

## Background document for the HPH-Hospital Survey

### 1. Why an evaluation study on HPH<sup>1</sup>?

HPH has been existing for almost 20 years now. It started with the first European Pilot Hospital (Rudolfstiftung Hospital Vienna, 1989-1996) and the European Pilot Hospital Project on Health Promoting Hospitals (EPHP, 1993-1997). Both projects had a systematic evaluation approach. In addition, an international HPH project database was established to register activities of Health Promoting Hospitals, which allowed to identify e.g. topics and target groups of hospital projects.<sup>2</sup> But after the successful ending of the EPHP project, no overall internationally comparative evaluation on HPH was performed so far<sup>3</sup>. This lack of research has repeatedly been criticized in the scientific literature. In comparison to other health promotion networks, especially cities and schools, HPH seems under-researched. Apart from a resulting lack of good arguments to convince decision-makers, sponsors and professionals in health care, this lack of knowledge is also problematic from a quality perspective, since little is known about problems and needs for improvement.

### 2. What is the general design of the study?

The PRICES-HPH project aims at improving the knowledge base by collecting data on two levels:

- National / regional Networks<sup>4</sup>
- HPH member hospitals.

For each level, a questionnaire with specific questions was developed, and it is anticipated that the surveys on network and hospital level will take place in 30 countries worldwide. This will allow for international comparison. But, due to limited resources and for reasons of accessibility of hospitals, the survey is restricted to the HPH networks and their member

---

<sup>1</sup> The foundation of the Ludwig Boltzmann Institute for Health Promotion Research in March 2008, the new host organization of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, enables the Vienna WHO-CC to expand its research agenda on HPH and to engage in a project that has been envisaged for long but could not yet be started because of lack of funding: a retrospective, internationally comparative evaluation study on the International Network of Health Promoting Hospitals and Health Services (HPH) (project acronym: PRICES-HPH)

<sup>2</sup> see O. Groene & S. J. Jorgensen (2005) Health promotion in hospitals – a strategy to improve quality in health care. EJPB Vol. 15

<sup>3</sup> In recent years, international research on HPH focused on the testing of tools like the 5 standards and the DRGs for health promotion; national evaluations were e.g. performed in Denmark, Estonia and Sweden.

<sup>4</sup> The network survey – which is taking place in Spring 2009 – aims at collecting data on network aims (HP priorities of networks), structures and processes, especially on offers to member hospitals, and on the involvement of member hospitals. In an outcome model, these data are perceived as influencing factors on the structures, processes and activities developed in the member hospitals, and therefore the network data shall be linked with hospital data at a later stage of the research project. The network questionnaires were completed by the national / regional HPH network coordinators.

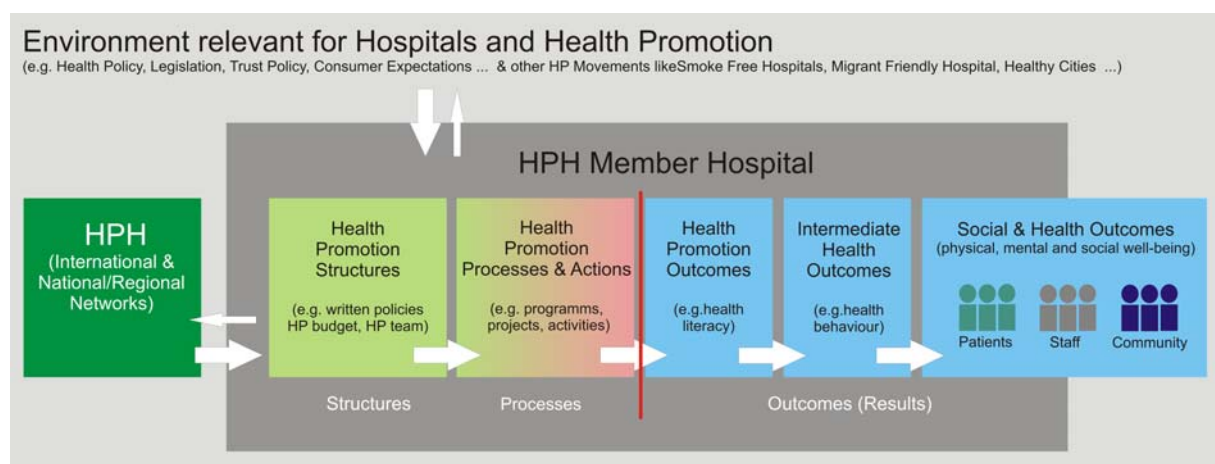
hospitals<sup>5</sup>. To assure of a high scientific quality of the study an international advisory board was setup<sup>6</sup>. The board is regularly invited to give advice on central points in the development of the study design and questionnaire and later on data analyses and interpretation.

All HPH member hospitals are invited to participate in the hospital survey, and hopefully all – or practically all of them – will follow the invitation! This is important, since the quality of data and research results will depend on the percentage of participating hospitals.

### 3. What is the background model of the hospital survey?

On hospital level, PRICES-HPH aims primarily at collecting data on the implementation of health promotion in member hospitals structures and processes, and on assessing the thematic areas of health promotion actions. The questionnaire which was developed for this purpose is based on the following model:

**Figure 1: Model of PRICES-HPH on the hospital level (adapted from Nutbeam 1998)**



Like other health promotion outcome models (e.g. Nutbeam (1998), de Haes & Saan (2001) or Spencer et al (2004), the PRICES model is based on the distinction of different levels of outcomes associated with health promotion actions (health promotion outcome, intermediate outcomes and social and health outcomes). Another assumption is that institutionalized health promoting structures are enablers for specific health promotion actions. This follows Donabedian's concept, which links outcome quality to the quality of processes and structures<sup>7</sup>. Last but not least, the model differentiates the single HPH member hospital as an

<sup>5</sup> Many questions have a specific focus on hospitals and not on health service organisations. The hospital being traditionally the largest member groups in the national / regional HPH networks. It was therefore decided to limited the survey with this group. Other services, especially long term care facilities, could be considered eventually in the near future.

<sup>6</sup> Members of the advisory board: Prof. Shu-Ti Chiou (Taiwan), Prof. Yannis Tountas (Greece), Dr. Margareta Kristenson (Sweden), Dr. Fabrizio Simonelle (Italy), Dr. Antonio Chiarenza (Italy), Nicole Dedobbeleer, Sc.D. (Canada), Prof. Isabelle Aujoulat-Simonazzi (Belgium), Dr. Milagros Garcia-Barbero (Spain), Prof. Werner Schmidt (Germany), Mark Dooris (UK), Oliver Gröne, Dipl. Soz., MSc PH, DEA (Spain), Dominic Harrison (UK)

<sup>7</sup> See also the EFQM model

organizational system from its relevant environments, the latter providing specific inputs that may also impact on health promotion actions within the organization. In the framework of the model, the inputs from national / regional HPH networks are of specific interest. The PRICES study will focus on the elements of the left part of the red line.

#### 4. What are the research questions and aims of the hospital survey?

The survey will address the following research questions in order to improve the systematic knowledge base on HPH:

On a descriptive level:

- What is the status quo of implementation of health promotion in member hospitals?
  - How is health promotion institutionalization (HP structures & processes)?
  - To what extent do thematic activities / interventions of member hospitals cover the possible range of HP infrastructures and strategies<sup>8</sup>?
  - Which of these are strengthened by participation in HPH?
  - According to the view of member hospitals, which HP infrastructures and strategies need further development?
  - According to the view of member hospitals, what are supportive and hindering factors for the implementation of health promotion?
- How do focal persons of member hospitals assess the support of the International HPH Network?
- How do focal persons of member hospitals assess the support their National/Regional Networks?

On an analytical level:

- To what degree have hospitals implemented what is formulated in normative HPH documents?
- What is the relationship between institutionalized health promotion structures and the extent of HP actions and activities in hospitals? (Impact of HP capacity building within the hospital)
- What is the relationship between support and offers of national/regional networks and implemented HPH structures and activities in the member hospitals? (Impact of HP capacity building on network level)
- What are there main differences of HP implementation between different national/regional networks and hospitals? How can these be explained?

The general aim is to learn what works well already and what potentials for improvement do exist. In a next step of PRICES-HPH, a number of tools to support further developments in the HPH network shall be developed.

Following the suggestions from the advisory board, we will try to organize a matched sample of Non-HPH hospitals, at least in countries with a quorum of member hospitals. Comparative data on HP implementation in non-HPH hospitals, would offer additional research opportunities.

---

<sup>8</sup> To meet this requirements we suggest, following the 18 strategies of HPH, a very comprehensive and inclusive model of HP (including disease prevention, health education, health promotion)

## 5. What is the content and structure of the questionnaire?<sup>9</sup>

Parts	Chapters	Items
Part 1:	General information about the hospital	13
Part 2:	Current status of HPH membership of the hospital	8
Part 3:	Support from the international HPH Network	1
Part 4:	Support from the national / regional HPH network	5
Part 5:	Health promoting structures: How is health promotion institutionalized in the hospital?	30
Part 5.1:	The role of the HPH coordinator in your hospital	4
Part 5.2:	Specific personnel and functions for health promotion in your hospital	5
Part 5.3:	Health promotion policies	8
Part 5.4:	Health promotion financing	3
Part 5.5:	Participation and cooperation in health promotion	2
Part 5.6:	Quality development and assessment for health promotion	8
Part 6:	Health promotion activity status check	
PAT 1-6	Patient-oriented strategies	16
PAT-1:	Developing health promoting living conditions for patients in the hospital	2
PAT-2:	Encouraging patients' participation, cooperation and co-production in treatment and care	2
PAT-3:	Developing a health promoting hospital setting for patients	2
PAT-4:	Encouraging patients' health promoting self- management of specific diseases	4
PAT-5:	Encouraging patients to lead a health promoting lifestyle	3
PAT-6:	Developing health promoting living conditions for patients after leaving the hospital	3
STA 1-6	Staff-oriented strategies	14
STA-1:	Developing health promoting work life for staff	2
STA-2:	Encouraging health promoting work processes	2
STA-3:	Developing a health promoting workplace setting for staff	2
STA-4:	Encouraging staff's health promoting illness management	2
STA-5:	Encouraging staff to lead a health promoting lifestyle	3
STA-6:	Developing a health promoting community setting for staff	3
COM 1-6	Community-oriented strategies	18
COM-1:	Developing access to the hospital for citizens	2
COM-2:	Developing health promoting cooperation's with services in the region	2
COM-3:	Developing the hospital as a health promoting environment for the community	2
COM-4:	Participate in alliances to encourage citizens for a health promoting self-management of	5
COM-5:	Participate in alliances to encourage citizens to lead a health promoting lifestyle	4
COM-6:	Participate in alliances to develop health promoting community settings	3
Part 7:	Supportive and hindering factors for the implementation of health promotion in the hospital	1
Part 8:	Final Questions	4
<b>Total number of questions</b>		<b>110</b>

<sup>9</sup> Main sources:

- Standards for Health Promotion in Hospitals. Self-Assessment Tool for Pilot Implementation
- PRICES-HPH Questionnaire for coordinators of HPH Networks
- Self Assessment Tool (GRIS, Faculty of Medicine, Université Montréal)
- HPH-Database (Hospital Questionnaire)
- Putting HPH Policy into Action. Working Paper of the WHO Collaborating Centre on Health Promotion in Hospitals and Health Care
- The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and healthcare
- Healthy Employees in Healthy Organisations. Good Practice in Work Place Health Promotion (WHP) in Europe. Questionnaire for self-assessment.
- Indicators for Health Promoting Hospitals of the Swedish Network for HPH
- Health Promoting Hospitals in Estonia Questionnaire

A draft version of the questionnaire was tested und discussed by a pilot group of focal points of HPH member hospitals from nine countries.

## 6. What are the milestones of the hospital survey?

- April 2009: First draft of hospital questionnaire
- April / May 2009: Testing of the draft version with a pilot group (HP focal persons of 12 member hospitals)
- May 2009: Workshop with the pilot group during 17<sup>th</sup> HPH Conference in Crete
- Until June 2009: Finalization of hospital questionnaire and survey design in cooperation with pilot group and HPH network coordinators
- July / September 2009: Translations of the questionnaire
- October/December 2009: Data collection (Online)
- January 2009: Start of data analysis
- February/March 2010: Country Reports
- April 2010: Workshop at the International Conference on HPH, Manchester: Presentation and discussion of the first results

## 7. Who is asked to complete the questionnaire?

The questionnaire addresses the HPH focal points (or similar roles) in HPH member hospitals. Usually they should be able to answer all or most of the questions. But the focal person can of course consult other colleagues or groups of colleagues (e.g. HPH steering committee) in order to get a more comprehensive picture.

## 8. What is the language of the questionnaire?

The questionnaire is drafted in English. Since not all focal persons may feel confident with the English version, a translation of the questionnaire took place. The questionnaire is now available in the following languages:

Bulgarian, Czech, English, Estonian, Finish, French, German, Hellenic, Italian, Mandarin, Slovakian, Spanish, Swedish

## 9. How will the survey be organized technically?

The questionnaire is accessible, and can be completed, via internet (it has been prepared on the basis of a professional internet tool). Each participant will get a personal TAN-code which ensures personal protected access. The TAN-code also ensures that the system will remember the user, which means that the questionnaire does not have to be completed at once. In order to facilitate personal documentation, the completed online form is printable.

## 10. How is the confidentiality of data guaranteed?

The Vienna WHO-CC at LBIHPR is committed to principles of data protection. These include:

- No transfer of collected data to third persons
- No reports or publications that allow to identify single hospitals or networks.
- Reports or publications only with anonymized data from hospitals or networks. Means that no network or hospital can be identified by name in reports or publications

Exceptions can be considered, if all hospitals of a national / regional network agree to have their data openly available (e.g. for benchmarking purposes). Upon request and only if there is consensus from all participating network members, the network coordinator would be entrusted with the national / regional data file.

## 11. What kind of report will the participating member hospitals and networks get?

All participating hospitals and the network coordinator will receive a national/regional network report<sup>10</sup>, which will include the following:

- Summary of national/regional network hospital results (descriptive data on the overall sample, no single hospital data) (if there are at least 3 valid hospital questionnaires from the network)
- A comparison of network results with the overall international data set (average from all hospitals)
- If all networks agree, all networks could also get the average results of the other networks (anonymized or open? → to be clarified with networks coordinators)

National / regional data files can be requested by network coordinators for benchmarking purposes on the basis of the conditions specified in paragraph 10.

---

<sup>10</sup> the language will be English