Newsletter

No 6 - December 1995

Editorial

The HPH Newsletter is a medium not only for the presentation of models of good practice, but also for theoretical and strategic discussion on the further development of HPH. This is well reflected by the two initial contributions in this issue: Johannes Vang, one of the founding fathers of the European concept of Health Promoting Hospitals, presents a critical analysis of the HPH development so far. In his perspective, Health Promoting Hospitals has proven very succesful to stimulate action programs and sub-projects to develop participating hospitals into healthier settings for patients and staff. On the other hand, the potential of the HPH concept to stimulate a reorientation of Health Services towards Health in his perspective is not yet sufficiently exploited. Development and implementation of systematic measurment of health outcomes - health gains - of the action of health services is a necessary step towards a reorientation of hospital management practices towards health. Risteard Mulcahy, the new chairman of the Irish National Network of Health Promoting Hospitals, also argues for an explicit reorientation of hospitals towards health and develops a wide variety of options hospitals have to contribute to health.

The case study section addresses some of the central issues of the setting approach perspective of Health Promoting Hospitals - as Johannes Vang might put it. Eilish Duggan reports on the evaluation of the impact of a backcare program for nurses in the Dublin Pilot Hospital. Agnes Wechsler-Fördös presents results on the impact of the establishment of an interprofessional hygiene team at the Vienna Pilot Hospital. From Londonderry, Eithne McColgan reports on a comprehensive programme to promote health through nutrition.

The section closes with a report on a member hospital in Kaunas, Lithuania. Kaunas Academic Clinic has developed action programmes in many central areas of HPH and asks for European hospitals who are prepared to twin with them in specific project areas.

The "Network" section contains information on the further development of the Irish National Network of Health Promoting Hospitals and the preparation of the Austrian National Network. Finally we would like to draw your attention to the very close deadline of the next issue ot the Newsletter - please forward your contributions to the Coordinating Centre till February 20!

Jürgen Pelikan

Karl Krajic

What does Health Gain Orientation Mean for Hospital Management

Johannes Vang argues to stress the reorientation of hospitals towards measurable health gain in the next phase of the HPH developement

The health promoting hospitals (HPH) movement is concerned with the creation of health - and more specifically, health for all.

It has two major primary objectives:

- The reorientation of hospitals towards health and society; and
- The role of the hospital as a setting for health development.

It is therefore concerned with both hospital management and health promotion. The conceptual and historical development of the initiative is that over the last quarter of this century perspectives with regard to health and illness have changed significantly. Health has come to be seen as not just the absence of disease but to be a broader concept which relates as much to social roles and functions as to physical fitness. It deals as much with coping with functional loss as it does with the ideal physical condition. The concept of health promotion is slowly but surely beginning to dominate over the traditional concept of disease prevention. Health promotion is a positive 'umbrella' concept that relates to social and personal well-being as well as to improvements in physical capacities.

The creation of health as opposed to simply the prevention of disease therefore becomes a broad social undertaking which reaches beyond the scope of health services alone.

It also strengthens the roles and responsibilities both of the individual and of society at large whereas previous health paradigms often functioned to reinforce the roles of professionals, principally in medical domains. If hospitals are to fully engage in this development it will be necessary for them to 'open up' to society and to wider social and commercial pressures for change influencing health care systems as a whole.

Newsletter 6 - 95 Content

Health Promoting Hospitals

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

Published by the Coordinating Centre for the Internationa Network

Editor-in-Chie Jürgen M. Pelikar

Associate Editors Karl Krajic Hubert Lobnig

Editorial Assistan Martina Peclinovsky

Chair of Editoria Boarc Milagros Garcia Barbero, WHO-Eurc

Editorial Boarc

Dominic Harrison Prestor
Anne Kaskonas Glasgow
Anne-Laurence Le Faou, 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 Sponsored by the Austrian Federa Ministry of Healtr

Universitätsstr. 7/2
A-1010 Vienna
Austria

Phone
+43 1-402 93 60 - 25
Fax
+43 1-403 93 63

World Healtr Organizatior Regional Office for Europe

8, Scherfigsve
DK-2100 Copenhager
Denmark

Phone
+45-39 17 12 7(
Fax
+45-39 17 18 7(

This change of attitude is reflected in the changing legislative framework for health currently being enacted in many countries. It is also reflected in declarations such as the Alma-Ata Declaration, the European WHO Health For All target document, the Ottawa Charter, the Budapest Declaration and in academic discussions at universities and in schools of public health. In this new climate the present orientation of health services seems less clear. This is particularly true for hospitals which are highly focused on diseases and on providing technical solutions to the problems of ill-health. Managing improvements in cost effectiveness within increasingly expensive hospitals is difficult without measuring the results of health care activity. Traditionally management has used the parameters of bed occupation rates, operations, and clinic visits as measures of activity but these indicators only signify elements of the process of health care and can only accurately account for the nature and volume of activity. Measuring these indicators places emphasis on something which is not the objective of the activity.

The goal of health care activity is to improve health and reduce suffering. These goals can only be measured qualitatively. They were therefore disregarded by traditional reductive science, which until recently dominated medicine which in turn dominated health care. However, during the last three decades, instruments have been developed which measure health and health improvements in a valid and reliable way. This has opened the way for outcome oriented management.

In 1986 the Ottawa Charter for Health Promotion was developed and published. Shortly after this, the WHO European Office held the first consultation on the role of hospitals in health promotion and the role of health promotion in hospitals and the concept of the Health Promoting Hospital was born. The concept was created by a fusion of two influences: one from the hospital management field and one from the health promotion movement.

From the management field, the issue at stake was health outcome or result orientation. Central to this concern was the development of measures which would reflect the health goals of the undertaking and measure the degree to which these goals had been fulfilled. The intended outcome of medical interventions by health services can be defined as health gain. Medical interventions themselves should therefore be evidence based. Health gain interventions should reflect not only professional views but the patient´s own view, social perspectives and values in relation to their role and function, in accordance with the WHO definition of health. Hospitals should be health outcome orientated. This concept was seen as being in harmony with the reorientation of health services proposed in the Ottawa Charter.

The health promotion movement contributed the notion of the hospital as a 'setting' for health development. There were two aspects to this. One was the creation of the hospital as a healthy workplace itself. The other was the concept of the hospital as a centre for information on health development and an agency for health education with the public. The former issue required a revision of both structural and functional components of hospitals and the latter demanded the reformulation of a new and wider mission for the hospital which would strengthen its role in society at large - by using its wealth of knowledge and experience to actively support health development in its catchment area. (Helmut Mitz and Johannes Vang: Health Promotion Vol 3 no 4 1989).

The means of achieving this was to be health education of both patients and hospital personnel as well as the opening of channels into the local communities for a more intimate interaction in relation to health issues.

The fundamental principle of health promoting hospitals is that the two major objectives, the managerial and the development of a health promoting 'setting', should be mutually supportive. They should in fact represent two sides of the same coin which is valid as a currency for both reorientation and development.

Since the inception of the Health Promoting Hospitals Network it has been possible to use hospitals as a location for many sub-projects. These sub-projects have had many different aims and objectives. They have enhanced the hospital as a workplace, increased the interaction of hospitals with their local communities, improved the quality of health care and have played a role in supporting the health promotion concept. Many of these sub-projects have undoubtedly been extremely helpful in readjusting health services at an operational level.

The managerial reorientation of health services towards health has been less successful. Measuring health and health gain and introducing outcome-managed care has been driven less ambitiously. This is probably because it is more difficult. It is possibly also because it addresses itself to a group of civil servants and administering physicians with a different perspective and a frame of reference more embedded in the traditional „hermeneutics". The problem of 'reorientation' is therefore still burning and its resolution is of great current interest.

Within traditional frames of reference, studies are carried out to determine whether or not a given intervention is efficacious which generally means that it works under controlled conditions, in the hands of committed professionals and according to their standards.

Sometimes studies are carried out to check if methods are effective, meaning that they work under ordinary routine circumstances. Sometimes one may even measure efficiency which describes the maximum output for a given set of input. But, the outcome for the patient, the endpoint of the process, measured according to the patients standards, is not regularly measured. The impact, the effect of an intervention on the population as a whole is rarely described. The reason for this is that health services and hospitals in particular are very process-oriented, and consequently the process is monitored and controlled. There are many reasons for this, one is the view of the patient's role, another one is the general belief that health cannot be measured.

Measuring health status is, however, not a new invention. Selfreported health

instruments have been used very often within health service research and particularly within the area of life quality research. The development of the caring sciences has further advanced the use of instruments such as the Nottingham Health Profile, SF-36, SF-20 and others. The use of these instruments has mostly been seen as too elaborate to be useful in routine parctice. But are they? Without a reasonable standardized measurement of the results of the activities, how can we defend the use of resources? Moreover, whose standards are important, the profession's, the patient's, the public's? The present orientation towards health and health promotion places emphasis on the individual, on empowerment and participation. The outcome of health interventions will therfore have to be evaluated with the perspective of the patient's experiences and not with those of the professional eye alone. The development of useful health measures for routine use is therefore mandatory. The introduction of such measures is facilitated by modern information technology and computers being able to read questionnaires. To have knowledge about the health outcome and health gains which can be expected from different medical interventions is not only important for the professionals. For the public this means to be empowered and it offers the possibility for taking part in the decison making process.

For health promoting hospitals measuring the health outcome of interventions is therefore important. The task lying ahead is to start to use and improve the research instrument for health measurement in the daily hospital work. Defining the areas in which such measures are especially important and in which they are less meaningful or useless is very important.

- To find new indicators and ways of studying the caring chain.
- To develop generic instruments which make it possible to compare different illnesses and methods of treatment and to prioritize.
- To develop disease-oriented indicators which make it possible to compare over time and between institutions.
- It is also important to evaluate the effects of the sup-projects on health in the catchment area of the hospital. Interventions for general health development are defendable only if they actually lead to improved health of the population or parts of the population.

To strengthen the power of the Health Promoting Hospital Project it seems necessary to improve the balance between the sub-projects of the 'setting' and the projects which aim at 'reorientation' of hospital management towards outcome measured as health gain.

Johannes Vang, Linköping

The Health Promoting Hospitals Network

- **A voice from Ireland asks for hospital reorientation: new services, improvement of services, decrease of problematic services**

Linkoping, the fourth largest city in Sweden, was the scene of the Third International Congress of Health Promoting Hospitals on the 1st and 2nd of June 1995. Because the proceedings at this congress may presage important changes in the health care philosophy of our countries, it might be worth recounting some details about the European health promoting hospitals movement.

The public health problems of to-day differ fundamentally from those of fifty years ago. Then society was largely concerned with the high mortality from the contagious infections - tuberculosis, polio, pneumonia, diphtheria - and the effects of poverty, destitution and malnutrition. The individual had little control over these public health problems, and expectation of life was necessarily limited. Today we are faced mostly with the degenerative or chronic diseases, the non communicable diseases as defined by the World Health Organisation. These include heart disease, stroke, and cancer, which between them cause more than 70% of all premature deaths in Western society.

During the last forty years, epidemiology and other forms of medical research have identified the principal causes of heart disease, stroke, and some forms of cancer. Through this acquisition of knowledge, and thanks to recent public health education programmes, we, unlike our grandparents, can now adopt sensible means to protect ourselves and our families from illness and premature death from these causes. Already the benefits of this knowledge is apparent from the recent substantial decline in coronary disease and stroke mortality in many Western countries in men and women, by the commencing decline in lung cancer in men, and by a concomitant improvement in life expectation. Modern methods of treatment of heart disease and stroke are also contributing to the decline but it is clear that changes in smoking and eating habits, and improved treatment of high blood pressure and blood fat disturbances, are having a major influence.

The importance of the preventive approach in combating the unacceptably high mortality rates from heart disease and stroke is recognised by all the international health agencies, including WHO and the worldwide heart foundation movement.

WHO in 1985 sponsored the Healthy Cities Campaign aimed at encouraging healthy living among the urban populations in Europe. Dublin was a founder member of this programme. Shortly afterwards, in 1988, the Health Promoting Hospital Network group was formed with WHO support. This organisation aims at widening the scope of European hospitals as community health care centres. The programme effectively started in 1990 with the HPH pilot programme and included 20 hospitals from almost as many European countries. The James Connolly Memorial hospital in Blanchardstown and the Altnagelvin Hospital in Derry were among the 20 pilot hospitals. About 30 other European hospitals, including St. Vincent's Hospital in Dublin and Letterkenny General Hospital in Don-

egal, are now associate members of the group, and are eligible to become full members in 1996. The three member Irish hospitals, as well as the Eastern and Midland Health Boards, and the Department of Health, were represented at the Congress. Several papers and poster exhibits were presented by the Irish delegates.

The philosophy behind the HPH movement is based on the hospital's potential to influence the public in relation to health matters. In the context of our current public health problems, our hospitals play too narrow a role in promoting the health of the community. They are essentially institutions dealing with sickness and infirmity, and, because of the nature of the chronic non communicable diseases, their role is more often palliative than curative. They probably have little influence on that demographic barometer of mortality, life expectation. And, if health matters can be measured in terms of cost efficacy, the modern hospital devoted to high technology diagnosis and treatment is by far the most expensive component of our health service. It is also reasonable to say that our hospitals, because of their almost exclusive commitment to treating the sick and because of the advent of high technology, are ivory towers with an elitist image, remote from the voluntary health agencies and the public, and even from the community medical services. They have too little concern with health promotion and disease prevention.

The HPH movement may change all that. Its philosophy holds that our hospitals, while continuing to treat the sick, should adopt wider functions aimed at promulgating the health of the community. The health promoting hospital will become a centre in close contact with the local general practitioner and the community. It will lead the community in matters of health education, and it will provide more effective continuing care and secondary prevention for the chronic sick and disabled. It will attempt to validate those diagnostic and treatment methods which, although widely practised, remain of unproven value, and it will encourage a more holistic programme of education for its health personnel.

In Ireland, with one pilot hospital and two associated hospitals already committed to develop the health promotion concept, there is already considerable interest expressed by administrators and hospital doctors elsewhere in the country. It is hoped to establish a network of Irish hospitals which will join the movement, and such networks are already forming in other European countries. Health promoting networks are also proposed or are being developed in our Irish prisons and schools, and it is apparent that our various health boards are becoming increasingly involved in such projects. I have little doubt that a network of participating hospitals willing to adopt the philosophy of the HPH movement will add hugely to the health of the people of Ireland, and will remove this country form the invidious position of having one of the worst life expectation records in Europe.

It will not be easy to advance the ideals of the HPH movement. Hospital staff needs to set an example to the public in matters of healthy eating, exercise, and alcohol and smoking control. At undergraduate and postgraduate level, the education of doctors and nurses should emphasise the increasing relevance of health promotion in our health services. Many of our consultant staff have opportunities within their own specialties to advance preventive as well as therapeutic services, and nurses have a proven role in advising people about the maintenance of good personal and family health, and about the attainment of a good quality of life. Doctors must also be more critical of the relevance of many current treatment methods and of the frequent complaints by the public about poor communication between doctor and patient. The current escalation of medical litigation can be partly attributed to this latter problem. All members of hospital staff must face the dilemmas of cost control.

Above all, the Department of Health must insist that a proportion of the hospital budget is devoted to primary health activities. Even one percent of our current hospital budgets devoted to health promotional services would greatly advance the objectives of the HPH programme. I believe the influence of the Department is paramount in achieving these objectives.

Risteard Mulcahy, Dublin

Ergonomics study - Adapting the Environment to Man, rather than Man to the Environment

An evaluation study of a 'Backcare Sub-project'in Dublin finds positive effects of ergonomic interventions

James Conolly Memorial Hospital, the Dublin pilot hospital in the HPH network carried out this study as part of their 'Backcare Sub-project'. The aim was to test whether ergonomic changes would reduce significantly physical stress caused by nurses workload.

Backpain is an affliction that affects about 80 % of the population in Western countries and sadly the indications are that it would seem to be on the increase. Back injuries are usually the result of an accumulation of insults and misuses of the back. These injuries can accumulate a little bit each day until a point is reached, when the mechanics of the back fail and pain occurs.

Ergonomics has been defined as the study of man's behaviour in relation to his work (Grandjean 1988). Basically ergonomics proposes adapting the environment to suit man rather than vice versa. The main aim of the ergonomics study was to examine the importance of doing just that, in relation to nurses, their backs and their physical workload.

The primary objectives of the ergonomics study were to: (1) identify the ergonomic problems associated with the work carried out by the nursing personnel on a longstay geriatric unit and (2) to test whether the physical load on the musculoskeletal system of the workers could be reduced by introducing ergonomics intervention on the unit.

It was vitally important that baseline

information was collected and recorded before any intervention could take place. Therefore, accident reports from the unit were reviewed in order to establish the incidences and nature of previous back injuries. Information was also gathered from the nurses on their history of back injury and the causes of these injuries. The nurses back, arm and leg stregths were measured and data was gathered on the physical and cognitive abilities of the patient group. Work sampling was used to define all the tasks carried out by the nursing staff and to determine the percentage occurrence of each task during the working day. Posture analysis was then carried out on the patient care activities that were identified during the work sampling study. Finally, ratings for perceived exertion were carried out by the nurses on the tasks that they identified as being stressful.

During the intervention phase of the study, changes to the working system included a new adjustable height bath, a flat access shower unit, new patient lavatories, a height adjustment to the medication trolley and new bedside rails to mention a few. Loading on the musculoskeletal systems of the nurses were also measured following the introduction of the ergonomics changes using (1) workers perception of the exertion and (2) posture analysis.

Evaluation using both these measurement tolls indicated that (1) harmful postures and (2) nurses perceptions of the exertion in the lower and upper back, decreased significantly with the ergonomics interventions. However, while there was a decrease in the nurses perception of the exertion in the whole body and shoulders, when performing stressful tasks, this was not found to be statistically significant.

From these results, we can conclude that the ergonomics intervention did reduce the physical load on the nurses' backs. One would therefore expect a substantial reduction in sick leave due to back complaints. However, this assumption could only be validated by long term monitoring of sickness records and accident reports. This monitoring is planned as part of the Backcare Project.

Eilish Duggan, Dublin

Progress Report of a Multidisciplinary Hospital Hygiene Team

The establishment of a multidisciplinary hygiene team in the Vienna Rudolfstiftung Pilot Hospital demonstrates very encouraging results

Hospital acquired infections are a major cause of concern for healthcare facilities today. Research has shown that approximately one in every fifteen patients acquires an infection during their stay in hospital. In the German Federal Republic alone in 1987, this amounted to 700.000 patients. Besides the personal suffering involved for the individual patient, this resulted also in additional costs of about 0.5-1 billion German Marks (1985).

With this problem in mind, the staff of the Rudolfstiftung Hospital in Vienna decided to initiate their own organizational development project in 1990, as part of the WHO-model Project 'Health and Hospital'. During the first year a full-time hygiene team was set up, consisting of two Infection Control Nurses and a doctor in charge of hygiene (=Infection Control Doctor) for a 'Schwerpunkt-krankenhaus' with 740 beds. The team also cooperates closely with a member of the bacteriology laboratory. The Hygiene Team is directly subordinated to the Directorate and has as its advisory council the interdisciplinary, interherarchical Hygiene Board. To ensure further close cooperation and communication, Hygiene contactpersons have been established within every ward of the hospital. However, all important decisions concerning hygiene are taken by the Hygiene Commission which consists of Management, the Hygiene Team, two members of the Hygiene Beirat and personnel representatives.

Results from the initial subprojects undertaken by the hygiene group are extremely encouraging. These included the following:

- Antibiotics Usage. It is well known that an inadequate use of antibiotics leads to the development of multi-resistant hospital germs and thus causes considerable expense to the hospital. To improve the usage of antibiotics, an antibiotics list consisting of standard substances and reserve substances was compiled. After just one year, results revealed that a 98% compliance rate with the list had been achieved and the fact that 81% of the prescriptions were standard substances was considerably better than our original goal of > 75%. Another significant result was the 15% decrease in antibiotic resistance, in four of the most common pathogens. In addition, a side effect of the subproject, was the 1.2 million AS saved in expenses (4.61% compared with the previous year). A significant finding, as one must bear in mind the fact that without any intervention the cost of antibiotics in Austria increases by 4-8% every year.
- Use of Disinfectants. The huge variety of products now available and the lack of proper instructions and directions for their application carries the risk of incorrect usage. The Hygiene Team, by reducing the number of substances in use, by drawing up clear sets of directions and by providing staff with better information and training, were able to achieve the best possible results in the use of disinfections. Results have demonstrated a 98% compliance in the ordering of disinfectants, a 34% reduction in product variety and a 38% decrease in the use of spray cans containing aldehyde (which constitutes a health risk) resulting in a saving of about 180.000 ATS.
- Multi-resistant Hospital Germs. Multi-resistant hospital pathogens pose a serious problem for hospital staff, particularly in the prevention of cross-infection. Nonetheless, precautions and prevention are often neglected, as a result of inadequate knowledge of the problem and its consequences. After an extensive information campaign however, adequate isolation measures have now become part of the hospital routine.
- Change in problem awareness among staff. The number of queries concerning hygiene received from staff members

Health Promoting Hospitals

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

List of authors

Mag. Alice Grundböck
Project Coordinator
Ludwig Boltzmann-Institute
for the Sociology of Health and Medicine
Universitätsstraße 7/2
A-1010 Vienna
Tel: ++43/1/402.93.60-31
Fax: ++43/1/402.93.63

Ms. Eithne McColgan
Chief Dietitian of the Western Health Board Area
Altnagelvin Area Hospital, Londonderry
Glenshane Road
UK-Londonderry, N.Ireland BT47 1SB
Tel: ++44/1504/45.171
Fax: ++44/1504/31.10.20

Prof. Risteard Mulcahy
Consultant Cardiologist and
Professor of Preventive Cardiology
St. Vincent's Hospital & University College, Dublin
Education & Research Centre
St. Vincent's Hospital
Elm Park
IRL-Dublin 4
Tel: ++353/1/283.9444
Fax: ++353/1/283.8123

has increased steadily each year. In 1993, 108 queries were registered by the Hygiene Team. In 1994, this increased to 221 and by mid-October 1995, the Hygiene Team had been consulted 345 times by staff members. This steady increase is yet another indicator of the greater awareness of hygiene problems among staff and the degree of acceptance that has been achieved for the work of the Hygiene Team.

Agnes Wechsler-Fördös, Vienna

Promoting Health through Nutrition

The Pilot Hospital in Northern Ireland has developed a complex programme to promote healthy nutrition

In 1987, the Western Health and Social Services Board of Northern Ireland launched a Food Policy in response to the publication a few years earlier of reports by The National Advisory Committee on Nutrition Education and The Committee on Medical Aspects of Food Policy. These reports made recommendations for a healthy diet for the general population. It was recommended that people should decrease the amount of saturated fat, salt and sugar in the diet and increase the amount of fibre (non-starch polysaccharides).

In implementing the Food Policy, great efforts were made training efforts were made for hospital catering staff in order to ensure that healthy options were available in all the Board facilities. As time went by, interest in the Food Policy waned. Becoming a health promoting hospital provided a stimulus to revive interest in promoting a healthy diet hence, the Nutrition Project was born.

The purpose of the project is:

- to create a greater awareness of the link between food and health among patients and staff in Altnagelvin Area Hospital.
- to extend the awareness into the Community by influencing visitors to the hospital and by networking with commercial firms.

In support of this, a Nutrition Project Team was set up with representatives from Catering, Dental Health, Nutrition and Dietetics and Health Promotion. The team meet together over working lunches every couple of months to discuss ways of bringing the project forward.

Training of catering staff was carried out and due to the rapid turnover of personnel, it was decided that this training should be ongoing.

Seminars were organised for wardbased nursing auxiliaries since they assist with the service of meals to patients and have the opportunity of drawing their attention, where appropriate, to healthier choices.

Information leaflets on the Food Policy are issued to all staff on appointment and are sent out with patient information for all planned admissions.

Healthy options are highlighted on a newly designed menu board in the staff dining room and display markers are used along the food servery to highlight both the healthy options and the foods with a high fat content. A healthy food choice is offered as “Meal of the Day”. A series of themed promotions are planned and despite initial resistance from customers, a “Chip Free Day” has been introduced each week and it is intended to follow this up with a “No Fry Day”.

Vending machines advertising well known high sugar drinks have been changed to machines containing pure fruit juice, milk and sugar-free drinks by liaison with the concessionaires.

In the hospital foyer, there is a poster and leaflet display on nutrition. In the same area the shop now sells fresh fruit and cookbooks for healthy eating and the snack bar adapted its food to include healthy options.

In the near future, a local supermarket will provide a display and demonstration in the hospital on how to use the more exotic fruit and vegetables. The captive audience will be mainly the general public who come in large numbers at visiting time. Other supermarkets will be invited to follow suit in due course. Media coverage is planned for these events so that as many people as possible are positively influenced.

At the outset of the project, questionnaires were distributed to a random sample of all categories of staff to determine the current level of knowledge and behaviour regarding diet. This exercise will be repeated in 1997 as part of our evaluation strategy.

Bringing about change is not an easy task but as we look back over the last two years, we can see gradual changes taking place, sufficient to encourage us to continue the battle.

An additional boost to the morale is the news just received that Shelagh Bodkin, Senior Dietitian, has won The Management Development Travel Award for her proposal to study Nutritional Support in Intensive Care. This proposal stemmed from our commitment to the Quality Improvement Programme in Altnagelvin Area Hospital.

Eithne McColgan, Londonderry

Kaunas Academic Clinic in the Network of Health Promoting Hospitals

Kaunas Academic Clinic - a Lithuanian HPH Member Hospital, reports success while seeking International cooperation.

Nearly a year ago, Kaunas Academic Clinics (KAC) made an application to WHO, expressing a wish to join the HPH movement. It became the first hospital in Lithuania to be involved in the HPH movement. KAC, being the Academic Clinic for the Kaunas Medical Academy, is involved in the process of training students for the Faculties of Medicine, Nursing, Pharmacy and Dentistry at the undergraduate level, with approximately 200 young doctors undertaking their residency here. In addition to this, four research groups from the Institutes of Biomedical Research and two groups from the Institutes of Cardiology and Endocrinology are carrying out research within the corresponding departments of the KAC.

In 1994, the first five projects ("Take care of your health"; "Tobacco-free hos-

pital"; "Education of patients with diabetes"; "Education of patients with asthma"; "Surgical wound infection") were prepared and an article on this initiative appeared in the local newsletter. One year later, we can present certain results. The five projects mentioned above are now proceeding successfully in our hospital. In 1995, KAC appeared on the membership list of the HPH movement, at the 3rd International HPH Conference in Linköping. Consequently a few weeks later, at a meeting held by the Director of KAC, a lot of new people with new subprojects volunteered to participate in the movement.

Subprojects can now be divided into four main areas of action:

- Improving the well-being of staff and patients (including; "Tobacco-free hospital", "Hospital nutrition", "Baby friendly hospital", "Health and physical activity", "Health and safety at work", "Hospital infection", "Surgical wounds infection").
- Developing the quality of service (including: "Quality assessment in the hospital", "Economical assessment in the hospital", "Personnel quality assessment").
- Disease prevention and Health Promotion (including: "Breast feeding promotion", "Health promotion among staff", "Education of diabetic patients", "Diabetes and pregnancy", "Diabetic food", "Health Education of patients with bronchial asthma").
- Developing relationships of the hospital with the community.

Every subproject has a coordinator and the HPH Project is managed by a Joint Committee. The principal Project Coordinator is the Director of the KAC, Dr. J. Pundzius. The Committee includes representatives from the KAC Administration, Scientific institutions, Healthy City Project, and Mayor. Subproject Coordinators and possible sponsors are invited to get involved in the work of the Joint Committee.

We are still searching for hospitals prepeared to twin with us concerning our projects, since we believe that through further communication and International collaboration, supported with know-how, we can be assisted to become more effective in our work. We are therefore open to further communication and await your letters.

Jouzas Pundzius, Kaunas

Birth of a New National HPH Network in Ireland

Following the initial step last April, the Inaugural Meeting of the Irish National Network took place on the 5th of September

Dublin is pleased to announce that a very successful Inaugural Meeting of the Irish National HPH Network took place on Tuesday the 5th of September. Attendance included representatives form 30 hospitals spread throughout the country and including a variety of hospital type (ie. University, Regional, County and major city teaching hospitals). In addition, seven of the eight Health Boards, three Voluntary Agencies and two departments within the Department of Health attended.

Existing International HPH members in Ireland, (James Connolly Memorial Hospital, Letterkenny General Hospital and St. Vincent's Hospital, Dublin) were present, as were representatives from Altnagelvin Area Hospital, Northern Ireland's pilot hospital, to lend impetus and support to the development of this Network.

Participants agreed to set the National Network up in accordance with the structure and framework suggested by WHO and the Vienna Coordinating Centre. Agreement was also reached on the selection of an Interim Steering Committee for the first year which will in future be elected by the Network membership.

The Network is pleased to welcome Prof. Risteard Mulcahy, a retired Consultant Cardiologist with a long tradition in prevention and education, as the Steering Committee's first Chairperson. Prof. Mulcahy, who attended and was inspired by the HPH concept at the 3rd International HPH Conference in Sweden this year, is now an active advocate for the Health Promoting Hospitals concept.

JCM Hospital and Ms. Ann O'Riordan, HPH Project Coordinator, will continue to act as the Network's interim Coordinator and Coordination Centre. The Network plans an official launch early in Spring next year.

Ann O'Riordan, Dublin

Initiation of the Austrian National Network

A National Network of Health Promoting Hospitals will be formaly initiated in Austria in 1996

In September 1995 the Austrian Federal Ministry for Health has decided to fund the initiation of the Austrian Network of Health Promoting Hospitals. In November the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine as designated Coordinating Centre for the Austrian Network started preparatory work. The network activities are planned in five modules:

- Coordinating Centre - basic infrastructure
- membership service
- national Newsletter 'Health Promoting Hospital'
- series of seminaries on special issues of Health Promoting Hospitals
- a yearly national conference on Health Promoting Hospitals.

Alice Grundböck,Vienna

Health Promoting Hospitals

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

List of authors (continued):

- Ms. Anne O'Riordan
  Interim National Network Coordinator
- Ms. Eilish Duggan
  Occupational Therapist and Director of the Acute Hospital's Occupational Therapy Service
  James Conolly Memorial Hospital
  Blanchardstown
  IR-Dublin 15
  Tel: ++353/1/82.13.844
  Fax: ++353/1/82.03.565
- Dr. Juozas Pundzius
  HPH Project Manager
  Associate Professor
  General Director of Kaunas Academic Clinics
  Eiveniu 2
  LIT-3007 Kaunas
  Tel: ++370/7/733.360
  Fax: ++370/7/798.585
- Mr. Thomas Rosenthal
  Project Coordinator
  Diakonie Krankenhaus „Alten Eichen"
  PO-Box 54 01 40
  D-22501 Hamburg
  Tel: ++49/40/5487*0
  Fax: ++49/40/540.75.45
- Prof. Dr. Johannes Vang
  University Hospital, Linköping
  Public Health Centre
  S-58185 Linköping
  Tel: ++46/13/10.47.72
  Fax: ++46/13/22.50.95
- Dr. Agnes Wechsler-Fördös
  Chief Hygiene Doctor
  Rudolfstiftung Hospital, Vienna
  Juchgasse 25
  A-1030 Vienna
  Tel: ++43/1/71.165-5135
  Fax: ++43/1/71.165-2000

Members

Update of the Member Hospitals in the International HPH-Network

Since May 1995, the following organizations were accepted as formal members of the HPH.
The number is comparatively low as National Networks are starting to work in many countries. In these countries, membership in the International Network will be indirect.

Germany

Member Hospitals
Kreiskrankenhaus Heide
Ms. Gundi HOLTRUP
Esmarchstraße 50
D-25746 Heide
TEL: ++49/481/794-200
FAX: ++49/481/794-228

St. Marien-Hospital Balve
Mr. Ottmar KÖCK
Sauerlandstr. 8-12
D-58802 Balve 1
TEL: ++49/2375/82-0
FAX: ++49/82106

Hungary

Member Hospital
Bacs-Kiskun County Hospital
Dr. Gabor A. KOVACS
Megyei Korhaz
Nyiri ut 38.
H-6000 Kecskemet
TEL: ++36/76/484.792
FAX: ++36/76/481.219

4th International Conference

The 4th International Conference on Health Promoting Hospitals takes place in Londonderry, Northern Ireland from April 18 - 19, 1996. It is entitled 'Health Promoting Hospitals: A Vision for Development in Times of Change'.

Topic 1
Health Promoting Hospitals as a vision for organisational development in times of change, economic restraint and increasing competition: options and experiences

Events

Topic 2
Health Promotion as a means to improve health gain of hospital care
Topic 3
Empowerment and participation of personnel in Health Promoting Hospitals: Strategies for quality improvement and creating healthy hospital workplaces
Topic 4
Violence and crime prevention in times of social tensions: The role of Health Promoting Hospital
Topic 5
Health Promotion as a strategy for empowering patients: Professional perspectives and Patients' Rights
Topic 6
The Health Promoting Hospital's role in population based health promotion interventions
Topic 7
Health Promoting Hospitals and the challenge of fostering continuity of care: Community care and day care surgery

The Call for Papers has been closed in the meantime and has produced a large number of interesting contributions. The Draft Programme and Registration Form will be forwarded by February 20, 1996. We are hoping for your participation, as this will be the best opportunity to get comprehensive information on the current state of the development of HPH and to network with the important partners. If you wish to register in advance, please contact:

Event and Project Management
65 Carlisle Road
Londonderry
BT48 6JL
Northern Ireland
Tel: +44/1504/377.266
Fax: +44/1504/377.277

Second Public Presentation at the Diaconate Hospital Alten Eichen

On June 27th 1995, the Diaconate Hospital (Hamburg) presented itself to the public under the slogen:"'Alten Eichen' takes an interim result." Central aspects of recent projects were discussed by experts in four workshops - „Health promoting/Organisational development", „WHO-Network's membership", „Hospital on its way towards Health Centre", „Colours helping curing". After this patients and neighbours were interviewed, concerning their wishes and suggestions for future developments and improvements in our hospital. Furthermore, Prof. A. Trojan (Institute for Sociology of Medicine, Hamburg) explained the important results of his „Patient-Evaluation-Study" and members of the subproject groups presented measures and future plans, specially related to patients. The successful meeting was completed by a „Healthy Buffet"

Thomas Rosenthal, Hamburg

Call for Papers

HPH - Newsletter - Call for Papers

The seventh issue of the HPH-Newsletter is scheduled to be published in April 1996. Short contributions in English language on issues relevant to the development of the HPH are highly welcome. Please do not 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 to No 7/96: February 20, 1996
Deadline for contributions to No 8/96: July 31, 1996
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) or via our new e-mail address: karl.krajic@unvie.ac.at Please do also include a very short information on the author of the contribution and her/his function (max. 15 words).