Newsletter

No 4 - September 1994

Editorial

The Editorial gives a short overview of the development of the different areas of the HPH-Network and announces the 3rd International Conference in Linköping, June 1-2, 1995

Health Promoting Hospitals is a rapidly growing movement. This is reflected in this fourth issue of the HPH-Newsletter, which is the most voluminous so far. In the last year, total circulation of the Newsletter has grown from 600 to 1000. At present, the HPH-Newsletter is distributed to 200 hospitals and 200 other organizations (like health authorities, scientific institutions etc.) in 24 countries of the European Region and 6 in other continents. Not surprisingly, the speed of this development varies in different countries. We can observe the most rapid growth of Health Promoting Hospitals in the United Kingdom, which is also due to the concept being part of the government´s strategy «Health for the Nation», and in Germany. In this issue, a contribution from France analyzes specific national preconditions for the attractivity of Health Promoting Hospitals in the French national context.

The Network is not only growing in size, but also intensifying its work:

In the European Pilot Hospital Project, aiming at developing comprehensive, well documented and evaluated models of how the concept of Health Promoting Hospitals can be realized, the 20 Pilot Hospitals have implemented a total of 140 different health promoting «subprojects» (in the terminology of the Budapest Declaration on Health Promoting Hospitals). These subprojects are initiating programs oriented at developing healthy physical and social environments for patients and staff, spreading knowledge and improving personal skills and developing the hospitals into organizations which not only give high quality medical and nursing care, but also enhancing their integration in the overall health care system and developing their links with the wider community. These hospitals will continue working together at least till 1996.

This issue contains several contributions from the Pilot Hospitals and a report on the last Business Meeting in Padova, April 1994.

We would like to announce the preparation of a «General Information» paper on the Pilot Hospital Project till the end of this year, giving a systematic overview over the 20 hospitals and their areas of activity.

Especially in the last year communication and joint action have been extended and intensified not only in the framework of the Pilot Hospital Project, but also in the wider network. Pilot Hospitals and other organizations in many countries have started to develop Regional/ National Networks of Health Promoting Hospitals (Bulgaria, Catalonia, England, Hungary, Israel, Poland, Scotland, Wales), thus stimulating and supporting many more hospitals to initiate health promotion programs and develop into health promoting organizations for their patients, staff and community.

This issue of the Newsletter contains reports on meetings for the initiation from Hungary and Scotland and an announcement of a similar meeting in Glasgow (October 28) and Londonderry (October 31, 1994).

The concept of Thematic Networks, offering chances to cooperate in specific issue areas, is currently being further developed.

Dr.Orla Zinck from the Danish Catering Centre (a WHO Collaborating Centre) is kindly offering his support in the area of Healthy Hospital nutrition/ Hospital catering. Dr.Carlo Favaretti from Padova University Hospital has accepted a similar responsibility for «Tobacco Free Hospitals».

Besides this, WHO-EURO (Nutrition Unit) is offering its «Baby Friendly Hospital» program to the HPH-Network. You can find contributions in this issue and contact addresses in the list of authors.

A small, but growing number of hospitals is making use of the possibility to formally become «Member Hospitals» of the HPH-Network, thus supporting the development of this movement and taking the opportunity to present their work at the HPH-conferences and in this Newsletter, as show the three programs from St.Vincent´s Hospital in Dublin, which are described in this issue.

More hospitals have taken the opportunity to participate in an internal survey in the Network on hospitals´ activities in health promotion which we are continuing. Results will be available in the next issue of the Newsletter; the data will be used for developing a HPH-directory. If your hospital is interested to be included in this directory or in

Content

Health Promoting Hospitals

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

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Editor-in-Chief Jürgen M. Pelikar

Associate Editor Karl Krajic

Editorial Assistant Annemarie Schiffbänker

Chair of Editoria Boarc Milagros Garcia Barbero, WHO-Eurc

Editorial Boarc

Dominic Harrison Prestor

Anne Kaskonas Glasgow

Anne-Laurence LeFaou Paris

Ann O´Riordan , Dublir

Coordinating Centre and Secretariate

Ludwig Boltzmann Institute for the Sociology o Health and Medicine

WHO-Collaborating Centre for Hospitals and Health Promotior

Stumpergasse 56 A-1060 Vienna Austria

Phone +43 1-59 991/244 Fax +43 1-597 18 71

Worlc Healtl Organizatior Regional Office for Europe

8, Scherfigsve DK-2100Copenhager Denmark

Phone +45-39 17 17 17 Fax +45-31 18 11 2C

membership, please address the Coordinating Centre for information.

The 2nd International Conference as major annual event of the HPH-Network took place in Padova April 15-16 1994, raising much local and national interest and a growing international participation from all over Europe. The number and quality of the contributions clearly demonstrated the progress of the European Concept of Health Promoting Hospitals, and the pleasant atmosphere of Padova and generous hospitality contributed nicely to a very successful meeting. A report from the perspective of the local host is included in this issue.

Finally, we would like to inform you about an organizational change in publishing the Newsletter. In order to manage this growing interest also in the Newsletter, the Network has set up an editorial committee. Dominic Harrison (Preston), Anne Kaskonas (Glasgow), Anne-Laurence Le Faou (Paris) and Ann O´Riordan (Dublin) are supporting WHO and the Coordinating Centre in editing the Newsletter. The period of function in this editorial committee has been set at 2 years.

Deadline for contributions to issue 5/ 1995: January 31, 1995

The next chance to learn more about the activities of Pilot Hospitals, regional networks and thematic networks is the 3rd International Conference: June 1 - 2, 1995, in Linköping, Sweden. The conference will be hosted by the University Hospital of Linköping, one of the Pilot Hospitals and co-organized by the Hospital Committee of the European Community and the International Hospital Federation (see also announcement on p.14).

Milagros Garcia-Barbero
Karl Krajic
Jürgen Pelikan

Health Promoting Hospitals in France: Is it possible?

- **The French Health Care System is currently undergoing a period of fundamental changes for Health Promoting Hospitals to be perceived as an interesting concept for reform**

«Assistance Publique-Hôpitaux de Paris» (AP-HP) is the organisation responsible for the French hospital in the European Pilot Hopital Project of the HPH Network. AP-HP is a federation of hospitals which provides care to the metropolitan area of Paris with 30 000 beds. Its 50 hospitals, which belong to the University Teaching Hospital of Paris, are linked to 11 schools of medicine. Among all these hospitals there are 11 geriatric hospitals. 85 000 people work for the «Assistance Publique - Hôpitaux de Paris». It is a public hospital, financed by the «Sécurité Sociale». Our pilot hospital for the «Health Promoting Hospital Project» is a new geriatric hospital, Vaugirard Hospital. The team of this hospital has been trying to progressively set up a specific health policy for elderly people in a district of Paris. This project can be considered as an evolution of the French hospitals toward health promotion. Therefore, the main characteristics of the French Health Care system and some new elements of the Health Policy concerning Health Promotion will be described in this paper. It appears that the new regulations are concerned principally with the ambulatory system and have not yet dealt with the hospitals. New reforms will certainly be planned in the next future.

Funding in the French Health Care System

«Sécurité Sociale» is the most important funding agency in the French Health Care System. The main principles of Social Security are: accessibility, mandatory participation for everybody, solidarity, equality. «Sécurité Sociale» is financed both by employers and the employees and also covers wage substitution for employees in case of illness. Obviously, the mode of financing is different for self-employed professionals and farmers.

- 99 % of the population is covered.
- Of course, all salaried people, self-employed professionals and farmers are covered.

In addition, people who receive a poverty allowance are automatically covered as well as people receiving unemployment benefits

- «Sécurité Sociale» finances not only medical care, but also retirement benefits, family allowances, disability allowances, workers compensation and professionnal diseases. Only unemployement benefits are paid by a separate organisation.

Due to the economic situation and the subsequent decreasing reimbursement percentages, the need for supplementary insurance has increased. Nevertheless, the «Sécurité Sociale» still covers the major part of the funds for the health care providers. In France, the Health Care System consumes 8,8 % of the GNP at present (in comparison: United States 14,4 %, Canada approximately 10 %).

Hospitals in France

Concerning ownership, the French hospital system is a mixed system, including :

- Public hospitals (65 % of hospital beds),
- Private non profit making hospitals (religious in origin) (15 % of hospital beds)
- Private profit making hospitals (20 % of hospital beds)

Since 1985, public and private non profit making hospitals have received funds in an annual global budget which is provided in monthly parts by the «Sécurité Sociale».

Private profit making institutions are paid according to the medical services provided. There are three different kinds of hospitals :

- acute care hospitals,
- hospitals for rehabilitation,
- long term care hospitals.

«Sécurité Sociale» covers about 90 % for hospitalisation costs and the patient does not need to advance the money in

the acute hospitals. To give an incentive to reduce unnecessary long stays, patients have to pay the equivalent of US$ 10 per day to the hospital for the room charges. The remaining 10 % are generally paid by a complementary insurance company which can be non profit making or profit making. The number of complementary insurance companies is on the rise now, due to the decreasing reimbursement rate by the «Sécurité Sociale». Until the 80's, only non profit making insurance companies were available. Now, private profit making companies have entered this «new market». Both cover 87% of the population.
The reimbursement policy for rehabilitation hospitals is the same as for acute hospitals.
The care provided in long term care hospitals is completely reimbursed. But the room charges have to be paid for by the patient, his/her family, even the grandchildren. The total amount charged depends on the financial resources of the family. If the family cannot provide funds, a public fund helps to pay and sometimes pays the total sum (about US$ 2250 per month).

Primary Care System in France

There is a contract between the «Sécurité Sociale», private health institutions and private practitioners. This contact allows a lot of freedom for both, the patients and the practitioners. The ambulatory system is liberal, based on 5 principles:

- Freedom to choose the practioner for the patients.
- Freedom for doctors to set up practice where they wish.
- Freedom for doctors to prescribe (but in the future, limits will be set).
- Professinnal confidentiality.
- The practitioner is directly paid by the patient for the medical acts performed in private practice.

A patient can go to a specialist directly (there are no geriatricians).
People are reimbursed for the medical care as in the public sector.
There is a reimbursement scale : there are set rates for different medical acts: whether it is a general practitioner or a specialist. «Sécurité Sociale» reimburses 75 % of that sum. Mutual insurances, whether profit or non profit making generally, pick up the difference.

Health Promotion in French Health Care Policy

The French Health Care System is technology-oriented. The position of Health Promotion has not been defined. The concept itself does not appear in the most recent regulations.

In the general dispositions of the law of July 31, 1991 concerning goals and rules for Health Institutions, one can read: «The Health Institutions, either public or private, take part in Public Health actions, mainly in medico-socially coordinated actions and in Health Educational and Preventive actions».

The Context of Health Promotion for the Near Future

The Health Policy is criticised especially for the expenditures linked to the Health Care System. It appears that the French Health Care System is complex and not yet ready for transition and evolution in the field of preventive, educational and Health Promoting actions. For example, in 1991, «only» 8, 2 % of the total sum for medical commodities was directly linked to prevention care. This figure refers to medical services which are free of charge:

- «Protection Maternelle et Infantile» (PMI). It is a programme to protect mothers and infants,
- Programmes in school, prison and Occupational Medicine.

But this percentage does not take into account the preventive activities of private practitioners, medical doctors in hospitals, midwives, physiotherapists for vaccinations, prenatal and postnatal care, reeducation etc. Some of these include, for instance (and thanks to the «Health Educational Committees» and people elected) the following: dental prevention programmes, nutrition programmes, personal hygiene programmes, family planning etc...
Although some isolated programmes exist, more organised programmes for Health Education and Preventive Medicine have been recommended by Health Providers (for example breast cancer screening). In fact, new orientations of the Ministry of Social Affairs, Health and City are planned in order to help Health Promotion, for example the setting up of a National Public Health Network and Regional Public Health Networks in charge of coordinating information and action in the field of Public Health.
Some reform measures concerning the private practice have been developed, too.

The Evolution of the Private Practice

In 1993, reforms were prepared in order to coordinate the care given to the patients in private practice, especially elderly people, to avoid incompatibility in prescription and duplication of blood tests, X-rays, medication and to contain costs. A Patient Health Care booklet has been developed to facilitate communication between the General Practitioner and the specialist. The private General Practitioner is responsible for the patient file. A specialist, whether referred to by the General Practitioner or consulted directly by the patient, will have access to the file. Under that new system, a patient who seeks the advice of a specialist, can only be reimbursed if he communicates the name of the General Practitioner in possession of his file. This is to avoid incompatibility in prescription and duplication of blood tests, X-rays and medication.
At the moment, this policy concerns people over the age of 70, with two or more illnesses. The General Practitioner will be paid by the «Sécurité Sociale» for an annual report, which will include several points: the cost-efficiency of the medical care (number of referred visits to the different specialists, medication and tests prescribed, according to the illnesses). This reform will probably be extended to other groups.

Hospitals

At the moment, the hospitals are not involved in these above mentioned «care coordination projects». Nevertheless, some public hospitals have prepared projects on their own, especially

List of authors

Mr. Steve Ashcroft
Chief executive of Preston Acute Hospitals NHS Trust
Sharoe Green Lane, Fulwood UK - Preston, Lancashire PR2 4HT
Tel: ++44 772 710692
Fax: ++44 772 710194

Prof. Leo Baric
University of Salford
14 HighElm Road, Hale Barns
UK - Alrincham, England WA15 OHS
Tel: ++44 61 980 8276
Fax:++44 61 980 74 46

Ms. Margaret Boland
Stress Management Project Leader
James Conolly Memorial Hospital
Dublin Blanchardstown
IR - Dublin 15
Fax: ++353 1 82 03 565

Ms. Annie Courtney
Health Promotion Coordinator
Altnagelvin Area Hospital Londonderry
Tel: ++44 504 45171 3697
Fax: ++44504 311020

Dr. Elizabeth Dinn
Ms. Donahy Deirdre RGN
Ms. Kelly Pauline RGN
St. Vincent´s Hospital
Elm Park
IRL - Dublin 4
Tel: ++353 26 94 533
Fax: ++353 26 96 018

Dr. Carlo Favaretti
University Hospital Padova
Via Giustiniani 2
I - 35128 Padova
Tel: ++39 49 82 13 381
Fax: ++39 49 82 13 395

Vaugirard hospital, a European Pilot Hospital, which belongs to the «Assistance Publique-Hôpitaux de Paris».

It is important to remember that public hospitals and private profit making hospitals do not fall under the same «Sécurité Sociale» payment system as General Practitioners and other Health Care Providers in private practice, who are paid according to medical acts. Hospitals, as mentioned already, receive an annual global budget, disbursed monthly. Hospitals then allocate their budget among the different divisions and do not need to externally justify their choices. This often leads to the maintaining many specialised hospital wards, although their activities could be done in other hospitals in the same region. Consequently, it seems that the government is trying to find new ways of allocating money to hospitals. Plans include a Diagnosis Related Groups method (according to the diseases, which are classified in a fixed price grid). But it is quite obvious, though, that the comparison of the cost for treatment of a heart attack for instance, will be quite different between a University Teaching Hospital and a General Hospital, University Teaching Hospital costs taking into account teaching, research, state of the art technology etc. It might be interesting to add qualitative data like Health Promoting Projects to help the Health Care authorities to adapt the budgets.

Furthermore, these Health Promoting hospital projects could be included in the criteria for the accreditation of hospitals with specific activities like geriatric hospitals. In fact, private or public geriatric hospitals receive the same money from the «Sécurité Sociale», even if the living conditions of elderly people can be very different.

There is often resistance to change. Taking this into consideration, the Health Care authorities will have to provide funding to encourage hospitals to participate in Health Promotion action such as improvement of hospital management, new ways of giving care, cooperation between hospitals and Primary Care Providers. Finally, considering our specific Health Care System, it seems important too to include the professionals of the Primary Care System in such projects for successful results. This could mean reimbursing Health Promotion services, as it is currently done for medical services.

Conclusion

The reforms concerning the Primary Care System, which have been described, can be the basis to reorganise the French Health Care System and to try to develop the concept of health promotion in our country. The participation of hospitals in health promotion, especially University Teaching Hospitals, is beginning to become a reality. For example, the activities of Vaugirard Hospital in the Health Promoting Hospitals Network encourages «Assistance Publique-Hôpitaux de Paris» to pursue its action in the field of Health Promotion. Although hospitals seem not sufficiently devoted to such projects at the moment, it is possible perhaps with the help of pilot projects like Vaugirard.

Anne-Laurence Le Faou, Paris

Health Promoting Hospitals: Two Years On

- **Professor Baric proposes to focus Health Promotion Activities on patients in the next period of work of the HPH**

The process of applying an organisational model of health promotion and health education (HP/HE) to such settings as hospitals is now reaching a half-stage mark, which is a good point to take stock of what has been achieved and of what still needs to be done.

The organisational model operates on three levels:

- the ground work level (to sell the idea)
- the organisational level (to take on the commitment, prepare mechanisms and provide resources for the reengineering of the setting)
- the patient level (where health promotion and health education activities should produce health gain for the consumers)

The process of developing Health Promoting Hospitals has now completed the first two levels and is facing the most interesting part; i.e. the development on the patient level. The experiences so far have indicated some of the problems which need to be faced in this last stage.

- The difference between health promotion in a hospital and the concept of a «health promoting hospital» needs to be clarified and implemented;
- Extension of the organisational model to include health education into health promotion activities;
- The new organisational model in health promotion has so far not been fully developed and tested and is at present being applied in many different ways which excludes any comparative assessments;
- An answer to this has been the idea of intervention studies which were intended to explore the various methods and produce tested outcomes for use in other similar settings.
- Planning and execution of intervention studies to test the effective and efficient ways of achieving the health gain of the patients;
- Integration of evaluation into the existing quality assessment procedures.

The idea of creating an «elite» group of Pilot Health Promoting Hospitals was meant to ensure the success of intervention studies for the benefit of other hospitals which would like to change their corporate image. The precondition for a pilot hospital to be linked to an academic institution and benefit from advice of an external consultant was meant to ensure that the intervention studies will produce tested and reliable outcomes and in their conceptualisation will include all the different aspects of the operationali-sation of the organisational model in hospitals.

Entering the third or the patient level will require a new set of activities:

- the hospital should know what to demand from their consultants; i.e. the development of a conceptual framework for their interventions which could include a two-dimensional conceptual model where on

one axis will be the three levels of activities (ground work, organisa-

other axis the three aspects of the hospital commitment (working en-

and outreach into the community.

- this should produce a matrix into which the specific aims, objectives and indicators of the interventions can be integrated as the basis for the protocols for the interventions;
- the general intervention needs to be subdivided into specific interventions for each department in the hospital which is responsible for their own sub-interventions (as stipulated by the commitment);
- the consultants should be able to advise not only on the structuring of the interventions but also about the contents and methods used for the achievement of the health gain;
- the consultants should be able to advise on the integration on HP/HE into the quality assessment procedures as the main aspect of the evaluation process.

This most interesting phase should be reflected in the future composition of meetings of the Network of Pilot Health Promoting Hospitals, where the managers (important for the first two levels of development) will be replaced by representatives of groups which actually are carrying out interventions and who would most benefit from exchange of experiences and mutual support.

Leo Baric, Manchester

Why We´re Involved

- **The hospital manager of Preston Acute Hospital NHS Trust explains his reasons for becoming an European Pilot Hospital**

One of the principles behind the investment in health promotion is that, over a period, money will be released from within hospitals as the incidence of coronary heart disease, strokes and accidents for example, are reduced.

Commercially, there seems to be little advantage in hospitals becoming involved in health promotion because little by little their income will be reduced. There are, however, wider issues involved, such as the role of the hospital in achieving the Health of the Nation targets. But hospital managers need to be involved for a much deeper reason: the changing role of the hospital which the future will inevitably bring.

Hospitals began as creatures of the industrial revolution, places for those dying of TB, smallpox and other infectious diseases. Public health measures and antibiotics brought infectious diseases under control by the late 1940s. Over the next 30 years hospitals began treating the symptoms of heart disease, cancer and other chronic illnesses. Now advances in diagnosis and treatment of chronic diseases are undercutting this particular role.

A second influence is the increasing sophistication of drugs and surgery, and the desire for patients to spend less time in hospital, which is drastically reducing length of stay and numbers of inpatient beds. Procedures previously carried out in hospitals can now be undertaken in GP´s surgeries.

Prompted by these and other external influences, it is now time for hospitals to recognise that they have a unique role in the promotion of health, not only for patients but for visitors, relatives and staff. Hospitals carry a great deal of potentially persuasive clout in the community. This influence can be brought to bear, not as a kneejerk reaction to the changing role of the hospital, but as a positive decision to recognise the hospital´s legitimate role in health promotion.

The health promoting hospital initiative offers chief executives a co-ordinated approach to addressing the changing nature of the district general hospital. The Health At Work initiative and Health of the Nation can also be brought into this all-embracing approach. Some hospitals may also choose to incorporate their work on organisational change and human resource policies.

Becoming a health promoting hospital is a long-term investment and it is very easy for chief executives to spend their time on issues which offer a more immediate payback. But the HPH approach means that hospitals and purchasers can work over a period of years to bring about genuine improvements to the health of the populations they serve.

Steve Ashcroft, Preston
(reprint from HPH-Newsletter, published by Preston Health Promoting Hospital Project, No 1/1994)

Altnagelvin Hospital Efforts to Achieve Public Recognition as a Non-Smoking Hospital

- **Altnagelvin hospital, a WHO Pilot Hospital, launched a non-smoking policy in 1992. Professionals were immediately involved in this implementation, which was honoured by an award in 1994.**

The promotion of non-smoking on Health and Social Services premises had been part of Government Policy in Northern Ireland for fifteen years.

In early 1990´s a statement was issued to the effect that Altnagelvin was to become a non-smoking hospital. Signs were erected at main entrances and large sand-filled bins put outside - the idea being to «Stub Out» before entering the hospital proper, needless to say, with the best will in the world staff could not implement such a policy because - no actual policy existed. The Western Health and Social Services Board had prior to this banned all tobacco products being sold on hospital premises. This was strictly adhered to.

It was because of this and stricter government policy guidelines which stated that «Health and Social Services premises should provide a smoke-free environment for staff, patients, clients and visitors» that in October 1992 - The Western Health and Social

Services Board provided management with a series of presentations to introduce the Non-Smoking Policy.

General principles of which are:

- Nonsmoking must be regarded as the norm within all Health and Social Services premises.

Prof. Halmos Tamás, Dr.
Kautzky Lászlo
Koranyi Institute
Pihenö ut 1
H - 1529 Budapest XII
Tel: ++36 1 1767511
Fax: ++36 1 17 63 521

Lists of authors (continued):

Ms. Dorte Jepsen
Nutrition Unit
WHO Regional Office for Europe
8, Scherfigsvej
DK - Copenhagen
Tel: ++45 39 17 15 47
Fax: ++45 39 17 18 18

Ms. Anne Kaskonas
Stobhill NHS Trust
UK-Glasgow G21 3UW Scotland
Tel:++44 41 558 0111
Fax: ++44 41 558 2970

Dr. Anne-Laurence Le Faou
Institute for the studies of Health Politics
Paris 6 - School of Medicine Broussais Hôtel-Dieu
Tel: ++33 1 40275638
Fax: ++33 1 40 27 41 64

Ms. Susan Roberts
Health Promotion Authority for Wales
Ffynnon-Las, Ilex Close Llanishen
UK - Cardiff CF4 5D2
Tel: ++44 222 75 22 22*2230
Fax: ++44 222 75 60 00

Dr. Orla Zinck
Managing Director
Danish Catering Centre
WHO Collaborating Centre for Nutrition in Mass Catering
DK -2730 Herlev

- Where smoking areas cannot be identified the entire area must be regarded as a non smoking area.
- Areas most commonly used by staff must be recognised as non-smoking.
- Advertising and sale of tobacco products would be strictly prohibited.

The list goes on but while recognising it is the right of each individual to decide whether or not they smoke it is a matter of public concern where they smoke and who else is exposed to the smoke from their cigarettes.

Informing the staff was the next hurdle. A leaflet was attached to each payslip informing them on the Policy.

The Official Launch took place in January 1993 - amid much publicity - prior to this a multi-disciplinary core of trained «Stop Smoking Tutors» had been identified within the hospital.

No Smoking Zone posters were prominently displayed.

National No Smoking Day was used to encourage smokers to give up for the day.

These were sponsored accordingly and the money raised was donated to the Chest Ward.

The names of all who supported the day were collected and one name drawn from the group - he was given free «Lazer» treatment to help them quit smoking. The successful person is today a non-smoker.

The implementation took time and effort and is still on-going, although it is evident that people now do obey the signs, in so much that non smoking is the norm in reception areas and corridors. There are identified non-smoking areas which in general are adhered to. It is a tribute to all involved in the planning and implementation of the Policy that in June 1994 - The Implementing and Monitoring

Officer Mrs. Margaret Doherty, received on behalf of Altnagelvin Hospital, «The Ulster Cancer Foundation Annual Award». In recognition of «the invaluable contribution made to a healthier smoke free environment».

Being the recipient of such an outstanding award has given encouragement to all involved in the other projects currently ongoing in our promotion of Altnagelvin as a member of the WHO network of Health Promoting Hospitals.

Annie Courtney, Londonderry

The Stobhill NHS Trust Alcohol Project

- **Stobhill NHS Trust, a WHO Pilot Hospital, launched a Minimal Intervention Program for alcohol problems. The program has been successfully implemented and receives a lot of local attention.**

Most people in Britain drink alcohol at some time. Its very familiarity can make it hard for us to think of drinking alcohol as a health concern. However, excessive alcohol consumption is associated with raised morbidity and mortality and the overall risk of alcohol related problems increases continously with rising consumption. The cost of sickness /absence associated with alcohol consumption has been calculated at £779 million in Britain in 1989 alone and the cost of treatment to the NHS is estimated in excess of £126 million. There are over 3,000 deaths each year from chronic liver disease, cirrhosis and other direct causes of alcohol poisoning in England and Wales, if the current trend continues deaths will increase to over 4,000 per year by 1995.

The National Health Service in Scotland has been set the target of reducing the proportion of people drinking beyond the safe limits of alcohol by 20% by the year 2000 in order to achieve this target the Stobhill NHS Trust has developed and implemented a strategy to train its staff in a practice known as Minimal Intervention.

The population served by Stobhill NHS Trust includes many who consume alcohol to excess. When they are admitted to Hospital, the level of inquiry and intervention is variable, but has been generally low. The minimal intervention project is a Trust wide initiative driven by the Medical Executive and aimed at:

- Raising staff awareness of patients excessive alcohol intake.
- Recognising the early signs and symptoms of alcohol withdrawl, in order to prevent patients developing the delirium tremens.
- To reduce the patient´s level of alcohol intake and to reduce the level of re-admission.

A great deal of time and money is spent on the 5% of the population who are dependent drinkers whilst the bulk of the cost and potential harm occurs in the moderate an heavy drinker. Minimal Intervention is a pro-active technique aimed at detecting harmful consumption before it leads to dependence and serious harm and is the approach taken by the Stobhill NHS Trust towards the prevention, detection and management of alcohol related problems.

The greatest barriers to identifying and responding to alcohol related problems in the moderate to heavy drinkers are a belief on the part of nursing and medical staff that they do not posses the skills necessary to respond effectively and a pessimism about the effectiveness of any advice that they may give. Around 30% of adult patients admitted to general hospitals may be classified as harmful or hazardous drinkers and are unlikely to be detected unless specifically screened.

The Stobhill NHS Trust in Glasgow has in developed a three day on site, training programme, which aims to raise the health professionals awareness of addiction to drugs, tobacco or alcohol as a health issue and as a major cause of morbidity and mortality. The staff are taught to identify problem drinkers by using a technique known as Minimal Intervention. This technique consists of an assessment of alcohol straightforward information and advice on how the patient can change their behaviour. The patient is then followed up after discharge to detect a reduction in drinking levels and to determine the success of the Minimal Intervention.

The staff also benefit from this innovative and thorough training programme in terms of self development. The project manager, who arranges the training programme has applied for validation of the course in order to achieve training points for the staff involved.

A simple valid screening instrument is a necessary part of early detection of problem drinkers and the screening instrument questionnaire chosen at the Stobhill NHS Trust is the Alcohol Use Disorders Identification Test (AUDIT). This tool is a development of the provisional «core» screening instrument used in the World Health Organisation collaborative study based in six countries and developed by Saunders Aasland and others in 1987.

The questionnaire consists of 10 items enquiring about alcohol consumption, drinking behaviour and alcohol related problems and the responses are scored between 0-4 giving a maximum score of 40. In the Saunders et al trial, those diagnosed as having harmful or hazardous alcohol use 92% (sensitivity) had an AUDIT score of 8 or more, and 94% (specificity) of those with non hazardous consumption had a score of less than 8.

This technique of using brief interventions has been shown by many to be effective in reducing alcohol consumption by over 20% in the individual.

The Minimal Intervention project is coordinated by the Health Promotion Coordinator and led by the project manager. The basis of this project is a three day on site training programme for trained staff delivered by an experienced counsellor specialising in addictions.

To date one fifth of the Trust nursing staff have been trained in Minimal Intervention and training is planned for the remainder.

The project is in Phase Two with the initial evaluation results planned for the end of September 1994. The evaluation is being carried out by the Clinical Audit Facilitator under the guidance of the Health Promotion Co-ordinator within the Trust.

There is a great deal of interest in this project from Trusts Scotland wide. There have been many visitors to the Trust and both the Health Promotion Co-ordinator and the project manager have given many lectures on the project to student groups and to staff from other Scottish Trusts.

The Healt Promotion Co-ordinator has developed a standard and guidelines for the project in order to maintain and deliver a comprehensive quality approach to this initiative.

The staff trained in Minimal Intervention receive regular updates on the progress of this project and these meetings form part of the evaluation process of the project.

Anne Kaskonas,Glasgow

Stress Management for Hospital In-Patients

l The article presents first results of the Stress Management Project at James Conolly Memorial Hospital, Dublin

Studies have shown that patients in hospital can have high levels of stress especially those in medical wards. Hospitalised patients are often exposed to situations which they may appraise as threatening such as; potential and actual loss of control over events, inability to carry on with routine daily activities and impersonal treatment by staff. Evidence suggests that the main focus of intervention in the general hospital setting is on cure and that the psychological care of patients often receives scant attention.

Blanchardstown Hospital`s Stress Management pilot project set out to address this lack. Support from the staff of a 20 bedded medical ward was enlisted and a number of objectives were drawn up. Prior to the pilot project`s commencement, ward staff attended in -service workshops in stress management.

The objectives are that patients should:

- Have the opportunity to learn and use simple, quick, effective stress reduction techniques.
- Be able to ask staff for information regarding diagnosis, treatment, tests and results and receive honest and sensitive answers.
- Have access to pamphlet(s) on the subject of stress management.
- Be able to choose from a range of relaxation tapes for use while in hospital.
- Feel that their needs/wants are important and that they have some control over events.

The ward already had a personalised approache to patient care but the assessment tool was expanded to place more emphasis on the identification of patient`s lifestyles, anxieties and coping methods. Their musical tastes and preferred place(s) for relaxation are also ascertained along with information needs.

Since lack of information creates uncertainty, this can impair the patient`s ability to identify coping strategies. Consequently patients may appraise a situation as more threatening than it actually is. To minimise this source of stress the project team developed a range of leaflets on ward routines and procedures and a leaflet entitled «Coping with Stress in Hospital: a Guide for patients». These information leaflets are made available to each patient on admission. Giving information without providing an opportunity to ask questions may not be sufficient to reduce stress.So, it is deemed important that staff create a supportive non-judgemental atmosphere to actively encourage positive patient/staff interaction and communication.

Another stress reduction intervention strategy employed is the use of relaxation techniques. Patients are instructed in the use of relaxation audio tapes played on personalized recorders provided by the ward. Three categories of tapes are used - progressive muscular relaxation, nature sounds and music tapes (mainly classical). Progressive muscular relaxation tapes are particularly helpful in patients experiencing a lot of body tension. Nature tapes,when possible are matched with the place(s) that patients most associate with relaxation. The following comment was made by a patient about the tape Whales & Sounds of the Sea: «Very relaxing. I found I was in a totally different world». Since relaxation is a learned skill pa-

tients are encouraged to continue even when results are not immediately apparent. It is important also not to convey to patients that symptoms are mainly due to anxiety or are primarily psychological as we have found that patients worry about being seen as «psychiatric» cases. Music is particularly effective when played during medical procedures and as an aid to sleep. Music can dispel fear and anxiety by introducing a familiar element to a strange environment or by providing an escape through imaginative thought.

Introducing these changes has been both an exciting and demanding experience. Early evaluation and feedback is proving very positive. Patients have reported being very happy with the resources. Ward resource material is constantly growing. More attention is being paid to pain management and the ward has become more active in health promotion generally. Ward Staff present short papers on aspects of stress management at ward meetings and interest is growing in the use of visualisation techniques and caring for the bereaved and dying patient. Staff have attended workshops on massage, aromatherapy palliative care and in service workshops in coping with loss and grief and person centred counselling skills. It is hoped that some staff will attend more substantial courses in counselling skills,in the future.

More detailed findings will be available in the near future.

Margaret Boland, Dublin

Health Promotion - Hospitals Nutrition - Trends - Changes

- **Hospital Nutrition often is of problematic quality, depending on low priorities and poor concepts for solving organizational problems. The Danish Catering Centre is offering its expertise to the HPH to improve catering in European Hospitals.**

On admission to hospital, a great number of patients are shown (by different indicators) to be under-nourished. The number varies from study to study but the range is from 10 to over 50% with an average of 20-30% of patients being admitted to hospital having poor nutritional status. These patients can take much longer to respond to general treatment within the hospital and in some extreme cases death may result.

Catering in hospitals is a very difficult area. Some of the reasons could be that it is a multi-sectorial area including kitchen staff, staff on the wards (nurses, doctors) and also that the attitudes of the hospitals in general towards the importance of food and nutrition are rather negligent.

In the public opinion hospital food generally has a very bad reputation. It is said to be over-cooked, cold, there is no real choice etc. At the same time catering in hospital has low priority within the system itself. Neither doctors, nurses or hospital administrators regard food for patients and hospital catering as a high priority area. There is some interest from doctors´ side if the food is related to special diets, otherwise the interest is very limited.

Food cost in a modern hospital is in general between 4-6% of the cost of a hospital bed. This low percentage do not reflect the importance of food and from a holistic approach it is uneconomic not to focus more on nutrition because poor nutrition status often results in a longer stay at the hospital for patients. There is a need for a radical change of catering to a more holistic approach to nutrition involving change of attitude, technology, modern organizational structure in the kitchen - including software for kitchen management, information and environment. In Denmark decentralising hospital catering to the wards using a cook-chill system has achieved very good results.

This implies that the individual wards can decide meal hours individually but this of course also needs up-grading the dining facilities so patients can eat together and as much as possible enjoy their meal, getting more natural and familiar environment. This is cheaper, more flexible (patients can choose at meal-time) and give a higher product quality and improve the nutritional status of the patients.

Danish Catering Centre is an independant service-and development centre, engaged in the task of improving catering in the areas of technology, management and nutrition. The Catering Centre is available to both the public and the private sectors.

The centre also is a collaborating centre for WHO European Region concerning nutrition in mass catering. In this aspect the centre has for WHO preformed various analyses of catering in Europe and also as far away as Mauritius.

As a collaborating centre for WHO the Centre has the following terms of reference:

- Advocacy of the importance of mass catering in nutrition policy implementation.
- Research and development of a holistic approach to catering.
- Training of the personnel in the catering sector with special emphasis on a holistic approach.

The centre also distributes a software named «Food and Health Indicators in Europe» for WHO.

Orla Zinck, Herlev

HPH and the Baby-Friendly Hospital Initiative

- **The Baby-Friendly Hospital initiative highlights the role of the health care system in the promotion of early breast feeding. WHO Europe offers support and training to Health Promoting Hospitals interested in implementing this initiative.**

The Baby-Friendly Hospital Initiative (BFHI) was jointly launched by WHO and UNICEF in 1991. This Initiative is addressed to health workers and those

responsible for setting policies in maternity hospitals or homes. In a proactive way, it suggests how policies and routines can be changed to help mothers breastfeed successfully. Evidence shows that a good start in breastfeeding is half the battle towards achieving success. Mothers who gain confidence in their own ability to breastfeed, will keep this confidence and continue to breastfeed successfully. Appropriate education of health workers, supported by positive and well-thought-out routines are crucial elements in establishing this confidence in mothers.

Health care systems in most European Countries have a lot to gain from joining the BFHI. The savings in terms of better health in babies are well known. In addition, mothers feel that the BFHI principles constitute a quality improvement in comparison with the old-fashioned routines that separated mother and baby. For parents, breastfeeding is cheaper and safer than artificial feeding and for the health care system it has been calculated - in 1990 - that savings on staff time, infant formula, bottle and teat purchase as well as sterilization of equipment amounts to US$ 5.34 per birth. In terms of the annual import of breast-milk substitutes, it has been calculated recently that in a country of 10 million inhabitants, an estimated saving of US$ 9 million was achieved, when the rate of exclusive breastfeeding was increased by just one month.

The following modules of training will give any HPH an idea of the human resource investment needed to implement the Initiative. For further information such as financial investment needed etc. please contact:
Dorte Jepsen, Nutrition Unit, WHO Regional Office for Europe, 8, Scherfigsvej, DK 2100 Copenhagen, Denmark. Telephone direct: ++45 39 17 15 47 or fax: ++45 39 17 18 18.

Developing a Wider Network

| Regional/National Networks are developing in Scotland and Hungary

The principle aim of Health Promoting Hospitals is to encourage as many hospitals as possible to develop into Health Promoting organisations. The Stobhill NHS Trust in Glasgow, Scotland and the Koranyi Institute in Hungary have already taken steps to develop a wider network within their own countries. Each of these hospitals has hosted a National Conference in 1994 thus enabling as many hospitals as possible to become actively involved with the Health Promoting Hospital Network and to learn from the experiences and the progress of the Pilot Hospitals of the HPH encouraging them to develop and implement Health Promotion policies of their own.

Anne Kaskonas, Glasgow

Stobhill NHS Trust Hosts the First Scottish Conference on Health Promoting Hospitals

Stobhill National Health Service Trust in Glasgow hosted the first Scottish conference on Health Promoting Hospitals on Thursday 9th June 1994.

The conference was attended by delegates representing Hospitals and Health Boards and Health Promotion Departments from troughout Scotland. The speakers included Dr. Carol Tannahill, Director of Health Promotion, Greater Glasgow Health Board, Dr. Leslie Honeyman, Medical Director of Stobhill and Myra McMurdo, June Seymour, Wilma Sutherland and Anne Kaskonas, the Project Managers from within the Trust.
Visiting speakers included Ms. Brenda Stephen, Health Promotion Wales, and Mr. Stephen Ashcroft, Chief Executive from the Royal Preston Hospital, Preston.
The intention is to take health promotion to the heart of Stobhill´s health services in order to improve health and

BFHI Training-Implementation Modules

Activity	Purpose	Title	Description	Participants
Module 1	To promote the idea of BFHI and lactation management	1-day seminar on BFHI	1-day seminar facilitated by WHO/ UNICEF	Policy makers and general health care staff in key positions
Module 2	To provide participants with a common basic knowledge of breast-feeding management needed for the implementation of BFHI	Introductory Workshop on BFHI	18-hrs course presented either as 3-full day course or in 75-minute segments over a longer period. Facilitated by WHO/ UNICEF selected trainers	Hospital staff with who direct responsibility for care of mothers and newborn babies. Upper limit of 50 participants per course
Module 3	1. To provide trainers with teaching with skills and technical knowledge, enabling them to conduct up-to-date and effective courses; 2. To provide participants with clinical and counselling skills needed to support optimal breastfeeding practices	Training Course in Breastfeeding Counselling in BFHI	1. The first 40 hrs is spent preparing trainers enabling them to become familiar with the course material and on conducting the sessions. Facilitated by trainers. The second 40 hrs, newly trained trainers conduct 1-3 parallel courses. Supervised by WHO/ UNICEF selected trainers.	Health workers who care for mothers and young children in maternity facilities, hospitals and health centres. Upper limit of 10 trainers in the first course and 40 participants in the second WHO/UNICEF selected course
Module 4	To provide participants with knowledge and skills, to carry out assessments of hospitals ready to become BFH designated	Hospital Assessment Course of the BFHI	2-day course on hospital assessment training. Faciliated by 1 international WHO/UNICEF selected assessor.	5-10 motivated and interested health care staff with different background willing to be future assessors of BFH
Module 5	To make the assessment and/or designation of maternity facilities as truly, committed Baby-Friendly	Designation of a Hospital	3-day assessment facilitated by trained assessors	WHO/UNICEF acknowledged and trained hospital assessors

Notice:
Approximately **6 month**-period needed to implement change **between module 2 & 3**

environmental conditions for patients, staff and visitors and spread health promotion messages troughout the hospital and into the community.

The conference offered the opportunity to form a Scottish Network of Health Promoting Hospitals and Ms. Maggie Boyle, Chief Executive at the Trust, highlighted that such a Network would offer the opportunities to share experiences and examples of good practice. It will lend support to individuals and organisations wishing to develop the role of theHealth Promoting Hospital. The response for such a network was overwhelming and the first steps to developing such a network are already underway.

And Europe comes to Scotland!

The Stobhill Trust will host the Fourth Business Meeting of the International Network of Health Promoting Hospitals on the 27th, 28th and the 29th October 1994. Representatives from the twenty European Pilot Health Promoting Hospitals which form the Network, together with representatives from the World Health Organisation and the Ludwig Boltzmann Institute in Vienna who are responsible for coordinating the Network, will attend the Business Meeting. This meeting is the opportunity for the Pilot Hospitals to exchange experiences and to discuss the continuing advancement of the Pilot Hospitals allowing them to build on the already excellent progress of the Network.

The members of the International Network of Health Promoting Hospitals will attend a Civic Reception hosted by the City´s Lord Provost during their visit to Glasgow.

Information about the participating hospitals and their respective Health Promotion Projects, together with details on how to participate in a Scottish Network of Health Promoting Hospitals can be obtained from:

Ms. Anne Kaskonas
Health Promotion Co-ordinator
at the Trust on
041 558 0111 Ex 4047.

Anne Kaskonas, Glasgow

HPH Hospital Recruiting in Hungary

As the Pilot Hospital within the International Network, the Koranyi Institute in Hungary held a National Conference for Hospital leaders on 16 March 1994. The Budapest declaration containing the aims, targets and requirements of the Health Promoting Hospital project of the World Health Organisation was compiled in Hungary. At present the Koranyi Institute in Budapest is the only Hungarian hospital to have joined the International Network and plays a model role for other Hungarian Hospitals. The aim of the conference was to introduce the WHO special Health Promoting programme as one setting base project considering the hospital as the most important place for patients within the Health Service. A welcoming address was given by Dr. Nazlady, General Director and Dr. Halmos, President of the HPH Project. Dr. Buda, Director of the National Institute for Health Promotion emphasised in his lecture the important role of Health Education Programmes in public health to help the population achieve and maintain better health.

Dr. Karl Krajic, Secretary of the HPH Project, introduced the «Budapest Declaration» and gave a historical overview of the HPH Project presenting the philosophy of this project and the structure within the network. Yet lying to the process of implementing Health Promotion within the hospital setting and the importance of valuation in measuring the effectiveness of Health Promotion programmes. Dr. Kautzky, coordinator of the HPH Project from the Koranyi Institute presented the background aims and requirements of being a Health Promoting Hospital emphasising to the delegates the main points of the Ottawa Charter and Budapest Declaration. There followed a lively open discussion and debate regarding using Health Promotion as the vehicle towards achieving the main priorities of public health before the year 2000 within Hungary.

The success of this National Conference has expressed itself in a growing interest for the HPH Project among the population. There have been many interviews with the media and the National Broadcasting Network produced an hour long programme giving an overview of the Health Promoting Hospital Project emphasising the most important goals in achieving Health For All By The Year 2000. This radio programme allowed the opportunity for telephone questions and many listeners called up asking different health care problems.

To summarize we feel that the Health Promoting Project within the Koranyi Institute has developed quickly and encouraged, especially among medical staff and the general population a better lifestyle promoting healthier living conditions, less smoking and less alcohol abuse. We hope that the Health Promoting Hospital Project will serve as a model also in our country to preserve health and to prevent chronic fatal diseases.

Halmos Tamás; Kautzky László, Budapest

Health Promotion Programs at St. Vincent´s Hospital

A progress report on the success of some HPH initiatives at St. Vincent´s Hospital. Highlighted is the multi-disciplinary approach to Cardiac Rehabilitation, the advantage of an Asthma Nurse Specialist in Asthma Education and how World No Tobacco Day can be used to highlight the message that Non-smoking is the Norm.

Cardiac Rehabilitation at St. Vincent's Hospital

Coronary Heart Disease is the commonest killing disease in Ireland accounting for approximately 8,000 deaths annually. The cause of this disease is part genetic and part behavioural and environmental. Approaches to the management of these conditions include Intensive Care in the Coronary Care Unit, Coronary Angioplasty and Coronary Artery Surgery. None of these

are life-saving and provide the opportunity for continued efforts to prevent the disease from progressing. This process is called rehabilitation. The rehabilitation process involves a team of multidisciplinary health care personnel including physician, dietitian, behavioural psychologist, specialist in stress management and medical and nursing staff of the cardiology department. The principal aspects of the patient's lifestyle which usually require careful management are eating habits (to control cholesterol level in the blood), weight, smoking habits, physical activity, stress level, work, blood pressure and in particular instances other factors such as medication and effects of surgery.

Rehabilitation is now an established component of patient management in cardiology departments. While some hospitals use sophisticated procedures to improve physical fitness as a major component of rehabilitation, our concern at St. Vincent's is to establish a more personalised approach.

St. Vincent's Hospital was the first to establish a Coronary Care Unit in Ireland and continues to have one of the busiest units in the country and apart from rehabilitation clinical facilities have kept pace with modern advances. Since January 1993, four very successful Pilot Rehabilitation Programmes have been run by the Staff of the Cardiology, Preventive Medicine and Physiotherapy departments. Each programme ran for a six week period twice weekly in the Rehabilitation Gym. The programme comprised:

- Educational Sessions
- Exercise Training Sessions
- Individual Counselling Sessions

Lectures were given on the anatomy and physiology of the heart, the nature of myocardial infarction and mobilisation after a coronary. Lectures were also given on healthy eating, smoking cessation, control of blood pressure and stress management. The family of the patient were invited to attend the Education and Exercise session on the last day of the programme. The exercise training programme was divided into warm-up exercises, training circuit and cool down exercises. Considerable time at the end of each session was spent in teaching relaxation techniques to the patients. The programme was evaluated by a questionnaire and the feed back was very encouraging.

It is expected that the programme will be run on a full time basis from this September, when a Rehabilitation Co-ordinator and Physiotherapist will be appointed by the hospital board. For the present, ongoing couselling for the cardiac patient continues to take place in the Coronary Care Unit. The Unit holds once monthly multidisciplinary educational rehabilitation meetings for both the in-patient and out-patient.

Elizabeth Dinn

Asthma Education Centre at St. Vincent's Hospital

Asthma is a chronic condition. It is treatable and so it is surprising that in the Western world it is increasing in prevalence and severity. In Great Britain, 6% of the population suffer from Asthma, while in the Republic of Ireland 3-5% of the population are affected by it. It is responsible for the loss of a considerable amount of time from school and work, and prevents many people leading normal lives.

Treatment options for Asthma have increased, but it is still difficult to obtain satisfactory control of asthma symptoms. Recent published guidelines on asthma management emphasise the importance of patients having their own action plan in the event of an exacerbation and education is a vital part of asthma management. The Asthma Centre in St. Vincent's Hospital was established to address this problem of patient education. Here, a formal education programme is utilised. The Centre is staffed by an Asthma Nurse Specialist who has access to all Asthmatic patients attending the hospital, both in the Out-patient Clinics and in the work setting.

In the first six months of 1994 the Asthma Centre catered for 800 patients, 350 were seen while in-patients in the hospital, 270 in the out-patients department and 180 in the Asthma Education Centre. Some patients needed return visits which brings the total number of consultations with the Nurse Specialist to 1,070.

The role of the Asthma Nurse Specialist is foremost that of an educator regarding:

- Better patient understanding of Asthma as a medical condition.
- Increase patients knowledge of their medication, ie. benefits, side effects, mode of action.
- Improve technique in use of inhaled medication ie. MDI, spacers, nebulisers.
- Instruction in home peak flow monitoring.
- Provide written information on all aspects of Asthma care and self help groups, ie. Asthma Society, Stop Smoking, Biofeedback.
- To impart information on financial matters, ie. cost of equipment, medicines, benefit entitlements.
- Assistance with impact of diagnosis on the family, work and socially.
- To assist in the education of the student nurse and post registration nurses as requested.
- To engage in research.

Time is a great asset in the Asthma Centre. The length of appointments can vary to suit the needs of the patient and these needs will also dictate the number of visits made by the patient to the Asthma Centre. One can therefore build up a relationship with the patient to explain and reinforce the need to follow treatment plans and explain the rationale behind these.

Deirdre Donahy RGN

World No Tobacco Day at St. Vincent's Hospital

To highlight this special day in the WHO calendar two Stop Smoking in-

formation stands were set up in the hospital by our nursing staff. They were located in the main hall and outside the hospital´s canteen.

In 1993, 28% of patients hospitalised for treatment of acute coronary heart disease were current smokers. This figure mirrors the percentage of smokers found in the general Irish population. We, at St. Vincent´s Hospital continue to address this problem by offering the individual facilities where they can learn how to change and stop their smoking habit.

Individual counselling by trained

and out-patients.

Stop Smoking Courses at:

- Hospital
- GP Practices
- Community Schools/Centres
- Worksites

- Once a month Stop Smoking Session. These sessions are held in a drop-in centre, where the smoker can come to learn about the Stop Smoking courses and where the smoker, who has already quit can receive continued support.

To date the uptake of these facilities by our cardiac, asthma and diabetic patients has not been as good as anticipated. However, a demand for these services has been established. The greatest demand so far, has come from people living within our catchment area and from family members of patients.

In common with other health messages, the riple effect from this type of education has been to heighten awareness. In addition when counselling the individual, we believe that the availability of real assistance for the smoker further helps to communicate the message «it´s better not to smoke».

Pauline Kelly RGN RM

2nd International Conference on Health Promoting Hospitals, Padova, April 1994

- **The conference was convened to focus on the development of HPHs by the strengthening of intersectoral and community action and to debate the specific issues of nutrition and tobacco in hospital settings. With keynote preventions and parallel themed workshops the conference provided encouraging evidence of success to an international audience.**

The 2nd International Conference on Health Promoting Hospitals (HPH) took place in Padova on April 15-16, 1994.

The aim of the Conference was to discuss the development of health promoting organizations by strengthening intersectoral and community action and to debate two specific issues, nutrition and tobacco, which could stimulate hospitals to become health promoting organizations.

The principle aim of the international conference is to introduce the interested hospitals to the work of the Pilot Hospitals network and to stimulate the creation of networks for national and specific issues.

The 2nd International Conference was opened by the Minister of Health of the Veneto Region, the Rector of the University of Padova, the Mayor of the City of Padova (which is a WHO Healthy City) and the Administrator of the Local Health Unit No 21 which run the Hospital and University Medical Centre.

The objectives of the HPH projects were discussed by the representatives of WHO/EURO, the Hospital Committee of the European Community and the Ludwig-Boltzmann Institute as Coordinating Centre of the Pilot Hospitals Program.

The presentation of the Padova Project concluded the first plenary session. This local project includes 5 seperate sub-projects.

The «Smoke-free Hospital» sub-project is an important step towards a global intersectoral action in which the Hospital, the Primary Health Services and Social Services, the «Healthy Cities» project of the City, the School Superintendent and other societal components are working together to impact on community health. The objectives of a «Smoke-free Hospital» must be reached through the compliance of health workers and the population which are asked to contribute, and develop an awareness both of the risks related to the use of tobacco and the rights of everyone to breathe smoke-free air in public spaces.

The «Occupational Risks for Health Workers» sub-project is part of a much wider safety and preventive medicine program for the hospitals workers. The aim of this program is to prevent professional injuries and promote the health of the personnel by identifying and monitoring the risk factors in the workplace, formulating guidelines to reduce them, keeping each person exposed to risk under health surveillance, and promoting training course.

The sub-project about aging population began with an attempt to establish a population-based review of the hospital services utilization as a tool to measure the situation before any intervention. During the Conference two specific actions (the survey on patients falls in the geriatric department and the analysis of the problem of bedsores in geriatric patients) were described.

«The Quality Improvement of the Birth» sub-project aims a making effective the recommandations on appropriate technology for birth, that were published by WHO in 1985.

The «Nutrition and Health» sub-project is a wide-ranging initiative targeting inpatients and hospital health workers on one hand, and the population, especially school-age children , on the other. The hospital aim is to deliver «healthy» food both microbiologically and nutritionally, while the primary objective regarding the population is teaching correct food habits.

During the second plenary session, the Conference dealt with the models of health promotion and organisational change for HPH. It was about the strategies of health promotion within HPH to create a healthy working and living environment.

The problem of integrating health promotion and health education into daily activities was discussed with particular

reference to the ways to outreach into the community in the form of health promoting alliances.

Another topic was the reorientation of hospitals and health services for intersectoral action, with the aim of satisfying the consumers with an appropriate response to their needs and current expectations.

Strengthening community action and loosening rigid armoured structures by developing a community health plan was the third topic discussed during the session.

The four Concurrent Sessions dealt with the specific issues on tobacco and nutrition, as well as on national network and other experienes.

The Conference had a quite good audience and roused a great deal of national interest. The international audience, on the contrary, was below our expectations. Probably the international mailing-list does not include the key persons within the hospitals and needs to be updated. In addition the announcements of the Conference should be mailed in advance.

Another limit of the Conference was the excess of the Concurrent Sessions. Initially three Concurrent Sessions were planned, but we were asked to organize one more. This determined a distribution of the participants on Saturday afternoon sessions (with a small number of persons in the conference rooms) and affected the posters session, which was previously planned in the room where the fourth concurrent
session took place.

Reviewing the balance of success and failure, we feel that the 2nd International Conference had a good outcome for the national audience and we hope also that it will be an important step in the development of the international HPH initiative.

Carlo Favaretti, Padova

3rd Business Meeting in Padova

- **The 3rd Business Meeting of the European Pilot Hospital Project discussed documentation, evaluation, funding, regional networks and other relevant issues**

The Third Business Meeting of the International Network of Health Promoting Hospitals was held in Padova on the 13th and 14th of April 1994.

Dr. Heinrich Ahlemeyer from Münster acted as facilitator and there were representatives present from WHO, Ludwig Boltzmann Institute, Consulting Instituions and the twenty Pilot Hospitals.

This Business Meeting considered a number of key issues and the exchange of ideas was both challenging and stimulating.

At the commencement of the meeting the opportunity was taken by participants to identify those issues and areas that required specific deliberation over the two days available. It was established that there were a number of recurring themes

- the limits of project development i.e. internaional limits, links with the community and staff involvement
- visibility, creating and evaluating visibility/identity of the network. Marketing strategies for the network and how to develop more visibility within Europe
- evaluation and documentation, how to link evaluation of projects across project type and/or countries of the HPH network. The need for a standardised form of documentation and evaluation. The establishment of levels of evaluation and the development of common criteria/indicators for projects.

Other issues identified included:

- partnerships
- the role of external consultants
- funding
- project continuation after 1996

Considerable time was devoted to exploring the potential for further development of the networks at national and regional levels.

The rationale behind this progression and extension of the existing Pilot Hospital Network it was suggested was to:

- Promote the development of projects aimed at facilitating health promotion in Europe
- Co-ordination of the exchange of ideas and experiences and the encouragement of further co-operation
- Ensure that limited resources were effectively used
- Identify areas of common interest and to develop programmes and evaluate principles.

The three Task Force groups previously set up to examine funding, external consultants, and documentation and evaluation reported progress to date and received valuable feedback from the membership present in order that they might plan and progress further work. A fourth task force on the relationship of the Pilot Hospitals to other HPH-networks has been set up.

The last session of the meeting provided feedback on the perceptions, content and achievements of the Padova meeting.

It was unanimously felt that this meeting had been constructive and whilst certain issues needed further debate, participants felt that the Task Forces in particular were well developed and yielding valuable work.

Susan Roberts

Upcoming Events

3rd International Conference on Health Promoting Hospitals, Linköping, Sweden, June 1-2, 1995

This is the first official announcement of the next International Conference on Health Promoting Hospitals in Linköping.

The 3rd International Conference will be hosted by the University Hospital in Linköping, Pilot Hospital of Health Promoting Hospitals, and organized by the International Network of Health Promoting Hospitals, represented by WHO-EURO and the LBI in Vienna, supported by the Linköping WHO-Collaborating Centre for Hospitals and

Quality of Care. The Hospital Committee of the European Community and the International Hospital Federation have been invited to collaborate in the organization.

The program will include three keynote lectures, several workshops and a poster session. The Topics will include: Experiences from the European Pilot Hospital Project and other Member Hospitals in setting up health promotion programs and developing into health promoting organizations; further development of conceptual issues of Health Promoting Hospitals; development of Thematic Networks: Healthy Nutrition Policies, Tobacco Free Hospitals and a new topic (still to be determined); development of National and Regional Networks.

An announcement and a call for papers will be issued in November 1994.

Local Contact:
Dr. Margareta Kristenson
University Hospital Linköping
Unit of Preventive Medicine
Universitetssjukhuset Linköping
S - 58185 Linköping
Tel: ++46/13/22 50 75
Fax: ++46/13/22 29 29

Care, Cure & Prevention A European Approach; Conference Announcement

Broomhill Hotel, L/Derry
Northern Ireland, United Kingdom
31st October 1994

Care, cure & prevention form the cornerstone of current health care provision. This conference highlights the conceptual challenge of the Health Promoting Hospital and outlines the potential benefits in terms of organisational development, health gain and the provision and delivery of care.

Program from 9 - 4.30 including:

- Keynote lectures by Mila Garcia-Barbero, WHO
  Jürgen M. Pelikan, Ludwig Boltzmann Institute Vienna
- Presentation of Subprojects at Altnagelvin European Pilot Hospital of the HPH-Network
- Workshops Linking Theory & Practice:
  Lifestyle Survey
  Diabetic Care
  Environment and Respiratory Disease
  Streetsmart
  Health Promoting Ward Aberdeen

Conference Fee: £ 95

For further information contact:
Mrs. Annie Courtney
Health Promotion Co-ordinator
Altnagelvin Area Hospital
L/Derry
Tel: ++44/504 45 171

HPH - Newsletter - Call for Papers

- **Contributors to the Issue 5/ 1995 of the HPH-Newsletter should follow the guidelines presented below. Deadline: January 31, 1995**

The fifth issue of the HPH-Newsletter is scheduled to be published in April 1995. Short contributions in English language on issues relevant to the development of the HPH are highly welcome. Please don´t exceed 750 words; if you think it would be very important to make a longer contribution, please confer the editors first
(c/o Dr. Karl Krajic)
Deadline for contributions: January 31, 1995

Please forward your contribution to the Coordinating Centre on paper and disc (3,5 inch disc for MS-DOS computers; format Word for Windows or ASCII). Please do also include a very short information on the author of the contribution and her/his function (max. 15 words).