 hospitals in the Slovak Republic. Work of hospital employees was evaluated on base of the whole-shift observations (2219 whole-shift observations). Energetic consumption

(min-1) was ascertained according to Borsky method. On the base of our examinations it was found out, that physicians, surgeons at surgery and orthopaedic departments had the greatest energy consumption (during operations of patients up to 27 kJ min<sup>-1</sup>. Registered nurses and enrolled nurses had energy consumption during their duties of up to 32 kJ min<sup>-1</sup> (duties, connected with manipulations with the immobile patients), first of all at geriatric and surgery departments. The whole-shift energy expenditure values of our sample employees exceeded permissible values of the European Union standards. We have presented an elaborate proposal to the Ministry of Health of the Slovak Republic, for the necessary action needed to improve the working conditions of the health care employees.

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## Risk factors influencing deterioration of medical workers' health in the 3rd clinical hospital of Kaunas

*JODZIUNIENE Liucija*

### Aims

to investigate most frequent risk factors (RF), influencing deterioration of medical worker's health and changes in these RFs during 4 years of study (1997-2001). Main RFs - tobacco smoking, overweight, hypodynamics, unhealthy diet, and hypertension - were revealed through the questioning of 151 medical worker's. After initial assessment, influence of RFs to health was explained. Each year we re-evaluated changes in RFs.

### Results

During initial assessment (1997),

35% of medical workers smoked tobacco, 42% were overweight. 10% had various degrees of arterial hypertension, 66% had a very poor physical activity, and only 6% were physically active.

During RF follow-up in 2001, 33% of medical workers smoked tobacco, portion of overweight medical workers reduced from 42% to 27% (more in woman than in men), 26% of medical workers had a various degrees of arterial hypertension, and physical activities remained unchanged.

## Conclusions

- Prophylactic measures have a positive influence on risk factors.
- Increase in arterial hypertension is due to stressful work conditions.

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## Lifestyle monitoring of the Health Care Employees in the Slovak Republic

*KRIZANOVA Daniela*

The project "Evaluation of work and working conditions risk in the Slovak hospitals" was carried out in 27 State Institutes of Public Health in the Slovak Republic. Observations were carried out in 9 health care departments: oncology, geriatrics and nursery homes for immobile and long-term ill patients, anaesthesiology and resuscitation departments, surgery, orthopaedics, paediatrics, stomatology, central sterilisation and orthopaedic prosthetics departments.

Anamnestic information of 422 health care workers were obtained by personal interview with professions: physicians, registered nurses, enrolled nurses suture nurses, radiological technicians, stomatological technicians and orthopaedic



technicians. Information concerned: lifestyle of hospital employees, their physical activity, medicament coffee a alcohol consumption, dietary habits and tobacco consumption. Special attention was devoted to the medical history.

On the base of obtained results the recommendations for Ministry of Health were elaborated with the aim to improve working conditions or the hospital staff.

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### Violence in hospitals: remedy thereof

*MISRA Priti*

We have been noticing more and more incidence of violence and sabotage in government and private health establishments following death of patient. Reason being ascribed by violence doers and saboteurs for violence is negligence on the part of health care providers. Aim of this study is to draw attention of international health care providers' community and to find some solution to this problem. Many health care providers have been contacted and very many case studies related to the subject have been taken into account. Many a times in spite of best efforts course of disease is such that doctors are not able to give dramatic results or save the life of patients. Result of study shows that while holding doctors and nurses responsible for death or ill health of patients, negligence done by relatives, attendants and patients themselves is not taken into account. Hospital employees are having fear in mind while on job because such a situation can arise at any time. This problem is of great concern because if timely

action is not taken to solve the problem, it may prevent young persons to opt for medical and para-medical profession, which is already a trend, that has started in a few countries.

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### Immune Status Assessment - a comparison between Irish and non-national health-care workers

*O'NEILL Nancy  
O'BRIEN Sheelagh*

#### Aims

With the increasing numbers of non-national healthcare workers (EU, Indian and Filipino) at the National Maternity Hospital, the Occupational Health Department set out to examine the differences between the immune status of each ethnic group compared to Irish.

#### Methods

At pre-employment stage a blood sample is taken and tested for Rubella, Varicella, and Hepatitis B viruses. We also inspect for the presence of a BCG scar. 21 Filipino, 17 Indian, 9 EU staff nurses/midwives were analysed and compared to a sample population of Irish staff nurses / midwives.

#### Results

19% of Filipino and 23% of Indians were non-immune to Rubella and Varicella. All Irish and EU were immune to Rubella with 95% of Irish and all EU immune to Varicella. All EU and 92% of Irish employees had adequate HBV immunity, but only 38% of Filipino and 41% of Indians. All Indians and 97.5% of Irish had evidence of a BCG scar, with 86% of Filipino and only 22% of EU employees.

### Conclusion

Each ethnic group presents their own occupational health challenges. Non-Irish EU employees do not receive BCG. Employees from outside the EU are less likely to be immune to Varicella or Rubella and more likely to require Hepatitis B vaccination. We also identified the implications of the differences found, in terms of protection of both staff and patients from infectious diseases. These now need to be addressed.

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### Lifestyle Programme for hospital staff at Altnagelvin area hospital

*PATTON Sharon*

Research conducted by the Nutrition Group at Altnagelvin Area Hospital demonstrated that while staff had a good understanding of healthy eating, but they found it difficult to put their knowledge into practice.

In order to help people to apply their knowledge in a practical and positive way several professions working in partnership developed the Lifestyle Programme. This programme is open to all hospital staff and consists of eight one hour sessions over a four-month period. Areas covered include motivation, healthy eating, physical activity, smoking cessation, stress management and oral health. Supermarket tours and cookery demonstrations will also be conducted.

The first programme will run from February - May 2002 so preliminary results will be available for the conference. Questionnaires will be completed at the commencement and finish of the programme to ascertain changes in practice in

relation to eating habits, physical activity, smoking and stress management. Weight, body mass index, waist: hip ratio, blood pressure, heart rate and lung function will also be monitored.

While the main objective is to enable individual staff to make positive changes to various aspects of their lives it is also hoped that these staff will in turn influence their families and friends to make healthier choices. Consequently, in creating a healthier organisation we also contribute to making a healthier community.

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## Staff health

*POWER Joan*

### The starting point

The first Staff health Day was held in Waterford Regional Hospital in September 1999. 150 members of staff from all staffing levels attended, 16 of those were Male. As a result of this first initiative the project developed at a local level with Staff Health days being held in all the Hospitals in Co. Waterford.

### Methodology

Venue: The Parent Hospital, Community Care, other. Time: 9am-5pm. Services provided include: BP monitoring, cholesterol testing, blood sugar, height and weight, diet Stress management, staff counselling, alternative therapies, administration advice. Follow up at six month intervals. Referrals to local services.

### The working Team

The Occupational Health Dept, W.R.H. Health Ed officer, Community Care. Dietician, happy Heart Unit, Mental health develop-

ment officer, Staff Counsellor S.E.H.B. representative from Administration, voluntary support services, smoking facilitator, oncology nurse, other as requested.

### Growth

In the Year 2000 the project began to develop at a regional level. As a result of demand. Staff Health Day have been held in all relevant areas in Kilkenny, Wexford, south Tipperary and Waterford. Carlow is to be developed early 2001 and dates have been set for two initial venues.

### Evaluation

Each Staff health day is evaluated and recorded. Reports are available on request. Uptake on the day depends very much on staffing levels and availability. The response rate is very positive.

### Personalisation

Personalization is not easy when the workforce is large in numbers. Not is it easy when management Systems are under pressure. It is good communications system that sets the foundation in stone.

### Communication - The tool

Acknowledgements, respect, Positive Reinforcement, i.e. staff health day, a simple newsletter, Thank you, The humanistic approach, top down bottom up.

### An open Door

Presently there is a shortage of staff, at all levels service personalization of the service is one way to recruit and maintain good staffing levels. Staff health is a priority.

### In Conclusion

This project is: pilot based, evaluated following each session, founded on goodwill and care, meets a defined need, is adaptable to being delivered in Hospital Community or relevant other area as pre need.

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## Integration of newly hired caregivers

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The specifically established regional work-group, developed a project on staff admission, for newly hired caregivers, since it considered that curtailing of uncertainties, resulting from a new and unknown working environment, can optimise caregiver's awareness of his/her role as promoter of everybody's health including his / her own.

### Aims

Guarantee correct dissemination of information necessary to illustrate the working environment. Disseminate clear information to reduce risks resulting from operating in situations of uncertainty. Improve quality of care provided. Optimise awareness on the role of health promoters

### Target population

All newly hired caregivers

### Project Phases

Drafting of a single, basic procedure for assistance (ISO 9000 model). Customisation and contextualisation of this procedure in every health care organisation. Application, assessment of results, changes.

### Assessment of results

Questionnaire to assess results.

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## The process of improvements in health firm workers' safety in the workplace following accidents

*TORTI Carluccio*

*SCARPINI Gian Carlo*

*ALBINI Giuseppe*

### Purpose

The aim of this study is to increase sensitisation to occupational injury prevention in order to afford a better and more detailed understanding of accident dynamics.

### Target group

The research was carried out throughout the company workplaces in Pavia and included all the Pavia national health employees.

### Method

The Head of each working Unit carried out a thorough investigation into and all pertinent details concerning the event. He sent all the information gathered on a form provided to the firm's Prevention and Protection service.

### Results

The study covered the years 1999, 2000, 2001. The graph below shows the percentage of forms sent compared to percentages of the total number of injuries reported. The slight increase from 1999 to 2000 is due to the fact that the first feedback of data had to be evaluated and plans for training schemes had to be outlined. The resulting effects of these plans were felt in the year 2001.

### Conclusions

From a first analysis we can see that this system is in the process of evolution and consolidation. Corrective measures have already been undertaken (training courses, organisational restructuring, remodelling company plants and engineering structures) and when these are completed there will be a further increase in safety awareness until optimum levels of man-

agement and worker involvement are reached thus creating a constructive and critical awareness.

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## Posters on community health initiatives

### Tuberculosis prevention training amongst high risk groups among the population concerning preventive tuberculosis

*BENCHEV Bencho*

In Bulgaria as well as in some other European countries, tuberculosis is at present one of the most important public health problems. At the edge to an epidemic situation, it is of utmost importance to train the population concerning risk factors for this disease and ways of controlling them.

### Aims of the training

- Increase the level of knowledge, skills and motivation for tuberculosis prevention amongst high risk groups: patients suffering from diabetes or alcoholism; persons with suppressed immunity; drug addicts; gypsies and some other national minorities; prisoners.
- Production of educational tools for the training of high risk groups.

### Methods

Before training, a comparative study was conducted in order to measure the levels of knowledge, skills and motivation for tuberculosis prevention among high risk groups.

### Results

- Increase of the level of knowledge and skills among persons with high risk of obtaining tuberculosis.
- Reduction of number of cases of tuberculosis among persons with high risk.

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### Prevent osteoporosis - A community aimed project

*BITTER Karol*

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*MAGULA D.*

The overall number of fractures among the female population above 50 years of age in the Slovak Republic (total population 5,3 millions) is ca. 9 800 per year. A regional Osteocentrum for Region Nitra (ca 1,7 millions inhabitants) and a local branch of the Slovak union against Osteoporosis (SUPO) are located in the above mentioned Institute. Osteocentrum works in many different ways to increase public awareness and understanding of osteoporosis, so that prevention, early diagnosis and appropriate treatment of osteoporosis becomes routine and unnecessary human suffering is avoided.

### Realised interventions

- Initial presentations for doctors and nurses,
- local media campaign (1997-1999),
- examining bone mineral density of the population in the different parts of Slovakia (1997-2001 = 24 332 persons),
- Slovak Union Against Osteoporosis formed (2000),
- broad national media campaign (2000),

- examining dwellers in Boarding Houses for the Elderly (2000-2001 = 175 persons).

The results of the examinations of the different sectors of the target population are been statistically analysed and presented. Early detection and appropriate treatment of osteoporosis may prevent this disease from becoming a major public health problem of the 21st century.

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## Guidelines for "Special Patients" access to community dental care services

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### Introduction

The Community Dental Service of Ulss 14 - Chioggia, (Veneto Region), deals both with patients with disabilities and with institutionalised elderly people, through preventive and clinical dental treatment programmes.

### Aim

Improve the preventive programmes in residential homes or long stay institutions. Improve the access of these weak and medically compromised patients to our out-patients.

### Method

The dentist visits twice a week elderly patients in the residential homes. Users of this service are about 900 institutionalised patients. The outpatient activity includes the provision of 24/7 emergency dental care and once a week it is completely dedicated to the assessment, treatment and care of these groups of patients. For those patients who require a

specialised care and the use of sedation techniques or general anaesthesia and whose disability and anxiety limit their ability to cooperate for routine care, there are 2 beds for day-surgery and 2 beds for ordinary hospitalisation.

### Conclusion

The experience gained by promoting equal access to general and specialised dental services for this "special care" population, allows us to fulfil demands and needs of patients with disabilities through a simplified and quick access, both for outpatient treatment and ordinary hospitalisation. This way our service takes care of the disabled and the elderly patient, avoiding the involvement of family members and Ulss 14 residential homes staff from further treatments and procedures.

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## The use of Medical Statistics Service to promote healthy life styles

*GNATOVSKY Vladimi*  
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In our medical society an opinion that only medical institutions engaged in treating people can promote healthy life style ideas has been formed. Actually, there's nothing of the kind. In healthcare system there's a structure which is occupied with gaining and processing information about the whole healthcare system. Our Medical Centre of Information and Analytical processes information of certain population layers morbidity, estimate maternity and childhood protection indices and also makes demographic characteristics popular for broad levels of the population, carry out adaptation of evi-

dence based data for mass media. Taking into account that 90% of information is obtained visually, we use such visual aids as illustrations, graphs and diagrams. A combination of well-given text and illustrations can be used as a report or a print. So, an institution which doesn't have direct contact with patients can promote ideas of healthy life style to the community. We co-operate closely not only with mass media but also with primary healthcare sector, bringing good results in healthy life style propaganda. We've introduced and implemented in daily practice the principle of "start with yourself" in our Centre. After preparation of a number of lectures and manuals on smoking cessation our employees decided to lead a healthy life style and gave up smoking both at work and at home.

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## Partnerships for health - preventing skin cancer

*GORDON Alexandra*  
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Skin cancer is the most common type of cancer diagnosed in Northern Ireland and it is becoming more common. Excessive sun exposure especially in childhood has been linked to the development of skin cancer in later life. Research carried out with primary schools indicated little attention to the issue of Care in the Sun and a lack of teaching resources. In spring / summer 2001 Green park Healthcare Trust proposed the development of resources for this early years group and formed an alliance with key partners from health, education and the voluntary sector. The aim of this partnership was to reduce the occurrence of skin cancer through the development of an education



based Care in the Sun programme. This group directed the development of a Care in the Sun Teaching Pack and Care in the Sun website. These resources now form an integral facet of 'The strategy for the prevention, diagnosis and treatment of malignant melanoma and other skin cancers in Northern Ireland'. Evaluation by teachers found the pack enabled them to give scientifically accurate and current information and it provided a focus for their work.

**Partners**

Green Park Healthcare Trust, Eastern Health and Social Services Board, Belfast Education and Library Board, South Eastern Education and Library Board, Ulster Cancer Foundation and the Communication Resource and Information Service.

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**Devising a bicycle safety programme for children - a bobby bear initiative**

*KELLY Christy*  
*CONDRON Bernie*  
*LANE Gerard*

**Aim**

To devise a road safety programme for children which includes the rules of the road and a demonstration exercise around the practical use of bicycles on the road.

**Objectives**

- To develop the project with relevant stakeholders.
- To identify other programmes which have been developed.
- To devise a set of rules around bicycles safety which are suitable for children.
- To devise a demonstration exercise session.

**Methodology**

The project is developed in partnership between the Ambulance Station, the local Police Department and the Local Authority. Meetings were held with the relevant stakeholders. A project plan was put in place and launched September 2001.

**Outcomes**

A basic rule of the road for bicycles was developed suitable for children. The programme is piloted and tested. A bicycle check by a local bike expert is incorporated into this programme. All children taking part in this programme receive a Certificate of Attendance.

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**"Diet and Health" - the hospital goes to school**

*LAURO Vanda*  
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**Link to HPH**

Despite the fact that Italy is considered the place of origin of the Mediterranean diet, globalisation is creating a change in family eating habits. This has led to pathologies connected to an excessive intake of calories, above all in young people.

**Objective**

Organise courses on food education in order to change the nutrition of adolescents.

**Target group**

Students attending secondary high school (14-18 years).

**Method**

Organise courses of 8-10 hours in 4 schools (125 adolescents) to:

- Analyse main nutrients and their function in the human body;
- Elaborate concepts of quantity (too much, not enough..),

essential/non essential foods, harmful foods, through group games;

- Hand out "Food / Diet / symptoms sheet" in which students record food eaten daily for a week, indicating any symptoms;
- Analyse the diet sheets and subsequently give correct nutritional information.

**Results / conclusions**

Analysis revealed that the majority of young people eat very few vegetables, very little starch and fish, while they consume vast amounts of simple sugars, fats and animal proteins. In a school a group of 18 young boys and girls indicated that the most frequent symptoms were headaches and painful periods. The diminution or disappearance of the respective symptoms was reported by students who made the suggested changes in their diets for a month.

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**Environmental health promotion, health and safety - a maintenance project**

*MCDERMOTT Pat*  
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Work occupies much of the active population's time. Therefore it is clear that workers coming into contact with occupational risk factors is constant. It is therefore essential to ensure that there is constant evaluation of maintenance up-keep to ensure a safe environment for both staff and clients within the hospital setting. It is also important for clients that their environment is bright, comfortable, safe, and that it enhances their quality of life.

## Aim

To provide an environment which is health enhancing for clients, staff and visitors from a maintenance point of view.

## Objectives

- To develop a consultation process for the project.
- To identify priority areas for development which are needs based and include an element of health promotion.
- To comply with the regulations that pertain to listed buildings,
- To identify a budget for development of projects.

## Methodology

A situation analysis regarding risk factors was carried out. A Health and Safety committee was set up within the hospital to oversee compliance with legislation and hospital policies. A team approach to the maintenance project was adopted and line managers were invited to meetings to discuss areas for development.

## Outcomes

Health & Safety education of workers and safe work practice sheets were developed. An awareness of Health Promoting principle were created among staff. Staff identified areas for improvement, which would make the environment more health enhancing. Control systems were developed to ensure a safe environment for clients, staff and visitors. A control system is in place to ensure that all staff attend relevant lectures. The development of a good information system has provided the necessary support when it comes to planning the activities and resources required to deal with problems. A maintenance audit system is in place. Maintenance plan of action is on target, with positive feedback from both staff and clients.

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## Health promoting hospital and voluntary organisation in the delivery of the directly observed therapy (DOT) for tuberculosis patients in the northern province, South Africa

*PELTZER Karl*

The aim of this study is to identify factors which can improve the delivery of the DOT programme for TB patients in the Northern Province of South Africa by using key informant interviews. The sample included 5 physicians, 15 nurses, 4 DOT co-ordinators, and 6 DOT supporters chosen by target sampling from three hospitals including their TB community support structure in three regions (Central, Low Veld, and Northern Region) in the Northern Province. The design of the study followed an applied and action research approach. Participants were interviewed with an unstructured face-to-face interview. Content analysis was used to analyse and interpret the data. The following conceptual categories emerged from the data analysis:

- case detection,
- health education and counselling,
- inadequacy of health education and counselling,
- material support,
- psychological support, and
- reasons for non-compliance.

The latter were seen as follows: ignorance/stop taking treatment when symptoms disappear, substance abuse, migrant mobility of patient, conflict with health care team, lack of follow-up, alternative treatment seeking from traditional or faith healers, lack of transport, lack of staff, lack of drugs, and lack of legislation and intentional defaulting for the sake of a disabil-

ity grant. Findings are discussed in relation to staff and patients, and recommendations made.

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## An intelligent collaborative platform for healthcare provision for children

*PIETRANTONIO Anna Maria  
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Carpi Hospital of Azienda USL of Modena (Italy), together with ATLANTE Sistemas (Spain), Emphasis Systems (Greece), International Medical Services (Israel), Market Harborough Medical Centre (U.K.), University Hospital of Ioannina and University of Ioannina (Greece), Vascos Internet Services (Cyprus), is member of CHILDCARE Consortium, that is improving a research and technological development project financed by the European Community. CHILDCARE will develop an Intelligent Collaborative Healthcare Platform for the continuity care of children, bringing together telemedicine services resulting in a virtual workspace for healthcare professionals to share medical expertise and information. Questionnaires have been distributed to medical professionals and families to elaborate the User's Needs Analysis and create the platform of knowledge for the software-house to develop the programs. Parents will be provided with a user-friendly and easy-to-use system that will enable them monitor their children's welfare. Paediatricians will be able to follow-up children with chronic diseases from a distance as well as to collaborate with other specialist doctors. Hospitals and Health Centres will find in CHILDCARE a



system for facilitating and streamlining collaboration across health-care professionals and patients. CHILDCARE will improve children homecare, enhancing family satisfaction, reducing hospital costs, promoting and speeding up collaboration between medical experts and citizens.

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## The health care and positive living diploma, W.I.T.

*POWER Joan*

### The Start

The project was initiated in 1998 as a result of a defined need. The objective is to provide opportunities for the people in the community to learn about Health Care.

### Working together

This project is a collaborative effort between the Waterford mental Health Association and the W.I.T.

### Course Guide

Each course is made up of 10, 2-hour sessions. the foundation course is made up of 10 three-hour session. For the Diploma students must have completed five 2 hour courses and the foundation course. Each course is certified separately.

### Delivery

Lectures are given by a variety of people - Health Board Staff, Staff from the College, self-employed Professionals i.e. Reflexologists, Aromatherapists. Delivery depends on the content of the course, most courses are delivered by one lecture.

### Topics

Topics are very varied and include: Assertiveness Training Addiction

Studies, Management, Eating for Health, Counselling Yoga etc.

### Graduation Criteria

The student must attend 80% of lectures. At the end of each course the student must present a 3,000 word assignment which complies with the criteria as laid down by the college.

### Reaching out

The Health Care and Positive Living Diploma has developed into a regional project with courses being run in St. Kierans College Kilkenny, Wexford VEC, and Knockenrawley in South Tipperary.

### Movement

This project from being a project that has developed at local level has taken on a regional being delivered throughout the Southern region with the exception of Carlow.

### Annual evaluation & Certification

Evaluation of the project is carried out on an annual basis by the W.I.T. These evaluations are available on request. Participants hold graduation ceremonies in the college every autumn. Refreshments are provided.

### Co-ordination

In the South Eastern Region a co-ordinator has worked between the W.I.T., the Mental Health Association and the Mental Health services in the delivery of the project.

### Conclusion

The uptake of this project is consistent, it provides Health Education from a holistic perspective i.e. Physical, Social, Emotional, Intellectual, Spiritual.

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## Evaluation of a commercial weight loss programme

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MOLLOY Kathleen*

### Background

Level of overweight and obesity are growing at an alarming rate. The most recent data indicates that 18% of the adult population is obese and 39% overweight (Ref 1). Experts are predicting an epidemic of an adult on set diabetes. Current diabetic therapies to manage overweight are limited. A key factor is that very few dieticians are working in the area of weight management. Commercial weight management groups deserve consideration. This study assessed the effectiveness of Weight Watchers at work in St Vincent's Hospital.

### Aim

To assess the effectiveness of the Weight Watchers programme in a hospital setting.

### Methodology

Weight management programs were reviewed-staff selected Weight Watchers as their preferred programme. Staff with BMI > 25 were given the opportunity to enrol in a nine-week program facilitated by Weight Watchers with the support of community dietician. The following measures were taken before and after the nine week programme: Weight, body mass index, Waist circumference, and hip circumference. All participants volunteered a personal target-these varied from weight and waist circumference to clothes size. Participants were asked to complete a seven day food record before and after programme. The Catering Department supported the campaign and provided the Weight Watchers "zero point" soup daily. The vending machine company was also contacted to provide lower "point" snacks, and all snacks were also "pointed" to facilitate lower fat / calorie purchases.

Those who registered but did not attend were sent anonymous postal questionnaires.

### Outcomes

Of 34 people who registered for the program, 22 attended. Final data for 18 (17 female 1 male) of those was possible. Sickness and leave being the reasons why 4 individuals could not be assessed. Mean weight of participants reduced significantly by 3.81kgs over nine weeks. Wilcoxon  $Z = -3.354, p < 0.001$ . One third of participants lost between 5-10% of their original body weight. One third of non-attendees returned the postal questionnaire, with expense, busy schedule the most common reasons cited. 75% of participants plan to continue Weight Watchers Classes in their locality.

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### Sleep problems and accidents among male professional drivers and males in the general population

*ULFBEG Jan  
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#### Introduction

Sleepiness and reduced vigilance are important risk factors for accident proneness. We assessed the accident likelihood in different situations in daily life among male professional drivers and males in the general population according to sleep-disordered breathing and self-reported sleep debt.

#### Methods

Men from the general population and male professional truck and bus drivers were surveyed with regard to sleep habits and different types of accidents. A random sample of four thousand Swedish men in the general population of

Dalarna County were mailed a questionnaire and served as referents. A total of 1389 male professional lorry and bus drivers from this county responded to the same questionnaire.

#### Results

The drivers reported more sleep debt than the referents,  $p < 0,001$ . The proportion of total accidents was higher among the commercial drivers as compared with the males in the population,  $p = 0,03$ . Reports on traffic accidents were the same in both groups, but the drivers reported more accidents at leisure compared with referents,  $p < 0,0001$ . Accidents in traffic at leisure among the referents was increased in proportion to sleep debt,  $p < 0,001$ . Accidents at work among the referents increased in relation to proportion of sleep debt,  $p = 0,002$ . Accidents in traffic among the referents on the way to and from work increased in relation to proportion of sleep debt,  $p = 0,006$ . Conclusions Sleep debt was found to be common among commercial drivers. The results show that self-perceived sleep debt is directly related to accident likelihood for males in the general population and male professional drivers. This study also stresses that people should comply to the biological need of sleep, and the importance of performing sleep studies even in smaller rural hospitals.

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### "LARATOT" - Listening and responding appropriately to our teenagers

*WARD Gemma  
GRIEVES Cathy*

#### Overall Aim

To reduce teenage pregnancy by implementing an education project

within a school environment called LARATOT (Listening and Responding Appropriately to Our Teenagers).

#### Objectives

Involves a multi-disciplinary team over a period of approximately 6 months where there will be a detailed programme on sexual health, relationships, pregnancy, parenting and infant care. A virtual reality doll will be used so that the teenagers can have some practical experience of caring for a baby.

#### Brief outline of project

The project will take place in St Mary's College, Londonderry, Northern Ireland. It is aimed at pupils key stage 4 aged 14-15 years. Parental consent will be obtained prior to commencement. This is a pilot study. There will be allocated subjects that will be discussed - using a range of resources and teaching methods (eg. assertiveness, self esteem, parenting, contraception, STD's). A pre and post project questionnaire will be distributed to ascertain the student's level of knowledge. The results of this study will be utilised for the development of future research and insight into the needs of our local teenage population. Thereby identifying and utilising resources more efficiently and effectively within this area. There will be a separate session for debriefing and evaluation.

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### Community cardiac rehabilitation programme

*MCGOWAN Anne  
O'REILLY Maeve*



This poster paper shall provide an insight into the process of establishing a cardiac rehabilitation programme in the community setting some 35 miles from the hospital. Sligo General Hospital provides a comprehensive and highly developed cardiac service including a hospital based cardiac rehabilitation programme for a patient group covering four counties. Recognising the geographical spread of patients within the region, the problems clients may have with transport and that many patients receiving this service are of an older age group, a decision was taken in 2000 to initiate community based cardiac rehabilitation. A needs assessment was carried out to ascertain a suitable location, the potential number of patients from the region, and any new skills or networks required by staff. New partnerships were developed with the primary health care team and staff from the leisure centre in Carrick-On-Shannon. This programme has been completed and the audit results will be provided.

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## Posters on overall quality approaches

### Improving of the organisational quality of the hospital through a better approach to patients with diabetes

*BEGOLLI Ilir*  
*SALIHU Drita*  
*BERISHA Merita*  
*BEGOLLI Mirije*

#### Aim

Enabling of Paediatric Clinic to successfully manage IDDM, hence reducing the complications that can occur.

#### Objectives

Individual Education of children and their parents/tutors so as to improve the current diagnosis, treatment and control of this disease.

#### Target group

Target groups are children suffering from Diabetes and their parents / tutors.

#### Methods

Information, education and communication by the staff, self control of blood sugar, usage of insulin, regular controls and physical activities.

#### Results

The study shows that 32.61% of all the IDDM patients were between 12-14 years of age; 56.52% male and 43.48% female; 71.74% of all the patients were living in families of 5-9 members; 59% were residents in towns; only 4% of the targeted population know or are informed about this disease; in 98% of the cases our health promotion activities succeed.

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### Problems with quality system construction and certification in the health system in Slovakia

*FUNIAK Stanislav*  
*DRAGULA Milan*  
*KOMPI Du an*  
*GAJDO ÍK Ján*

Article is divided into two basic parts. The first includes an analysis of the current state of the health care system in the world and in Slovakia generally. Comparison of principles and requirements of

quality systems according ISO 9001:2000 with accreditation manuals of hospitals, with guides for the correct clinical practices, with ISO 17025 for accreditation of laboratories (generic and examination compounds), with EFQM models for organisation Effectiveness evaluation and with TQM philosophy. On a base of these analyses the integration system structure for the health care system was proposed that is presented in the second part of the article. Mainly in a nexus at the quality system of the university hospital. The authors present proposals of basic steps and tasks not only for an accelerated and effective construction of the systems of quality management in the health care system, but also for their effective certification.

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### Where do we go from here? How to develop health systems

*MESKO Dusan*  
*PÉC Juraj*

The real business of health care is about preventing ill-health, caring for people who are sick, meeting the needs of people who must live their lives with disabilities or chronic disease, and making people in communities healthier. The public knows this, and questions whether health systems, institutions, and caregivers preoccupied with narrowly defined strategic interests and the economics of care delivery will act in the best interests of patients. Doctors, nurses, and other health care professionals also know this, and grow ever more alienated from a system that thwarts their humanitarian instincts. The fate of any health

care reforms and the survival of any health systems or institutions will depend upon their ability to carry out their real business, serving the needs of patients more effectively. One of the "mosaic stone" we can do is to identify some "dimensions" of care to be especially critical, from the point of view of quality and good clinical practice and from the point of view of patients: respect, co-ordination, information, communication, education. physical comfort, emotional support, involvement of family and friends, transition and continuity

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### **The system of patients satisfaction monitoring in Lithuanian HPH network hospitals**

*MISEVICIENÉ Irena*

#### **Aim of study**

To evaluate the patients satisfaction changes with health care service in Lithuanian HPH network

#### **Material and methods**

The first survey of patients (n-1271) treated in nine Lithuanian HPH network hospitals was carried out in 2000. The second survey of patients (n-1476) took place in 2001. In both studies the response rate in different Lithuanian HPH networks hospitals ranged from 93,0% to 100%. Patients' satisfaction was evaluated by a uniform anonymous questionnaire. The patients were asked to rate environment (neatness, cleanliness, quality of food) of the hospital and the health personnel's quality of work (attentiveness, information about health services, risk factors, tests used for diagnosis and treatment) from 1 (very bad) to 6 (excellent).

#### **Results**

the analysis of patients' satisfaction changes with physical environment in the hospital shows that increased the number of patients' who evaluated the hygienic conditions in the ward excellent and very good from 49,2% to 59,9,  $p < 0,05$ . In both studies patients evaluated the quality of food more critically than the environment or hygienic conditions in the ward. It is notable, that the number of patients who noted that the quality of food was satisfactory decreased from 29,8% to 22,0% within a year, while the number of those who gave the very good assessment increased from 12,7% to 18,1%,  $p < 0,05$ . In the second study patients evaluated educational activities of nurses better. The number of patients who pointed out that nurses explained them about nursing, medical tests and illnesses increased from 73,3% to 88,8%,  $p < 0,05$ . Patients' assessment of physicians work did not change. The majority of patients were satisfied with the overall performance of the physicians, 95,1% and 94,9% respectively.

#### **Conclusions**

The approved system of patient's satisfaction monitoring in Lithuanian HPH network is very simple and it is a useful tool for the management of the quality of health care of the quality of health care in the hospital.

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#### **Evidence based Medicine**

*PREDONZANI Roberto*  
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An EBM group was formed and guidelines were established - as

part of the quality projects of health care centres - that identified as initial goals several investigations into the problems related to the treatment in the emergency department of minor cranial traumas. The above two pathologies are frequently reported in our hospitals, especially during the summer season. The aim of the project is to identify guidelines that allow E.D. doctors to rationalise the diagnostic and therapeutical procedure and to limit hospitalisation only to cases that really require it (major cranial traumas). The different ways in which patients reached the Emergency Department, the professional caregivers involved in patient's management, and the different diagnostic questions were examined. and a "golden standard" was set for each one. A booklet was prepared and is now being given to patients (and to parents when children are involved) to inform them on the pathology or trauma suffered and indicate any controls that are to be performed within the next 24 hours. The different types of accidents causing the cranial traumas will also be examined so that an accident prevention project may be launched.

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### **The ISO 9001 certification of the international centre for pesticides and health risk prevention (icps) of Lombardy Region - Italy**

*RONCHIN Mauricio*  
*MARIANI Franco*  
*COLOMBO Mariagrazia*  
*et. all.*

ICPS has been created in 1990 by initiative of the Government of the Lombardy Region and WHO Regional Office for Europe, in co-



operation with the University of Milan. The mandate of the Centre was to collaborate with WHO to face problems related to the manufacture and use of pesticides, and to support the development of preventive and safety programs. Recently the mandate of ICPS has been enlarged to some public health issues, and in January 2002 ICPS was renamed "International Centre for Pesticides and Health Risk Prevention". Moreover ICPS is a WHO Collaborating Centre for Occupational Health and cooperates with the University of Milano in the organization of the teaching activities for the School of Medicine and the Postgraduate Schools of Occupational Health. ICPS has recently obtained the UNI EN ISO 9001 certification with regard to "planning, development and management of projects and activities in preventive medicine and public health at national and international level". The ISO 9000 Quality System has taken its origin from the directions provided by the Region of Lombardy since 1997. As special attention has been given to processes such as planning, development and management of projects, which are usually poorly developed in public health, ICPS is certainly playing a significant role. The Italian Federation for Quality Systems in Enterprises (CISQ) and the International Certification Network (IQNET) at national level and at international level, respectively, guarantee the implementation and the maintenance of a Quality Management System at ICPS. According to the latest revision of the ISO 9000 directions (Vision 2000) one of the main targets for the future is the constant improvement of the Quality System targeted to a complete satisfaction of the clients needs.

#### Link of topic to HPH

"Strategies to improve the organisational quality of the hospital".

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### Development of a health partnerships tool from Health Promoting Hospitals / trusts self assessment tool

*RUSHMERE Annette*  
*STEVENSON Sue*

#### Project Aim

To develop and adapt an existing tool that will assist the development of health partnership working in the North Cumbria Health Authority Area (North West England)

The project, commissioned by North Cumbria Health Action Zone, and partially funded by North Cumbria Health Authority, uses the Tool to identify strengths and gaps in the pilot organisations to facilitate their development as Health Promoting Organisations. Two NHS Trusts are using the existing Wessex Institute Self Assessment Toolkit and the four other organisations are using a customised version. Following a six week audit process each organisation will produce an action plan addressing identified areas for improvement and all six organisations will come together in partnership to formulate a joint action plan aimed at health gain and health improvement throughout the North Cumbria Health Authority Area. At this stage, the three new Primary Care Trusts will be invited to be part of the partnership.

Evaluation has been designed to monitor the use of the tool in each organisation, the language and style of its presentation, the implementation of the action plan, and particularly the added value of joint action planning leading to increased understanding and effec-

tiveness of the Health Promoting Philosophy both within and out with the NHS.

A project framework is included with this abstract.

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### Posters on specific quality issues and quality development projects

#### Patients are happy, we are happy with our Pulmonary Rehab

*BAKER Halina*

Chronic Obstructive Pulmonary Disease (COPD) is a major cause of morbidity with frequent use of both GP and hospital services. Recent studies show that pulmonary rehabilitation has made significant improvements in functional capacity, exercise tolerance and relieving breathlessness during daily activities and increased quality of life.

This is a new initiative which has closely focused on all aspects of health promotion appropriate to this patient group which is delivered by our multidisciplinary team (including physiotherapist, consultants, dietician, occupational therapist, social worker, respiratory nurse). We are committed to providing a high quality seamless services for patients and carers by developing partnership and promoting health through a multidisciplinary approach in the community (and link with Breathe Easy Group) and hospital through evidence based care and EFQM excellence model.

Our service is measured by clinical

audit, showing an improvement from the baseline modified Borg 35,36%. Total Quality Life Score 36.15% Shuttle Test 35,4% Exercise monitoring 64,74%.

Patient Satisfaction Survey is collected to enable the team to develop and improve the service- feedback to date shows a 100% satisfaction.

Due to success, this has created a lot of interest from trust throughout the Country that are interested in setting up a similar service.

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## Empowering Biochemistry Laboratory Staff to Provide Holistic Client/Patient Care

*BREEN Ann*

### Aim

To facilitate empowering Biochemistry Laboratory staff to care holistically for service users.

### Target Group

Biochemistry Service Users.

### Objectives

- To provide results of completed tests electronically to wards.
- Facilitating speedy response to outpatient clinics and day ward facilities to allow maximum patient care without necessity for hospital admission.
- Liasing with GP services to allow quality care at community level.
- Dealing sensitively with patients.
- Empowering service users with a transparent complaints / comments service to voice opinions about service quality and deficits.
- Ensuring adherence to best

practice guidelines and ensuring quality standards.

- Risk management procedures are put in place to safeguard staff and patient care.

### Methods

- Information up to date and on line (Internet).
- Information in Books and SOP'S (Standard Operating Procedures).
- Telephone technique and listening skills.
- Major launch of customer/ patient complaints / comments service in November 2001.
- Staff were trained in facilitating service users to voice concerns and redefine their inclusive role in ensuring a quality service in partnership with the laboratory.

### Results

Evaluation is ongoing particularly in relation to launching of complaints procedures. Assessing the implications of the training for trainees and managers in relation to the skills acquired and being put in place for customer care. Qualitative and quantitative evaluation techniques are being used to evaluate the course. The Laboratory is working towards Accreditation to quality standards, which will greatly facilitate quality customer care.

### Future Plans

Currently working on electronic links to provide results to GP services as soon as they become available.

### Link of topic to HPH

Working in partnership with other service providers and communicating with the service users to ensure advocating Health Promotion principles of empowerment and collaboration.

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## Pathology reception cares for you

*BREEN Ann*

### Objectives

- Identify service users.
- The services we provide.
- Identify improvements needed to update the service.
- Identify needs of the service users.
- Initiate a customer comments and complaints service to empower the public and service users with a voice.
- Facilitate the public in their working and domestic needs by providing extra staff cover to ensure a speedier service.
- Provide for the comfort of patients/customers when they are in contact with the services

### Method

Collaboration providing a team approach to solving customer / patient requirements and initiation of a transparent customer complaints and comments service.

### Results

Improvements we have made:

- Expanded reception and phlebotomy cover to facilitate customer needs.
- Provided comfortable surroundings, television, magazines and a water dispenser.
- Provided care for anti-coagulant patients outside clinic hours.
- Established child friendly area with toys and drawing and safety features.
- Supplied health information leaflets.
- Established a system for feedbacks for comments & complaints.
- Hold regular staff meetings to



review service provision.

- Provided support to staff in their caring role.
- Evaluation of service based on feedback.
- Staff ownership of providing quality care.

### Conclusion

A successful amalgamation of the needs of service providers and users to facilitate empowerment for mutual benefit.

### HPH link

Collaboration, empowerment, and partnership in providing service.

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### Perceived quality of care: a simple approach to evaluate clinical outcomes

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The "perceived-quality" of clinical care represents the degree of the customer satisfaction (patients and general practitioners) and can be evaluated as a hidden parameter deriving from multiparametric assessment. This implies a systemic approach that we are applying to all the patients admitted to our General Medicine Department and their family doctors, using a simple pen and paper approach. Two different questionnaires specifically designed for patients and for doctors are used to assess the customer satisfaction, and a third one is used to measure the correlation between customer satisfaction and clinical outcome inferred by patient's performance status.

During the period of September-December 2001 a total of 107 patients (mean age 73 years) with

a mean number of 7 clinical problems, were admitted to our Department: 46.5% of patients and 41.5% of their family doctors received the questionnaire about satisfaction; 5.7% of family doctors returned the filled questionnaire. These data indicate the feasibility of assessing quality of care with simplified questionnaire and highlights the critical importance of communication between hospital and family doctors.

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### Quality improvement in the paediatric ward

FRIGIERI Guilana  
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et al.

### Aim

The paper deals with a plan carried out by the Carpi Hospital Administration, the paediatrics ward, volunteers and the Carpi primary school. Partners of the project are Carpi Municipality, Private sponsors, and Charity Association. The plan consists in the following items:

- Playing in the hospital.
- Clown therapy.
- Back to school in the hospital.
- Child's health services card.

### Methodology

Personnel involved are: volunteers, grammar school teachers, clown doctors and all the paediatric ward personnel. All the activities are coordinated and supervised by a trained psychologist with experience in the field. The teachers are concerned with the children and with the multimedia station previously set-up.

### Target population

The project targets infants and children admitted in the paediatric ward

### Results

The project allows the paediatric patients to experience a certain continuity in their lives between the hospital and school-social-family life; and as well as an improvement in the relationship between parents and the health personnel. The project therefore attempts to create a friendly and collaborative environment that might allow the child to feel more comfortable and "almost at home". In this way the children can face Hospital care and cure in a more complete humane way. The involvement of volunteers not only reduces the expenses, but also creates an enthusiastic and spontaneous environment, which is sheared by the community.

### Conclusions

The use of a multimedia station connected with the school, the presence in the Hospital of many volunteers proves to be an important alliance between the sick children and their social-life in the community, and as well as, between the school and the hospital and this helps the child patient to overcome the difficult experiences of Hospital admission and helps the healthy child to overcome the fear of sickness and hospital.

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### Good practice in producing written information

GREENWOOD Mary Theresa

The aim of this project is to help hospital staff implement good

standards of practice when producing written information for their patients.

### The target group

are hospital staff

To help staff with the process of producing good quality information scheme has been developed which will support good practice in producing written information. This is done through:

- A guidance leaflet on producing written information
- Templates for use on windows 95 and 97 programmes to help with layout and design
- A small grants scheme to help with the cost of printing or commercial copying of the information

Providing quality information that is useful, accurate and easy to read is an essential part of providing excellent healthcare. Hospitals need to communicate effectively with staff, patients and clients as well as the general public. The important elements in the process of producing up to date, evidence based written information are clarity and simplicity.

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## The Operating Central of Assostential Continuity (C.O.C.A.): a Network job

*MONETA Angela*  
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*TERSALVI Carlo*

### Analysis of the need

Since the birth of the ASL, which is located in a low densely populated territory, the General Direction has faced the following criticisms: When the doctor is out of office for

home visits, answers to the citizen's phone calls are not guaranteed. The ASL cannot control and manage the activity, since this one is spread and documented only by forms filled up by the doctor. The productivity indexes are very low (two visits for each doctor's turn) The doctors work in isolated conditions.

As a result of these criticisms, the General Direction has charged the Sanitary Direction with the responsibility of co-ordinating the reorganisation of the Services.

### Challenges determination

Improvement of the service offered, with special attention to the ability of giving prompt responses to the community needs. Optimisation of the available resources by mean of more flexible operating modalities. Decrease the criticises, overall against the links with other services and their impact on the citizen. Process new documentation methods for the service offered.

### Target definition

The community of Pavia's province (497.744 citizen).

### Human resource definition

- C.O.C.A. doctors, specifically selected and trained. This was organised by C.O.C.A. central.
- ASL employed operators with experience in voluntary work, this enabled telephonic management of sanitary calls the ASL Sanitary Direction, co-ordinated all the reorganisation job, and involved in the reference departments and the S.S.B department.
- Generic doctors, hospital consultants.
- 118 operative headquarter.
- DEA and First Aid of the ASL and co-operating structures.

### Times and procedure definition

November-December 1999: Technical and logistic scheduling;

Equipment purchasing; Agreement with the 118 operative headquarter for the installation of the software equipment.

January 2000: Doctor's training in the use of software and telephone equipment. Doctor's training in the communication language, made by an expert Psychologist. 20 January, 2000: User-friendly phase (incoming call to the peripheral district, transfer to the operative headquarter, decision on how to intervene, data recording).

From 1 June, 2000: Operative phase (unique operative headquarter telephone number, continue Doctor's and phone operators' training. Thanks also to the Psychologist follow-up which led to progressive decrease of the problem in peripheral districts. This was guaranteed by the dynamic management of the peripheral district doctors from the operative headquarter).

### Helpful elements

The project has been successful because of a number of elements: Link with the close 118 operative headquarter and software sharing. A group of C.O.C.A. doctors motivated to change, they have followed an intense technological and relational training program. Investments made upon a concrete economical return on investment, through resources optimisation.

### Results

Documented management of the community's needs and of the answers given from the service. Dynamic deployment of resources against the needs and productivity improvement. Improved criticisms management (for example in case of need in psychiatric area the operative headquarter starts a conference call between the C.O.C.A. doctor and the consultant that is working in hospital during night and holidays). Documentation of questions asked by the patient with the ability to recover the phone calls and the informative



notes, with exact indications, in accordance with the convention (the report contains all the information about the intervene).

### Conclusions evaluation indexes used

The experience of rebuilding the C.O.C.A. service has produced as a consequence the valorisation of a service considered "depressed", both for the citizen and for the doctors themselves: in particular we have found the following benefits: The C.O.C.A. service has become a direct management centre of problems with flexibility characteristics against the needs (the evaluation index has been the ratio between number of calls / number of doctors available in service). Humanisation of the service, particularly, availability of services to monitor and follow aged people, depressed patients, patients with non-good family situation (the evaluation index has been the ratio between number of calls / number of telephone consultancies). Indirect evaluation of problems of specific aspects of other services. Guarantee of a night and day continuous phone answer to the social-sanitary needs (the evaluation index has been the average response time).

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### A survey of hand care in a Dublin teaching hospital

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MCMAHON Monica*

#### Introduction

The importance of hand washing in the control of infection in the healthcare setting is well docu-

mented, but compliance among staff is not always optimal. It is also well documented that hands in poor condition are more inclined to harbour bacteria.

#### Aim

To improve skin condition thus reducing the prevalence of occupational dermatitis and cross infection.

#### Objectives

- To identify current hand care practices.
- To educate staff re appropriate hand care.
- To introduce new hand care products (intervention).
- To review hand care practices after a time interval (post-intervention).

#### Method

Pre-intervention: 1000 hand care questionnaires were sent to trained nursing staff of which 420 were returned (42%). The questionnaire was designed for scanning with scope for some free text. The participants could remain anonymous but, as an incentive, those who gave their name were entered into a prize draw. The nursing grades targeted were Staff Nurses, Clinical Nurse Managers (CNM) Grades 1,2,3 and the current list of nursing personnel was obtained from administration. Questionnaires were sent to individual nurses in pre-addressed envelopes and the survey was communicated widely via the hospital newsletter and e-mail.

#### Results

Over one third of staff stated that they wash their hands 11-20 times per shift with a large number of staff using a well known hand disinfectant as their first choice of hand-washing product. Almost half of the staff who returned questionnaires had experienced skin problems within the previous working week.

#### Intervention

A new alcohol hand wash, a skin protectant cream and soft paper towels were introduced. The relevant suppliers gave information regarding use of the new products.

#### Results: Post Intervention

To date, there has been a positive response from staff regarding all the new products and we plan to measure this using the questionnaire tool after an appropriate time interval.

#### Conclusion

More hand care knowledge and practical education is required so that hand care products are used appropriately and correctly.

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### Management Commitment

*POWER Joan*

#### Background

The background to this presentation is in the Waterford Mental Health Service. In 1996 St. Otteran's hospital Waterford, Ireland became affiliated to the health Board region. The strength behind this development is Management Commitment.

#### Objective

The objective of this presentation is to stress the importance of management commitment in the development of mental Health Promotion.

#### Definition

Health promotion in the Mental Health Services is a relatively new concept, the service being grounded in Mental Illness and the care for the Mentally Ill, the Promotion of the Mental Health Concept can be difficult. However management of the Mental Health Service now acknowledge the rights of both

service users and service providers to Mental Health Education. For This concept to succeed management commitment is essential.

#### Education is a must

All Projects must be evaluated on a regular basis and findings returned to Management in order to secure ongoing interest and to avail of professional input for further development. The exchange of knowledge from a broad base is a plus.

#### Result

As a result of management involvement at the initial point of every entry to the Health Promoting Hospitals Network, the Waterford initiative grew steadily. A working relationship developed between the various disciplines i.e. Psychiatry, Geriatrics, community Care and the General Services. As a result a working team was formed. This team includes representatives of each discipline.

#### A regional brief

From humble beginnings Mental Health Promotion has spread its wings at regional level. A contact network has grown-Contacts include: Voluntary Service, Statutory Service, marginalised Groups, Schools and Colleges.

#### Staff Health

In 1998 a staff Health Programme was developed for Health Board Staff in Waterford. This Programme is holistic in design, Mental Health is a very important competent.

#### At regional Level

From 1999-2000 the Staff Health Programme was made available to the Health Board staff at regional level with a very positive response. Needs assessment and evaluations are built in as part of the Programme. As a result the Programme is tailored to meet defined needs.

#### The team mix

The working team includes: Occupational Health Dept. Dietician, Mental Health Development Officer, Staff Counsellor, Administration Rep. Happy Heart Unit, Alternative Therapists and a Health and Safety Advisor.

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#### Clinical Nursing Unit

*SKLENKOVÁ Margita*

Clinical nursing unit is a component of nursing development strategy, component of provided nursing services quality improvement as well as a component of educational activities of nurses in the Martin Faculty Hospital.

Acquisition of its establishment is mainly in a creation of models of:

- changes in the nursing practices that have a positive impact to the given nursing care,
- co-operation with other specialists in a frame of clinical nursing unit,
- co-operation between the Martin Faculty Hospital and educational institutions,
- co-operation in the frame of the region

Complex, consistent and continuous co-operation of the health care facility and the educational institutions creates optimal conditions for a development and an improvement of the clinical practices and the nursing care for the patient.

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#### Smile: initiatives for human and professional training of nurses

*SOMMESE Carmelina*  
*TERUZZI Stefano*

#### Specific aims

- to guarantee to nursing staff the sustaining means in order to administer at the best every personal emotional resource which daily is collated with the needs of hospital patients;
- to help nurses to manage in the most effective way their own health and the patients' one;
- to assure to the patient a psychological satisfaction and a calm that they specifically arise from good mood and joviality;
- to assuage the inevitable sufferings concerning hospital admissions.

#### Objective

To guarantee the mutual approach between nurse and patient not only from a technical and professional point of view, but also in a deep human sense.

#### Costs

15.000 Euro. Stages about the formation of nursing staff.

#### Target

60 nurses. Teachers: psychiatrists (to develop human and professional comparison) and TV actors (to teach how to gesticulate and to hide bad feelings). Gauges: structure, process and results.

#### Main result

Both nurses and patients have testified the deep correlation and interdependence between the development of nurses' human behaviour and nurses' professional abilities. Every nurse has learned techniques of:

- self-control of emotional strain;



- development of social relations (availability and empathy);
- ability of making plans and managing situations.

### Perspectives

our HPH Smile project will be developed in a new form also for administrative staff, physicians and patients' parents.

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### Change in settled conceptions as a means of diagnostic process perfection in atherosclerosis

TITOV V.N.

Prevention and diagnosis of atherosclerosis require more accurate, modern and informative laboratory tests.

In the course of many years, measuring the level of cholesterol and triglyceride in blood serum, we suppose that we determine the value of lipids. In fact, by the use of diagnostic set of reagents "cholesterol" and "triglyceride", we determine the value of alcohol in blood serum - monoatomic hydrophobic cyclic alcohol cholesterol and triatomic hydrophilic alcohol glycerol. The lipids are fatty acids and all compounds, which consist of etherifying fatty acids. The function of all blood-stream lipids is to transport saturated fatty acids (non-etherifying fatty acids+albumin and triglycerides) and essential polyene fatty acids (aminophospholipins and polyene cholesterol ethers) separately to cells. In reality, by measuring the level of cholesterol alcohol, we marginally, but for certain, state the value of essential polyene fatty acids in blood serum; by measuring the level of glycerol

alcohol we, by implication, but for sure state the value of saturated fatty acids. Hypercholesterolemia indicates that absorption of essential fatty acids by cells is disturbed; hypertriglyceridemia shows the abnormality of saturated fatty acids absorption by cells. Hypercholesterolemia and hypertriglyceridemia are diagnostic tests of two pathology forms - the pathology of transportation by lipoproteins and saturated fatty acids absorption by cells, and the pathology of transportation by lipoproteins and essential polyene fatty acids absorption by cells.

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### Globalisation and humanism: quality, specificity, personification, "loving kindness towards ..." as antidotes to massification of a non-humanised progress

VAIANI Renata  
CARNAGHI Flavia  
MENEGOTTO Grazia  
CAZZANI Anna  
GENDUSO Giuseppe

#### Prior mission

To strain Hospitals' humanisation, for taking care of "Man" and his totality, whether he's a sanity operator, a patient, a foreigner, a citizen, or an operator of Voluntary services.

#### Synthetic Indicator

To reduce the gap between caught quality, and planned quality, by measured quality: Indicator: Citizens' evaluation. Self evaluation of sanitary operators.

#### What we've done and what we are going to do

Evaluating and taking into account satisfaction of "Person" in its proper meaning, through a careful and kind "welcome", that can be

obtained just with a complete change of mentality based on total quality (welcome portfolio, personal menu, improving comfort of rooms reserved to patients), recognising the daily "labour" of doctors and nurses (question time: meetings between General Director and doctors and nurses).

#### Indicators:

- N° of welcome portfolio distributed,
- N° of patients sheltered for a year,
- N° positive items for welcome,
- N° of filled questionnaires, N° of positive items for operators' satisfaction,
- N° of filled questionnaires, -) N° of personal menus,
- N° of patients,
- N° of improved sojourns,
- N° of sojourns.

High professionalism and specialisation guaranteed:

- Valuing our tradition and our humanistic culture, in particular valuing the irreplaceable relationship between "doctor and patient",
- consolidating confidence ties between nurses and patient (training courses on communication, clinic and assistance, on "burn out", on self-efficacy; quality assurance based on ISO certification, and continuous improvement of quality through our 18 "quality circles").

#### Indicators:

- N° of trained operators,
- N° of Hospital operators,
- N° of performance indicators for every work-group,
- N° of improvement groups.

Acquiring of UNI EN-ISO 9002/94 certification.

#### Technical improvement finalised to "Person's" service

1) To make offered services accessible and guarantee a continuous assistance (Contact Centre, as

quick connection between General Practitioners and Specialists; Continuous Care - C-Care - based on Web technology and GSM; essential clinical information for patients, promptly usable by other categories of Specialists; Local CUP - Central Reservation Point for sanitary services).

Indicators: Start-up of: Contact Centre, C-Care, Local CUP.

#### 2) Communication as "opening":

- towards citizens to affirm the links between Hospital and Territory (development of Hospital's web pages, free concerts, interviews to explore relationship with Hospital),
- towards Voluntary services, great allies and spontaneous "strengths" (periodical meetings with Volunteers for Quality Participation Analysis...),
- towards Schools to sensitise young people about sanitary problems (open-day and stages for students...).
- towards doctors and nurses (The "Flash News Magazine", a two-monthly magazine with Hospital news...).

Indicators:

- N° of interviewed citizens
- N° of citizens
- N° of positive evaluation
- N° of stages.

3) Inter-culturality: not as a gesture of intolerance, but to know and understand (presence of a person with a different cultural in the Hospital. Welcome portfolios written in different languages, different worship rooms, personal menus, training courses on cultural differences...).

Indicators:

- Printing of multi-languages "welcome portfolios"
- Opening of worship rooms
- N° of training courses on cultural differences.

4) Security care: to give further quality assurance for operators and patients (emergency plans, easy-reading depliants for different categories, studies on "risk-management...).

Indicators:

- N° depliants for year,
- operators,
- N° of correct behaviours,
- N° of observed behaviours

#### Goal

Work together so that humanistic tradition and globalisation will become allies to give a additional value to Sanity Service, and create an "ethical economy".

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## Posters on overall HPH projects

### Lessons to be learnt when developing a Health Promoting Hospitals

*AUAMKUL Nanta*  
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This qualitative research aimed at exploring mechanic processes towards health promoting hospital (HPH), its problems and constraints. Three model HPHs and two potential hospitals were included in this study. Interviews were carried out with hospital administrators, implementers, and clients. Service observation was undertaken during September 1999 - June 2000. The study revealed the starting point of decision making to move to health promoting hospital in 3 aspects: 1) administrator leadership; 2) existing health promotion policy, functions and implementation; 3) mutual agreement between admin-

istrator and core leader groups. Hospitals that employed active participation process had considerable progress due to positive attitude and high participation among hospital personnel. While hospitals with administrator or core leaders who were disoriented and lacked active staff participation moved at a slower pace and, at a certain time, became inert. Hospitals with organisational development base and well-prepared teamwork were likely to gain fast achievement. Hence, it is important that hospital staffs are educated with clear understanding of the new concept of health promotion, roles of hospitals and staffs so as to ease changing the hospital organisational conservative culture while enhancing supportive and creative environment to health promoting hospital.

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### Health Promotion Information Boards Initiative - St. Vincent's University Hospitals - A Health Promoting Hospital

*COMERFORD Denise*

#### Aims of the health promotion information boards

- To highlight St. Vincent's University Hospital (SVUH) as a health promoting hospital among staff, patients, visitors and the community.
- To give clear, concise, correct health information to staff, patients, visitors and our community.

#### Initial topics covered

- National No Smoking Day. -)
- National Healthy Eating Week.
- Europe Against Cancer.



Topics have been developed to allow focuses to be changed on a monthly basis. These have been well received and have been developed to be disseminated to professionals working within the catchment area of the hospital.

**Future topics will be determined by**

- National Developments.
- Requests by hospital health-care professionals.
- Suggestions through multidisciplinary Health Promotion Committee.

**Conclusion**

This has been a successful HPH initiative. Good feedback from staff and visitors. Back up material is taken from dispenser. Requests have been received from GP's in catchment area of hospital for sets of health promotion boards for display in their surgeries.

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**Sligo Health Promoting Hospital**

*DORAN Marian*

Sligo General Hospital is located in the North West Region of Ireland and provides health care to people living in a number of county's: South Donegal, Sligo, Leitrim and West. It is an acute general hospital providing a wide range of services including regional health care for some specialist treatments, the hospital has 320 beds with a bed occupancy in 2000 of 71.5%. The number of patients treated in 2000 was 17,447 inpatients, 14,729 day cases and 50,774 outpatients visits. The scope for filtering health messages and to be health promoting is significant

especially when one takes into account that over 1000 staff's are employed within the hospital. The hospital is an active member of the Irish National Network since 1998 and is currently seeking European International Network of smoke free hospitals. The hospital employs a full time health promotion co-ordinator and smoking cessation co-ordinator. This poster displays and reflects health promoting activities at the hospital which includes Baby Friendly Hospital Initiative for maternity and paediatrics, European Internet Café, findings from a review of health information, Cardiac Rehabilitation hospital and community, work with schools, consumer panels, respiratory rehabilitation and many other health promoting projects. These projects reflect the needs of staff, patients, visitors and the wider community.

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**Motala Hospital works with continuous improvement in the sign of health**

*ENGMANN Kerstin*

Since the late 1980s Motala Hospital has applied systematic quality improvement in its management. In June 1994 the management decided that Total Quality management (TQM) would be the right approach to integrate this in the whole organisation. All members of the staff have since then been regularly educated in methods of quality improvement. This has made it possible for the staff to involve systematic quality improvement in the daily care of patients. The aim of this project is to achieve good care by working in a learning organisation with a focus

on patients. To develop the systematic improvement, in 1996 we joined the Swedish Health Promotion Hospitals network to integrate health promotion in our daily work. One of our evaluation methods is the SF 36. Initially we started with three projects: "Handling stress- evaluation off a model for group treatment" (patients focus), "Health -workwoman life" (staff focus), "Prevention of injuries and accidents" (community focus). Results from these projects are reported. Today, 2002 we have introduced a five weeks course in health promotion and illness prevention specifically designed for the quality tutors in the organisation.

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**Integrating Health Promotion into Hospital Development 2001-2005**

*HUGHES Angela*

**Aim**

To develop a strategic plan setting out the processes for introducing the organisational changes required to integrate health promotion into the hospital setting.

**Objectives**

Identify national and regional health promotion priorities, and consult with stakeholders regarding how the hospital can integrate them into their service plans. Identify priority areas for strategic development of a sustainable plan to integrate health promotion into the hospital setting.

**Target groups**

Selection was based on most recent health promotion strategy documents:

- Hospital users with, or at risk of, Cardiovascular Disease

and Diabetes, Older People, and the Gastro-enterology service.

- Multidisciplinary teams working with the above. Strategic objectives were set for each of the services relating to, lifestyles, service development, and organisational development.

#### Methods:

Widespread consultation (written and verbal) with all the relevant Heads of Discipline. The document is based on needs and services identified in national and regional health strategies and health promotion strategies. It outlines a strategic framework for integrating Health Promotion into the hospital setting. This 5 year plan is in the early stages of implementation.

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### Health Promotion at Letterkenny General Hospital Donegal Ireland

*KELLY Mary*

Letterkenny General Hospital is located in Donegal in the North West Region of Ireland it is an acute 295 bedded general hospital providing a wide range of services to a population of approximately 127,000 people. Health promotion is an integral part of the ethos and culture of the hospital. The hospital is an active member of the Irish National Network and European International Network of Health Promoting Hospitals. The hospital employs a full time health promotion co-ordinator and smoking cessation co-ordinator. This poster displays and reflects health promoting activities at the hospital which includes European Smoke Free Project, Baby Friendly Hospital Initiative European

Internet Café, Health Information, Cardiac Rehabilitation, work with schools, Stroke rehabilitation and many other health promoting projects. These projects reflect the needs of staff, patients, visitors and the wider community.

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### Health Promoting Hospital: A Model of Phu Kiew Hospital

*MEKPRASARN Prateep*

Health Promoting Hospital (HPH) was officially established and translated into an implementation program by the Ministry of Public Health in 1998. The main objectives are to reorient and adapt existing hospital services into a more balanced, systematic and standardised manner, while its strategies are shifted to an integrated approach whereby a considerable attention is given to the preventive, promotive, curative and rehabilitative aspects. People orientation become the core health promoting hospital concept in which health personnel, and the people in the community are the main target.

Phu Kiew Hospital is a community hospital implementing HPH since 1998 with the aim of reducing its high costs of health care service while maintaining good health status of the people in the responsible area. It was found that crucial initial step was to encourage health personnel to help develop the vision and guidelines which address and facilitate the health promotion concept. Secondly, in dealing with the people in the community, a shift from the traditional one-way communication to a more effective two-way approach has been adopted. Besides provid-

ing information, instruction and care, the hospital staffs need to involve the people into the service process that allow them to be aware of their own health condition / problems, and are able to maintain the desirable health behaviour and solve their health problems using available local resources.

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### Healthy Hospital

*STARA Ivana*

This new long term project of the Faculty Hospital Motol in Prague aims at expanding healing accesses and methods. The foundation of the new possibilities are in the psychosocial and psychophysical areas. The healing process is the integral programme, which is based on the creativity, communication and co-operation of the all parts. The creativity is the connecting element between all forms of realisation which includes: -) the support of motivation and activating patients through the creative programmes, -) the educational seminars for staff aimed at better understanding of the psychosocial needs of the patients and to initiate the changes of approach to life, -) the development of volunteer programme that supports the creativity of the patients, -) the partnership for new architecture ordering of the hospital's space, the creation of the relaxing, regenerative and healing oases.

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## Uppersilesian Rehabilitation Centre "Repty " (URSC)

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Uppersilesian Rehabilitation Center "REPTY" (USRC) in Tarnowskie Gory is specialist rehabilitation hospital. There are 560 beds in cardiac, neurological and orthopaedic wards, 8000 patients are treated yearly. In 1999-2000 the program of comprehensive restructuring was carried out and it was composed of:

- To keep position of a leader in medical rehabilitation,
- To improve quality of provided services.
- To balance hospital finance.

The program assumed:

- keeping the number of medical staff: doctors, nurses, physiotherapists,
- decreasing personal costs by reduction of auxiliary staff, nutrition and cleaning outsourcing,
- modernisation of heating system,
- other procedures which decrease costs.

The level of patients satisfaction was analysed one year after bringing restructuring program into hospital. The examination was based on questionnaires which has been used since 1994. The quality of physicians' nursing and physiotherapists' care was saved, and also continuously improved in some departments. The quality of nutrition and hospital hygiene was significantly better assessed.

### Conclusion

Restructuring and reorganisation in hospital must be closely connected with strategy of organisation, where priority gain is the quality of provided services for patients.

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## Posters on cultural issues, intercultural projects and ethnic minorities

### HP from the users' point of view: Understanding the cultural dimensions underlying the health seeking behaviours of a London Somalian community regarding the perception of TBC

CHAMBERLAIN Angela  
STEEL Senga  
JOHNSON Norman

#### Objectives

- Explore the cultural influences underlying the health seeking behaviours of a London Somalian community regarding the diagnosis and management of Tuberculosis.
- To explore how the belief systems of this group mediate and impact on patients' ability to comply with treatment.
- To increase our understanding regarding how health promotion activities and can be organised that are culturally sensitive to the needs of this group.

#### Target group

A North London Somalian community.

#### Methods

An ethnographic approach was adopted. Data collected included in depth interviews with Somalian health professionals, Somalian people who have experienced Tuberculosis and a focus group of Somalian women. The interviews were recorded and transcribed verbatim.

## Results

Our results suggest that the Somalian model of health and illness among this local population may not be congruent with traditional western models in terms of sick role behaviours and medical management. Religion plays a fundamental role in mediating how Tuberculosis is perceived and managed in daily life. Fear of seclusion and isolation were also prominent themes.

## Conclusions

We conclude that health promotion activities need to be culturally sensitive and be inclusive of the health beliefs of different ethnic groups and recommend initiatives that may promote increased compliance with treatment and destigmatisation of this disease.

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## Intercultural Hospital and Socio-Sanitary Services: the pilot experience of Treviso in HPH Veneto Region Network (Italy)

DEMARCO Maria Caterina  
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DARIO Claudio

#### Aim

To enable migrant and ethnic minority groups to improve control over their health.

#### Objectives

- Develop knowledge and analysis of migrant phenomena in Treviso area and differentiation of ethnic groups;
- Setting up a data base about health and social services in the Veneto Region;
- Definition of a communication strategy to improve the relation between migrants and health workers.



## Target groups

Migrant and ethnic minority groups in Treviso area (Veneto Region)

## Methods

- Training and information for health and social workers about migrant phenomena and the approach to different ethnic groups;
- Information campaigns about healthcare services addressed at different ethnic groups and migrant people;
- Cultural mediation in health-care services.

## Results

The project is in progress, and the expected results are a better relationship between migrant people and health and social services in the Treviso area.

## Conclusion

In accordance with the aims of HPH, this project tries to achieve a better possibility for migrants in the Treviso area to take care of their own health.

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## Arts in the service of health as a model of good practice for HPH work

*MAELTSEMEES Helle  
HÄRM Tiio  
et. al.*

It is a health oriented project with an innovative approach aiming at establishing new partnerships between hospitals and the people involved in culture. The hospitals recognise the importance of arts as an integral part of healthcare structures in providing a stimulating environment for patients, their visitors and the staff. Healing arts

play a significant role in health promotion, helping to improve the well-being of all members of the society at large. Participation in cultural life is a human right that concerns everybody including the ill and the old. If a person is unable to reach culture, culture must reach him or her.

"Arts in the Service of Health" is a sub-project of the Estonian Network of HPH. It emerged in 1999 at the time of two international UNESCO campaigns: "Arts in Hospital" (1988-1997) and "Culture, Health and Arts" (1998-2000). As the pilot hospital of the HPH network, Tallinn Järve Hospital takes extensive interest in this particular project as well as in all related issues.

The First European Forum on the given subject "The role of the arts in the hospital environment" - where we were fortunate to participate - was held in Strasbourg, France, in February 2001. The Forum aimed at building a European Arts Network with a primary focus on artists, medical staff, health managers and other people involved in the field. The Forum also presented different models of arts practice in hospitals. We returned home loaded with good ideas and new experiences.

Tallinn Järve Rehabilitation Hospital keeps searching for new ways of relating health promotion to various forms of artistic activity. The aim of these efforts is to provide our patients both with physical and mental (emotional) support in their everyday struggle for a better quality of life.

The aim of the project "Arts in the Service of Health" is to open up hospitals for culture and arts with a view to: promote the health of patients, their visitors and the staff and bring human warmth and aesthetics into the hospital environment by:

1) motivating professional artists and cultural figures to carry out creative activities in the hospital,

this "miraculous kitchen of health" where most of the people get healed, yet some might come across with existential problems like pain and suffering or even death itself;

- improving creative practical skills of patients and staff by introducing fine arts in the hospital;
  - increasing artistic feed-back on the life of physicians and the experiences of their patients.
- 2) increasing the knowledge of creative people about health values and the essence of illnesses, about the fears and sufferings of the sick, about the hope of getting better and the pain of loss, about the non-stop strain and extreme situations in the occupation of physicians, about various other aspects of the daily efforts of both doctors and their patients;
- 3) integrating representatives of the hospital administration, cultural figures and artists, local authorities, etc. in the art board of the project in order to co-operate in making up a suitable art program and in finding financial resources;
- 4) forming a multidisciplinary art-oriented working team within the hospital, including doctors and nurses, artists and cultural workers, creative, occupational and moving therapists, a psychologist, a health promoter, and last but not least - the patient.

## Cultural trends and activities in Järve Hospital

Järve Hospital as a modern health-care and rehabilitation centre:

- the contemporary facilities offer aesthetic joy (architecture, interior design);
- the hospital territory is carefully designed and provided with passages;

## Traditional cultural events for patients, their visitors and the staff

- art exhibitions (by professional painters but also by "painting" physicians);
- photo expositions;



- handicraft exhibitions (by the amateurs of the neighbouring social house);
- poetry evenings, storytellers, wall papers etc.;
- readings of books and newspapers for long-term patients;
- workshops with live music by performing artists (piano, guitar, [Estonian] zither, harmonica);
- visits by singing or dancing companies (boys' choir, male ensemble, Russian folk ensemble, children from a nearby kindergarten, etc.);
- seasonal church service (Christmas, Mother's Day, Easter, Anniversary of the Republic etc.);
- for the staff: collective singing (at Christmas, at recreational or professional outings); collective sports (days of orientation in nature, physical education in nature, skiing days etc.); collective creative workshops (painting, model-plays, porcelain painting, icebana etc.).

Therapy through creativity: Creative therapy helps to add self-confidence and establish positive attitudes towards health. Art therapy (chromatics, painting, modelling, drawing) is connected with other creative activities such as senior-dance and music therapy. Occupational therapy: therapeutic use of self-care work and play activities to increase independent function, enhance development, and prevent disability. May include adaptation of task or environment to achieve maximum independence and enhance the quality of life. Speech therapy is a cultural means of communication to be used after a patient has lost the capacity of verbal expression. Stimulation by pictures, music, rhythms can help patients improve their health. Moving therapy is a way towards more effective rehabilitation by means of activating human physical and mental abilities.

#### Expected results

- improved hospital culture and environment.
- increased communication between artists, patients and staff through their creative activities.
- increased self-esteem, confidence and sense of identity (particularly among patients).
- increased ability to cope with everyday life.
- improved recovery-rate among patients.
- changed image of the long-term care.
- improved quality of life among patients.

Difficulties in performing the "Arts in the Service of Health" project: Hospitals, however, do not yet have specific budgets for culture - and none of the specific work is carried out at the expense of medical care. Shortage of funds is, therefore, an ever-present problem. The only way out is a continuous, exhausting search for financial support.

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### The intercultural hospital meets anyone need

*PRETI Patricia*

#### Preliminary remark

Nowadays the increasing phenomenon of immigration (2,2% of the whole population) in our country shows how the Health Service has to take care of patients coming from foreign countries, belonging to many different ethnic minority groups. Many Hospitals and Health Services have set-up, or are setting-up, initiatives regarding the improvement of access for immigrant users.

### Examples of good practices in Emilia-Romagna

Free help line in six languages and information service for foreign users in Bologna's metropolitan area. Protocol's agreements with N.G.O.s in order to deliver free basic services to irregular immigrants. Training courses for professionals about intercultural relationship in health services (Minguzzi Centre - Bologna Province).

The Bentivoglio Hospital (Five Stars Hospital) in which is usually offered: intercultural menu, intercultural mediators, etc.). Intercultural mediators training course (700 hours) in Social and Health Services promoted by the Immigration Service of Bologna's Municipality in co-operation with the AUSL BO City, BO South and North.

The Mediation Office of the Modena Teaching Hospital

The objective of our work group make health services accessible, appropriate and attentive for all users.

#### The Intercultural Hospital

- promotes good practices, different projects and initiatives due to "re-engineering" hospital patterns in order to satisfy each client's need.
- institutionalises the cultural difference as an essential right and value.
- defines and makes possible a clear relationship with his own customers, who will know their duties and their rights.

The Intercultural Hospital can become

- an opportunity to better knowing the real needs of all minorities groups,
- one of the starting points to facilitate the integration processes in the social context.

### Objectives

- To provide different solutions to the needs of the citizens of a multiethnic society.
- To promote the changing of the culture of the organization: awareness about the cultural differences, supporting an explicit and clear relationship between the Hospital and their users.
- To improve structure and organizational patterns of services, in order to become more dynamic and flexible.

### Actions and instruments

- Analysis of the law, of medical literature and experiences,
- Exchange of good practices and benchmarking,
- Creation of a folder that organically collects the experiences and summarizes the essential characteristics of the I.O. in Emilia-Romagna,
- Improvement of organizational conditions through focus group with professionals, intercultural mediators, stakeholders belonging to ethnic minorities groups, etc.,
- Specific training for the hospital staff,
- Pamphlets in different languages,
- Specific training for patients,
- Interim and final evaluation of the actions, according to the settled programme.

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## Improving health care for minority ethnic children

*ROBINSON James*  
*LAWRENCE Naomi*

### Aims

- Identify barriers to effective service utilisation,

- Empower users to express needs,
- Provide information in suitable formats,
- Raise staff awareness of minority ethnic children's needs.

### Objectives

- Develop systems to improve access to health care,
- Adapt systems to increase effective utilisation of health services.

### Target group

Children and families of South Asian origin, hospital staff, school nurses.

### Method

Staff and community representatives identified problems with information for South Asian families and under-utilisation of school health services. Two projects were set up.

- Community representatives prioritised the information needed. Materials were translated and using community representatives to ensure correct dialects audio CDs were produced.
- Hospital staff and community representatives visited other centres to examine best practice. School nurses, school staff and parents were interviewed to gather information on attitudes, barriers and family experiences.

### Results

Families have access to information in their own language; barriers to service use identified and changes are being made to correct these; families are more willing to express children's needs; improved staff understanding of needs.

### Conclusion

Staff and communities working together have identified solutions.

### Link to HPH

Improving access, utilisation and quality of services for children of South Asian origin.

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## Receive foreigner patients in emergency: A project in a central Hospital of Milan, Italy

*VENEGONI Mauro*  
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### Background

In Italy, in the last five years, there was a big immigration phenomenon, especially in the main cities. Consequently, the hospitals and overall the emergencies are often surcharged by foreigner patients, with enormous problems of languages, customs, comprehension. To help foreigner people to be understood, a project was carried out.

### Aims of the project

1) To prepare a poster with information about

- How to have free medical treatment,
- Voluntary centres for illegal immigrants,
- Advises to access to emergency.

2) To collect information about knowledge of foreign languages by the employees of the hospital, and the voluntary availability to improve the understanding between physicians and nurses and foreign people.

### Results

With the collaboration of voluntary native language speakers a poster in five languages was prepared (English, French, Spanish, Arabic, Chinese). Eighty-four people



answered the questionnaire about languages spoken, giving availability to collaborate with Emergency. Languages spoken were twelve (English, French, German, Spanish, Portuguese, Serbo-Croate, Greek, Persian, Hungarian, Ethiopia, Eritrea, and Arabic).

### Conclusions

Foreigner patients represent a main problem in emergency because of difficulties with languages, different customs and comprehension. Improve the understanding, even with the voluntary collaboration of the hospital employees is an important objective of public health.

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## Posters on HPH Networking

### Networking Health Promotion Initiatives in psychiatric health care

*BERGER Hartmut*

This poster shall provide information about the homepage of the Taskforce on Health promoting Psychiatric Services (hpps):

#### Background

The taskforce on health promoting psychiatric services was founded within the health promoting Hospital movement in 1998. One of our objectives is to develop models of good practice for health promotion within psychiatry and to facilitate the exchange of experiences regarding health promotion in this field.

#### Aims and objectives

The taskforce team established a homepage in order to promote a

truly international and interactive network. This medium allows international networking, visibility and transfer of models of good practice. Furthermore we will offer a semi-annual newsletter published electronically via www and visible on the taskforce homepage.

### Methods

The taskforce on health promoting psychiatric service in online since February 2002 and the homepage www.hpps.net presents:

- general information about aims, strategies and membership,
- models of best practice concerning patient-centred staff-centred and community-centred mental health promoting projects,
- several fundamental articles about health promotion general,
- internet and (email) addresses of our partners and members,
- a link to the WHO-database, accessible through a password provided to members only,
- current announcements.

### Conclusions

The internet presentation will guarantee a continuous knowledge-transfer and a platform for continuous progress on health promotion in the field of psychiatry.

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### E-Partnership in health promotion

*CHENG Christina*

In June 2000, QEH launched its website: www.qeh.org.hk with the aim of promoting healthcare in partnership with the community and healthcare providers. The website is updated regularly and

provides a wealth of information suitable for professionals, patients and public alike. Features include:

- "Patient Services" to better prepare patients on admission procedures e.g. emergency and diagnostic examinations, appointment booking or submit request forms electronically.
- "E-Cards" designed for patients' relatives and friends to send well wishes.
- "Useful Links" to hyperlink with others e.g. Non-Government Organisations and Environmental Protection Organisations.
- "Web Referral Letters" for access by private practitioners via Internet.
- "Health Education" promotes healthy lifestyles to the community.
- "Seasonal Specials" alerts on seasonal ailments e.g. heat stroke.
- "What's New" delivers current health issues to the public.
- "Éclat" showcases awards and appreciation and shares facts on rare cases e.g. H5N1 virus.
- "QEH Circle" maintains communication with visitors.

We believe that health promotion is most effective for youths. An eHealth competition was therefore organised in June 2001 with e-quizzes for students (primary & secondary schools) and healthy tips for young adults, which was received with overwhelming response. We hope that our website will progressively serve as a valuable tool in our promotion of healthy community.

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## National HPH Network as a new qualitative evolution stage in Russian Healthcare

*GOLUHOV George*  
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The co-ordinating institution of Russian National HPH Network is voluntary. The Foundation "XXI Century Hospital" took upon itself the task of finding solution to problems such as elaboration of programs, having the most practical concern for Russia health system, and investigation of resources necessary for financing of this work. Taking into account the dimensions of the Russian Federation territory, we considered the best mode of management to be formation of regional Networks with all their multitude of treatment and prevention institutions included in a unified Russian National Network. A system of adaptation of HPH projects to local conditions is developed taking into account local hospital conditions. The national co-ordinating institution through a sociological approach has conducted surveys of the regions status by questioning heads of regional subdivisions and through personal contact with regional co-ordinators and heads of hospitals. 21 regions have formed part of National HPH Network since July 2001- from the Republic of Yakutia in the North and Khabarovsk Territory in the Far East to Arkhangelsk and Murmansk regions in the West and the Republic of Severnaya Osetia-Alania in the South. With a view to popularising HPH ideas a Web site in Russian was launched in the internet. Functioning of the National Network is carried out considering an opportunity of all regions of the Russian Federation joining the HPH, at the same time the co-ordinating institution performs the work on HPH movement goals and objectives clarification.

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## Clinical governance and HPH Network in Emilia-Romagna, Italy

*GRILLI Roberto*  
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Currently in Italy, a great deal of attention to the concept of clinical governance. In Emilia-Romagna (a region accounting for about 4 million residents) the Regional Health Care Agency (Agenzia Sanitaria Regionale) has a specific role in supporting health services in the adoption of clinical and organisational tools necessary to the development of clinical governance at the local level. The work of the Agency, the design, conduct and co-ordination of collaborative projects with Aziende sanitarie (Health Trusts), is directly targeted to both the clinical and managerial components of health professionals. Overall, the focus of clinical governance initiatives is on effectiveness and appropriateness of use of health services, as well as on the promotion of patient safety through the monitoring of adverse events. However, although the goals of clinical governance seem to be narrowly targeted to the clinical and technical aspects of health care, there is room for exploring the opportunity for adopting a broader view and exploiting the relationships between this concept and the one of health promotion, as they both call for better communication between health services and the public. Indeed, the promotion of the "core" messages of clinical governance cannot be fully achieved without actively searching for citizens/patients collaboration and co-operation. In this perspective, involvement of lay people

(as individual patients as well as a community of citizens) in the decision making process can be seen as one of the key aspects of clinical governance. The HPH project can be the ideal setting for exploring these assumptions.

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## The phases of networking - a reflexive and circular process

*HÜLLEMANN Klaus-Diethart*

Besides planned partnerships which are especially important for the development of Health Promoting Hospitals - e.g. partnerships with health policy bodies - we want to emphasise that an unplanned process can even scope for improvement of new and profound partnerships. We distinguish 6 phases.

### Phase 1 - informal phase

Presentation of the HPH project as a whole or special aspects of HPH, e.g. seminars, lectures etc. Sometimes somebody gets infected by the HPH-idea. In our case it was a seminar and the infected person was one of the co-authors of this paper, Prof. Dr. Stenger from Austria.

### Phase 2 - the self organising phase I

At that time Prof. Dr. Stenger was writing a book on pastoral care and he enclosed a chapter on the HPH project.

### Phase 3 - the self organising phase II

Later, Dr. Kippes, who initiated pastoral care in Japan, read Stenger's book.



#### Phase 4 - the circular phase I

Dr. Kippes contacted us and we were invited to give 12 lectures in Japan.

#### Phase 5 - the circular phase II

German scientists and stakeholders of the health system got the message of the lectures in Japan and asked us to do lectures on HPH in their institutions.

#### Phase 6 - at dawn on a new organisation and a new partnership

The founder of pastoral care in Japan and the University of Fukushima became interested to join the WHO-network on Health Promotion. Details are given.

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### Integrating the HPH Network into existing Healthcare structures

*O'RIORDAN Ann*

The Irish National HPH Network initiated in 1995 was the result of an individual hospitals participation in the European Pilot Project on Health Promoting Hospitals. Its early development was viewed more like an interest group for hospitals. Over the past five to six year, it has grown both in membership and stature, to become a recognised support structure in Ireland for the reorienting of the Healthcare System towards a health and social gain perspective. In the past few years, the health promotion role of hospitals has been identified clearly in a number of major health strategies. This has facilitated the development of HPH support structures at regional and local hospital level. The philosophy of the National HPH Network has been to promote itself as a facilitator

and support mechanism for the integration of national health promotion strategies into the hospitals setting. For example Tobacco - Smoke free Hospital Initiative, Breastfeeding - Baby Friendly Hospital Initiative etc.

This poster presentation will demonstrate the network's development from an interest group (of 7 members in 1995) to a full national network structure (of 80 members in 2001) with the emergence of identifiable local and regional HPH support structures. Also how through the network's facilitation of common network initiatives, national partnerships have been formed that promote "hospitals working together", the sharing of information and experiences, the encouragement of best practices and the utilisation of setting-based approaches, in addition to supporting process and outcome evaluations.

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### New Developments for the French health networks

*POLOMEN Pierre  
DELORY Evelyne*

Since 8 years, hospital health-workers, nurses and general practitioners, have learn to work together in our town, particularly to help drugs users and HIV infected people. The evolution of French health system, gives to these organisations a new place. The hospitals need to promote prevention, and education, for health-workers and patients, also because the numbers of beds and nurses is decreasing. In the hospital, actions have been taken to form discussion groups, specific days of intervention have established to improve

quality of interventions in different pathology or for specific populations. But the link with the "out", patients at home and their usual care-givers, is more and more important: to provide information before hospitalisation and following after. New pathologies are concerned: diabetes, pain ...

The health-networks offers a strong possibility to develop the partnerships with hospitals and a new law give them an official place.

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### Health promoting Hospitals in the Northern Province, South Africa

*PROMTUSSANANON Supa*

The Health Promoting Hospital programme in the Northern Province, South Africa, aims at promoting health for hospital staff, patients and their relatives, people in the community and the hospital as a healthy of organisation. The intervention programme is implemented in 3 hospitals (one learning organisation and two study hospitals) and also two hospitals are control hospitals. The programme is co-ordinated with the local organisations such as the Provincial Department of Health and Welfare, the tertiary hospital (Pietersburg-Mankweng Hospital Complex), MEDUNSA Polokwane Campus, and Health Behaviour Research Unit. The intervention components include participatory policy determination, empowerment training for hospital staff, workshops, group work, monitoring, progress reports, and evaluation of the health promotion programme.

Objectives include: to develop the best practice of health promoting

hospital model, which improves health status and reduces health risk factors of hospital staff, patients and their relatives, and people in the community, and also improves the hospital environment by reducing risks and hazards, have safety and a healthy environment. Findings from the first phase of the project will be presented and discussed.

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### **National Network of Health Promoting Hospitals (HPH) in Thailand**

*PROMTUSSANANON Supa*

Thailand has implemented the adopted HPH concept since 1998. A scientific committee was set up composed of health promotion experts from various organisations. The programme started by involving voluntary hospitals to implement the HPH programme and conducting baseline evaluations. The 2 hospitals, selected as pilot hospitals, were further subdivided covering the different geographic areas of Thailand. Each group set up its core group for the network and four advisory and evaluating teams. Then site-visit, evaluation and advice for HPH activities for the first year were summed up. The first National Conference on HPH was held in 1999 to distribute the HPH concept to pilot hospitals and also to exchange their experience during first year. The National HPH Website was launched to provide information, communication, consultation, and exchange. The 2nd National HPH conference was held in 2000 to provide information on HPH related to quality of health services and empowerment. At the conference the workshop for integration of

HPH with existing quality programmes included HPH with HA, HPH with ISO and HPH with other quality development methods. Specific committees were set up to initiate HPH standards and indicators. At present, Thailand has about 350 hospitals implementing the HPH programme.

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### **Regional Governments health care plain, local health and HPH network in Emilia-Romagna (Italy)**

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*MARTINI Mariella*

*SIMONELLI Fabrizio*

Recent developments of the cultural and normative framework of the Italian health system, initiated by the law 229 of 1999 and by the National Health Plan 1998-2000, include a vision of health as the complex outcome of the interaction of various determinants as well as a new approach to health and health care.

The Regional Health Plan 1999-2001 by the Emilia-Romagna Region is thoroughly consistent with the national policy and emphasizes a health care system oriented toward health promotion as well as service delivery, giving new significance to the local government role in promoting healthy public policies.

The Piani Per la Salute - PPS (Health Improvement Plans), which started in the year 2000, are the medium-term planning tool for Local Governments to pursue the improvement of population health and to guide inter-sectoral action and participatory planning for health within their community together with public, private non profit, private for profit, institution-

al and non institutional, health and non health related actors, and the civil society at large.

The PPS and the Health Promoting Hospitals Project are logically and "naturally" linked to each other, as they share the same goals (the promotion of health), the same basic principles (Ottawa Charter), and the need to build alliances: this commonality is seen as the basis for a strong partnership.

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