Newsletter

No 7 - April 1996

Editorial

Issue No 7 of the HPH Newsletter is being published just in time for the 4th International Conference «Health Promoting Hospitals as a vision for Hospitals Development in Times of Change», Londonderry, Northern Irleand, April 18-19. The reaction on the call for abstracts and the conference registration have been most promising. The next issue of the newsletter will contain a short report on the Conference and an abstract book will also be availabele.

This issue of the Newsletter focusses two main topics - first short reports from Pilot Hospitals. The European Pilot Hospital Project formally will come to an end in spring 1997. To make the experiences of the Pilot Hospitals publicly available, we have invited the Pilot Hospitals for the upcoming issues to provide a short, but comprehensive first report. No 7 contains three reports from Dublin, Londonderry and Preston, and one report on a central subproject from Paris. These hospitals have been able to develop action programmes and intervention studies in all areas relevent for Health Promoting Hospitals: aiming at improving the health of patients, the population in the community and also hospital staff, but also addressing organisational development of the hosptial and its relation with its environment. Further reports will be included in the next issues of the Newsletter, and the European Project is preparing a comprehensive Review Book, including a comparative overview and short case studies on the experiences of each of the Pilot Hospitals. This Review Book is being prepared to be publicly presented at the 5th International Conference on Health Promoting Hospitals, plannend to take place in Vienna in April 1997.

The seconde issue is further development of National and Regional HPH-Networks, and the Newsletter contains an analytic article on the English situation and a Report an a very important meeting in Germany.

Finally, we would like to take the opportunity to thank the members of the editorial board. All through the last two years, they have been most supportive in recruiting and editing contributions and their work has been crucial for the development of this medium.

Deadline for contributions to issue 8/ 1996: July 12, 1996

Karl Krajic
Jürgen Pelikan

Health Promoting Hospitals in England A Review of Outcomes and Progress with the National Network.

After a systematic discussion of possible benefits of HPH-Projects - especially concerning health gain - Dominic Harrison reports about up to 50% of all hospitals in England developing Health Promoting Hospital Projects, partly in regional networks. A formal National Network is in preparation.

Outcomes

There are significant cultural problems in identifying successful outcomes of the health promoting hospital initiative within an international context. The main problem is that health promotion issues requiring new intervention in one country may already be a routine part of treatment and care within another.

For instance all UK hospitals are required by national policy to be «smoke free» - an organisational and legislative intervention that has been universally successful in reducing (though not eradicating) tobacco consumption within health care premises. For other countries such an approach will not be so culturally or politically accessible and developing 'smoke free' hospitals would need to be the subject of a planned health promoting hospital development project.

In this sense cultural exchange between hospitals from different health care systems can provide as much useful learning as the exchange of databases of planned intervention studies. For the same reasons some health gain interventions may not be culturally transferable and formal database listings of successful interventions may fail to lead to useful learning.

However, there is evidence in UK studies that the adoption of strategies advocated by the Health Promoting Hospitals will bring improved health outcomes, increased efficiency , effectiveness and quality of care.

There is also considerable evidence in England that the implementation of the health promoting hospital concept has brought about a significant refocussing of existing hospital resources onto health gain activities and projects.

There is not yet however, (in 1996), widespread evidence that the refocussing of hospital resources , as a result of the

Newsletter 7 - 96 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 International Network

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health promoting hospitals intervention itself, has brought health gain improvements.

The reason for this discontinuity is that for most participating hospitals the project is less than two years old, and for both health promotion and organisational development interventions this is simply not long enough to demonstrate outcomes.

In common with the European Pilot Health Promoting Hospitals, English hospital authorities have found that the organisational and management processes required to establish the necessary sustainable infrastructure for project development needs at least two to three years to build successfully.

Success in this task usually means persuading all stakeholders - clinical medical staff, hospital staff and the broader community that the initiative is valuable. It is only when this is undertaken that renegotiation of investment , treatment protocols, workloads etc. can be achieved. Most health promotion interventions would take a similar period of time to demonstrate outcomes.

Established Benefits to the National Health Service (NHS) and the Community: In the absence of data arising from completed HPH related intervention studies, the English national guidance on Health Promoting Hospitals listed established benefits to the health service and broader community from adopting the project. Data was drawn from UK literature relating to health promotion within hospital settings.

Established Benefits for the NHS:

Existing health promoting oganisations have demonstrated the following benefits:

- reduced stress, burn out, absenteeism and sickness - these are currently estimated to cost the NHS as much as ú200 million per year. (Health Education Authority. 1992, Health at Work in the NHS : Action Pack. HMSO London.)
- Fewer accidental injuries because workplace hazards are reduced if not eliminated. (Confederation of British Industry 1993. Working For Your Health: Practical Steps To Improve the Health of Your business. CBI)
- Reduced levels of stress and anxiety in patients and relatives leading to more effective use of staff time. (Audit Commission 1993. What Seems To be The Matter: Communication between Hospitals and Patients. HMSO London.)
- Reduced staff turnover. (Confederation of British Industry 1993)
- Increased organisational efficiency (Audit Commission 1993).
- Increased patient satisfaction. (NHSE 1993. The A-Z of Quality: A guide to Quality Initiatives in the NHS. HMSO London.)
- Increased uptake of treatment plans and prescribed medication. (Audit Commission 1993).

Established Benefits to The Community:

- Increased patient satisfaction (NHSE 1993)
- Reduced pre-operative anxiety and quicker recovery (Audit Commission 1993)
- Increased uptake of treatment plans and prescribed medication. (Audit Commission 1993)
- Reduced re-admission rates. (NHSE 1993.)
- Services sensitive to ethnic issues and requirements. (NHSE 1993.)
- Improved discharge planning. (NHSE 1993)
- Increased public participation in service planning and delivery. (NHSE 1993).

There can be no doubt that within two years the English database on Health Promoting Hospitals will compile an increasingly convincing list of evaluated health gain, quality, efficiency and effectiveness outcomes to extend this list.

National and Regional Networks

National level: Most hospitals in England undertake some health promotion projects as a routine part of treatment and care. About 50% of English hospitals are estimated to have established a specific Health Promoting Hospital Project by January 1996 although by that date less than 25% of hospitals had registered their work with the national HPH data base.

Evidence from the sub set of participating hospitals who have registered with the database shows that following issues are most popular as a focus of health promotion intervention:

- Stress
- Staff health/screening
- Nutrition
- HPH Policy/strategy development
- Smoking
- Coronary heart disease/stroke
- Patient education
- Health information provision to visitors/community
- Accidents
- Sexual health
- Exercise.

In all, over 34 separate categories of intervention project were listed. The selection of English projects has been clearly influenced by the Health of The Nation strategy and priorities.

Regional Level: In addition to the national network, a number of Regions have established mechanisms and projects to encourage hospital participation in the concept.

Anglia and Oxford Region have established a Health Promoting Trust Award run by the Centre for Health Promotion Evaluation , University of Oxford Department of Educational Studies, now in its second year of operation.

The awards are open to

- Acute Hospital Trusts. (fewer than 500 beds)
- Acute Hospital Trusts (500+ beds)
- Community, Mental Health and Ambulance Trusts,

and are made in recognition of health promotion achievements in the following areas:

- Patients/clients
- Staff
- Alliances
- Evaluation
- Leadership.

Entries to the award are judged on the Trusts work in the health promotion areas listed below:

- Overall strategy
- Health Promoting Activities:
  - Alcohol and drugs
  - Environmental health
  - Healthy eating
  - Mental Well-being
  - Physical Activity

- Safety and accident prevention
- Smoking
- Effectiveness.

Evaluation of the schemes first year 1994/5 showed its effects as:

- Improving levels of participation and enthusiasm.
- Raising understanding and awareness of the role and scope of health.
- Stimulating health gain related innovation and quality improvement.
- Providing a strategic framework for future health gain/health promotion development.

Prioritised interventions were: healthy eating, safety and smoking.

Other Regions have developed explicit standards and specifications for HPH development , or developed interactive project networks of health care staff to share skills and experiences.

A number of national and regional stakeholders are currently planning the future development of the English Health Promoting Hospital Network from April 1996.

It is hoped that this new project will involve a national centre attached to the Preston project. This may also include a database on health promotion interventions in secondary care.

Dominic Harrison, Preston

James Connolly Memorial Hospital Dublin - European Pilot Project Participant

- **In a short, but nevertheless very comprehensive way, Ann O´Riordan presents the essentials of 3 years of the Pilot Hospital Project in Dublin. Overall project developments are critically appraised and two specific subprojects are highlighted**

The HPH concept, originally a multi-city action plan of the WHO-Healthy Cities Project, was introduced to Ireland in 1992 by the Dublin Healthy Cities Project. One of the main partners of the Dublin Cities Project and owner of the James Connolly Memorial Hospital (JCM), is the Eastern Health Board. It was natural, therefore, for JCM Hospital to be among the first hospitals targeted for participation in the Network.

JCM Hospital, a large general hospital, servicing the north/western region of Dublin city, has a staff of over 800 and a bed complement of 336. It was the first Irish hospital to join the Health Promoting Hospitals (HPH) Network and become a participant in the European Pilot Project on Health Promoting Hospitals, in 1993.

Partners and structures of the project

At the outset, a general meeting of all staff was held in the hospital. Multi-disciplinary /multi-sectoral involvement is a fundamental element of the HPH concept. Agreement to participate in the HPH Network was quickly realized, and the need for progressive change was generally acknowledged and participation was viewed as a means to achieving this change process.

Participation in the Pilot Project called for the implementation of various strategies and measures, to assist with the introduction and development of the Hospital Project. Staff involvement and ownership of the Project, a major objective, was encouraged through the canvassing of staff for sub-project ideas and the formation of multi-disciplinary sub-project groups. In addition, criteria for participation in the Pilot Project included the formation of a Steering Committee, the nomination of a Project Coordinator and the development of a relationship with an External Institution. Initially the Project Stakeholders were Dublin Health Cities Project, Eastern Health Board (Owners), Hospital Management and Medical Consultants

The Steering Committee, originally a somewhat management dominated body, quickly widened to include sub-project leaders and later still to include staff representatives.

External links were ultimately forged with University College Dublin, the Department of Public Health Medicine and Epidemiology, providing the Project with the required evaluation and monitoring expertise. The subsequent appointment of the Project Coordinator, on a full time basis, brought a degree of cohesion to the project. Lack of clarity around the «terms of reference» for the Steering Committee, resulted initially in the committee playing a somewhat executive role rather than an innovative one. Restructuring of the Steering Committee in 1995, to include a wider staff representation and agreement on a set of explicit «terms of reference», effectively dealt with this difficulty. A Newsletter entitled «PRO-Health» was successfully produced and provides the project with a valuable communication tool. Published on a quarterly basis, it includes progress reports on subprojects, promotes new initiatives and encourages new staff involvement and participation.

Priorities and sub-projects.

All sub-projects undertaken were submitted by staff and selected on the basis of their feasibility and availability of internal expertise. The following subprojects were identified and implemented in 1993:

1. Cardio-Pulmonary Resuscitation
2. Smoke Awareness
3. Stress Management
4. Back Care
5. Waste Management
6. Promotion of Healthy Lifestyles.

Experiences and Results

All Sub-projects were implemented, some more successfully than others. Fundamental elements for success were found to be adequate project planning, a highly motivated project leader and the provision of dedicated time for project development. External advice on the use of appropriate evaluation processes and tools was found to be essential. Many of the sub-projects have been evaluated successfully and the results used to guide subsequent project development. The implementation of some projects called for the input of additional resources, while others called for a change in the way in which services were delivered.

Progress was slow at times, due to resistance to change and a decline in motivation. Nonetheless, experiences and results have proved to be very positive. Many of the initiatives have been incorporated into the normal routine of the hospital, while others are still subject to further examination and evaluation. Although, the Pilot Project will end next year (Spring 1997), new initiatives are still being planned. Two new projects were implemented this year and two further projects are planned for later in the year. Clearly, this demonstrates the positive effect of the project on the organisation as a whole and management's total commitment to the HPH concept.

Further evidence of the Hospitals' commitment to the HPH concept, is its' role in the setting up of the Irish National HPH Network in 1995. The Hospital has pledged its' continued support to this movement by offering to act as the Interim National Coordinating Centre.

Cardio-Pulmonary Resuscitation Training Project - First Results

Cardiovascular disease is a major cause of death in Ireland. In fact, Ireland has the highest death rate in the EU, from heart disease in the under 65 age group. The Cardio-Pulmonary Resuscitation (CPR) Project set out to increase the efficiency of hospital staff responding to Cardio-Pulmonary Arrests, increase awareness of the risk factors associated with Heart Disease and promote healthy lifestyle choices. Baseline data highlighted a number of serious facts. (1) No structured CPR training existed in the hospital for Nursing and Medical Staff, (2) only minimal CPR equipment was available for training and skills practice and (3) both knowledge and practical skills were found to be inadequate amongst medical and nursing staff (Method: Practical and MCQ assessment).

A full time Resuscitation Officer was recruited and a four hour basic training course for all staff was developed and introduced. Post course evaluation demonstrated a high level of skill and knowledge retention (Method: Practical and MCQ assessment). However, interim evaluation at one year found, that while adequate knowledge was retained, confidence and competency appeared to decrease as the interval since training course increased (Method: questionnaire to a random sample of nurses 6 & 12 months post training). Evaluation of skills and knowledge retention, two years post training, revealed the extent of the difference between positively expressed confidence and practical skills' application. Results found that no one could perform the full sequence of One-Rescuer CPR Skills as required to deliver effective CPR to the victim of a Cardiac Arrest, two years post training (Method: Practical and MCQ (Multiple Choice Questionnaire) assessment).

This leads to the conclusion that a two year re-training programme, in Basic CPR is inadequate, if a high level of skill retention is required. Nonetheless, a high level of knowledge was retained. Based on these evaluation findings the following recommendations were made to thr Hospital Management Team. (1) Training should be provided annually for Nursing and Medical Staff in acute/critical care areas, (the most likely first responders) while the two year programme, focused more on cardiac awareness than skills´ retention, should be offered to all other staff. Future evaluation will attempt to identify lifestyle changes made by staff as a result of their exposure to the education component of the courses (Method: Personal Risk Chart).

Dublin Pilot Hospital - creating organisational change through project management - the Smoke Awareness Project

Smoking, a causative factor in over 6,000 deaths in Ireland annually has been prioritized as national health target. The National Health Strategy target on smoking, is to reduce the percentage of those smoking by at least 1% annually, until the year 2000.

The James Connolly Memorial Hospital's Smoke Awareness Project in 1993, set out to restrict the level of smoking within the Hospital, while at the same time developing supportive services for those wishing to quit.

To achieve these aims a Working Party was set up and through consultation with Hospital staff, by means of questionnaires, a work place survey and informal staff meetings, a written Smoke-Free Hospital policy was developed and introduced in May of 1994. Evaluation of the effectiveness of this policy, 12 months post implementation, found that a significant reduction in the level of smoking in the Hospital had been achieved, although some persistent problem areas still do exist.

The appointment of a part time Smoking Cessation Counsellor in the summer of 1994, facilitated the development of the Stop Smoking Support Services: Services such as a Patient Referral Program, a Low Cost Nicotine Reduction Program for Staff, A Link Staff Program for In-Patient Cessation Counselling and Stop Smoking Support Courses. These services aim at assisting and supporting all smokers wishing to quit. The objectives being to provide on-going support for patients giving up smoking, through improved Hospital/community links and through awareness motivate and facilitate staff wishing to give up smoking.

Evaluation results, at the end of 1995, indicate the positive benefits to be achieved from such supportive programs. Out of the 79 people counselled in an 18 month period, 34 (43%) made serious attempts to quit. Of these, 13 (38%) are now non-smokers. The recommendation from this pilot phase is, that greater efforts should be made to improve the effectiveness of the Smoke-Free Policy, while further developing and encouraging the up-take of the supportive strategies.

Ann O'Riordan, Dublin

Altnagelvin Hospital - A Health Promoting Hospital in Northern Ireland

This Pilot Hospital in the West of Northern Ireland is hosting the 1996 International Conference on Health Promoting Hospitals. The report by Annie Courtney shows a broad approach, including primary prevention, measures towards lifestyle changes for staff and patients and using the hospital´s data base for community action.

Altnagelvin Hospital, Londonderry was opened in 1960. It was the first new hospital completed in the U.K. since the second World War and replaced the former City and County Hospital and Waterside Hospital. At present it is part of the Altnagelvin Group of Hospitals.

The Group of Hospitals serves a population of approximately 156,000 people and provides specialist services to the population within neighbouring Health Care Boards. Altnagelvin Hospital will become a Trust in April 1996 and be governed by a Board of Directors. There are currently 1,600 people employed in the group. This includes medical, nursing and paramedical staff. Specialist services - e.g. C.T. Scanning are provided on site as well as traditional general specialties.

The hospital provides screening services in mammography and cytology to a population of approximately 262,500. A Multi-disciplinary education centre incorporating lecture theatres and a comprehensive library services the needs of the medical, paramedical and nurse training programmes which are undertaken on the Altnagelvin site.

Staff are involved in research funded by the National Board for Nurses and Midwives. Educational research projects are undertaken in conjunction with the University of Ulster.

In the late 1980s and early 90s the N.H.S. was undergoing significant changes and Altnagelvin in adapting to this change adopted a set of principles set out in a Mission Statement.

These principles included to be a centre of excellence and innovation with high standing locally, regional, nationally and internationally.

It was therefore timely that in 1992 two members of the W.H.S.S.B. attended a meeting in Dublin where the concept of the HPH was discussed. It was from this that we then made a formal application to join and were accepted for the period 1993-1997. This project has grown and is now accepted as an integral part of the philosophy of the Hospital. We, as a result of becoming a pilot Hospital, developed 7 sub-projects and have worked through them to develop models of good practice.

- C.P.R.: After some difficulty having full attendance at training sessions, a meeting was held with the Director of Nursing - the outcome was that C.P.R. is now mandatory for all grades of nursing staff. Training has now been extended to other disciplines.

A Resuscitation Committee has been formed and the group applied to the British Heart Foundation for funding towards a full time Resuscitation Officer. They also hope to develop a teaching programme for local workplaces, this is in response to requests for training.

Hospital management have reacted positively. This would have the added impact of income generation as well as extending training outside the Hospital.

- Nutrition: Healthy eating is now well established in the dining rooms and local supermarkets have joined in the campaign. A two day demonstration was held recently - this engendered a lot of local interest and gave a new dimension to the strategy. It is hoped that co-operation, such as this will continue. Menu-cards have not as yet been agreed but a recent survey highlighted wastage because of lack of choice. It is hoped that our evaluation of this will make an economic case for having individual cards.
- Child Education: This programme received a recent boost when representatives of Yanssen-Cilag presented a cheque to the group. This will go towards sponsorship for a booklet being produced to accompany the current school visit to the A & E Department
- Accident at Work: Work continues to progress on making contact with Local Employers. To date there has been meetings with 7 major companies and it is hoped that one of these will make a joint presentation with the group at our April Conference. A catalogue of resources such as picture displays is now available for other wards or departments to avail of.
- Breast Feeding: The percentage of mothers now leaving Hospital breast-feeding is now 29%. A Breast-feeding Policy is being established. Training in «Invest in Breast» is planned, this will mean intensive training of all midwives in Hospital and Community.
- Alcohol: Manager Training programmes were re-scheduled and this time the uptake was good. Attendance had to be limited so there is still a need for more training. They would hope to present a poster at the Spring Conference.
- Smoking: Non-Smoking is now accepted as a policy of Altnagelvin Hospital. March 13th, No Smoking Day will again highlight the efforts being made to promote this. Baby T-shirts will again be sponsored by a local company. »Kick the Habit« day held in October demonstrated alternative therapies e.g. aroma-therapy, reflexology, and Bach flower remedies had proved succesful in relieving stress associated with stopping smoking.
- Other Activities: A recent survey among school children showed a dramatic increase in drug taking and availability. The hospital in reacting to this has initiated training seminars for staff to better prepare them to recognise abuse. An innovative arts project has been established - It will show how art can be used to demonstrate organisational development and change using the H.P.H. concept.

There have been some set-backs during the duration of the pilot scheme but generally feed back is now positive. A great motivator has been attendance at the Business Meeting and exchanging ideas. The fact that we are hosts for the 4th International Conference is an important step for Altnagelvin Hospital

Annie Courtney, Londonderry

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Case Studies

Preston as a Pilot Health Promoting Hospital

The Health Promoting Hospital concept has proven to be highly supportive to cope with the challenges this Hospital has been facing in the last years. Marion Woan reports on an extensive, well balanced and quite sophisticated portfolio of six intervention studies going on since 1993. Following these experiences, the hospital has selected 38 new areas for development in the next years.

Preston is the administrative centre for Lancashire and this has had an important effect on the development of hospital services in this part of the country. Whilst the Health Trust has only a resident population of 127,000, it provides hospital care for a catchment population of 1.2 million. There are two hospitals, Royal Preston and Sharoe Green managed as one unit.

The Trust had working expenses of over £83 million in 1994/95. Hospital activity continues to rise: 201,436 patients received outpatient care, 18,030 received treatment as day cases and 46,656 were inpatients last year. The Trust employs a staff of 3,824 and approximately 80% of these are women. Preston Acute Hospitals NHS Trust promises to deliver high quality health care in an effective and efficient manner by allowing staff to utilize their skills and resources to the full. The Health Promoting Hospital concept fits well with the plans concerning future direction of acute hospital services in Preston and to this end Preston Acute Trust has:

- reviewed the changing role of the district general hospital in response to local issues in Preston
- created internal organisational change to involve doctors and others in managerial affairs
- included a management philosophy which examines management style. Management are committed to the integration of health promotion into the everyday work of the hospital supporting the Ottawa Charter and the Budapest Declaration. The Health Promoting Hospitals project in Preston is a tripartite partnership between Preston Acute Hospital NHS Trust, North West Lancashire Health Promotion Unit and The University of Central Lancashire. Six hospital based intervention studies are now well underway.

Summary of the current position in the six pilot projects

- A health promoting environment in a health promoting hospital: A 10% sample of the staff have been invited to take part in computer assisted health screening to measure current health and produce a risk profile. Staff are able to see how this risk assessment will change over time and what they can do to influence it. With support from the Occupational Health Department, the individual's health status is monitored at intervals and progress reports developed. The anonymised data is being used to develop work based interventions to improve health.
- Health promotion aspects of the storage, collection. transport and disposal of hospital waste: This project is making considerable progress towards its original intervention study protocol targets. Baseline data were analysed with the help of the University of Central Lancashire and presentations have been made to staff and managers. Capital items required to solve identified problems have been secured.
- Developing healthy alliances and networks

This project lead by a senior lecturer at the University of Central Lancashire, is aiming to explore the role of the HPH as a health promotion institution in the community and identify and develop alliances and networks in the community.

- The management of post coronary patients: This well established multidisciplinary multiagency team is now evaluating its patient education and rehabilitation programme. They are reviewing any differences in knowledge, understanding and behaviour as well as the readmission and reinfarction rates of patients who have completed the programme.
- The assessment and prevention of accidents in children: Local accident statistics have been analysed and interventions aimed at reducing the incidence of preventable accidents have started. Health promotion specialists, school nurses, teachers and parents are involved in the planning and implementation of the prevention programme. There is also interest in the form of commercial sponsorship to fund publicity materials and first aid equipment.
- A food and health strategy for staff and patients in a health promoting hospital: The project team suggests that a practical, easy to implement nutritional strategy can bring about organizational change and improve the provision of healthy food at the Royal Preston and Sharoe Green Hospitals in line with 'Health of the Nation' Nutrition Task Force guidelines. Consumers views have been established and following senior management support for the project, a food and health strategy has been written and is being implemented.

Other developments

- The University has funded a project evaluator who is working closely with the project managers to guide and support their work in the six subprojects.
- The Trust has appointed a coordinator jointly funded with the Health Promotion Unit to give a higher profile to the work within the Trust and to assist in developing the concept of the healthy hospital still further. At least 38 new initiatives have been identified.

Regional networks have been suggested as a practical way forward in national development of the HPH concept. Preston is at the centre of discussions aimed at devolving the national HPH database to regional level. The focus of these discussions is on sharing and utilizing resources and there is a commitment from all interested parties to work together.

Marion Woan, Preston

Case Studies

The Day-Care Hospital in Vaugirard Hospital

Providing effective, efficient, humane and health promoting care for the elderly is a central challenge for health policy and the health care system in the ageing society of Europe. The Day Care Centre of the Pilot Hospital in Paris will provide new and evaluated models for hospital services and their integration with primary care and the lay system.

The day-care hospital of Vaugirard Hospital in Paris, called «Rainbow Center» provides additional services compared with a traditional hospital.

The day-care hospital has a double role:

- diagnosis check-up,
- dependency prevention in order to encourage elderly people to live in their home rather than in nursing homes or hospitals.

The day-care hospital allows the elderly person to avoid, to postpone or shorten hospital stays which are often traumatic. Families as well as health and social services professionals (GP, home health care etc.) benefit from this organisation which provides safety, moral support and practical help. In fact, there is daily communication and efficient care coordination between the day-care hospital staff, the families and the district health and social services professionals.

The day-care hospital opened in March 1994 with a capacity for 20 people. As this center became more well known, it was chosen as an option for more elderly people, reaching its full capacity in September 1995. Since it opened, 150 elderly persons have used the facilities:

- 75% of them had been referred by the GP and 25% of them were followed up after a shorter hospital stay.

The motives for treatment in the day-care hospital were:

- check up (35%)
- help to stay at home (55%)

The frequency of visits was generally 2 or 3 times a week. When the patients were discharged from the day-care hospital, they

- returned home (35%)
- were admitted to nursing homes (10%)
- were hospitalised (15%).

The others continue their care in the day-hospital. They can stay at home for several months despite being very dependent.

In fact, the team is continously trying to adapt the services provided by doctors, physiotherapists, psychologists, nurses, etc., to the needs, on an individual basis as well as in small groups (memory, every day life workshops e.g.).

It seems that this day care hospital is a dynamic way to treat elderly people in coordination with the district health professionals. In order to provide research evidence, a study is being conducted to compare the degree of autonomy, the home and health care services provided, the role of the GP in the gerontology network, etc., between outpatients coming to the day care hospital and patients hospitalised in Vaugirard Hospital rehabilitation units. All cases are now being registered within the research prroject. The results will help to define the characteristics of elderly people who really can benefit from these services and secondly, to assess the activities provided by this new structure within the care network.

Jean Laudet, Anne-Laurence Le Faou, Anne Ozguler, Nicole Podrabinek, Mary Vignal, Paris

Networks

The German Network - Development and Progress Report

The Chiemsee Declaration of the German Network of Health Promoting Hospitals was approved at the last meeting of the initiators of this most promising development at the end of February, 1996. The declaration blends a vision of humanity with economic orientation. Also organisationally the German Network made a big step forward at this meeting.

The German Network (GN) of Health Promoting Hospitals was founded at the HPH/WHO Hildesheim Business Meeting on November 3rd 1995.

The Chiemsee Conference of the founders was held on 26th January at the abbey of Frauenworth (the venue for the 6th BM of the European Pilot Hospital Project in October 1996). An historical venue, neighbouring the island of Herrenchiemsee where the German constitution 'Gundgesetz' was drafted in 1948.

The founders developed the Chiemsee Declaration as Basic document for the HPH/WHO German Network. The declaration was agreed in principle and details are currently being worked out.

The Chiemsee Declaration is the 'German child' of the Ottawa Charter and the Budapest Declaration, so to speak. It covers the spectrum from the vision of humanity (humane/friendly hospital) to economic orientation - a point of increasing interest for hospital now adays.

The Founder Group consists of the 5 German Pilot Hospitals and six members (i.e. existing international members). All 11 hospitals sent representatives to the Chiemsee Conference and three were accompanied by their external consulting bodies.

Besides the Chiemsee Declaration, the group of founders decided on the structure of the German Network. The formal structure will be that of an associa-

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tion (Gemeinnütziger eingetragener Verein). It is intended that most applicants should join the German Network via the association, but exceptions are possible for those hospitals who do not wish to become members of an association, of hospitals prevented from joining an association by their legal constitution. These «special» hospitals must meet the demands of the same check-list as the majority of hospitals joining in the usual way, via the association.

A provisional management committee was nominated to draft the constitution of the association: Prof. Hüllemann (Coordination Centr, Prien-HPH Pilot), Sr. Canisia Corleis (Head Nurse - HPH Pilot Hildesheim), Prof. Schmidt (Administrator - member hospital Rüdersdorf), assisted by Winfried Gill, Alfons Wess (member hospitals, Essen) and Wolfgang Mursa (HPH Pilot Hamburg).

Prof. Hüllemann suggested establishing the office of the association in Essen. The three member-hospitals in Essen could provide room and manpower. The designated office in Essen could also help the Coordinating Centre in most aspects, so that the Coordinating Centre in Prien could become an independent institution free to concentrate more on the essential coordinating functions; the integration of all German Network members into a powerful group (to influence healthy public in Germany and as partner of the European Coordinating Centre in Vienna and WHO.

Prof. Johannes Vang (Linköping, Sweden) as official representative of WHO opened the conference with a talk outlining the main targets, aims and goals of the HPH initiative. He stressed that the bottom line of the WHO initiative is health, not money. The discussion in the plenary and working groups were very fruitful and brought a number of concrete results. The basic decisions now stand. The network will have ordinary members - hospitals only - and associate members, who have to meet several criteria before being accepted. These criteria are being worked out at present.

To give an impression of some of the main streams of the discussion, I will draw a picture: the picture of a bird sitting on the branch of a tree, singing the song of humantiy. The branch is the symbol of the economic basis of a hospital. The picture emerges out of the dialogue between a head nurse and an economist. It is a problem for each of them to understand the other, but both were able to respect the personal conviction and opinion of the other person. People inside and outside the hospital are yearning for birds singing in the branches on which the hospital is built on. Next day after the conference an informal meeting was held for applicants and other hospitals/institutions interested in the network. In all there were 30 participants. It developed into a fascinating afternoon.

Two main points emerged:

- The group-forming process is highly motivating.
- Audited quality will be the hallmark of the network.

It is proposed that membership should be renewed ofter 3 (or 5) years according to some defined criteria.

In summary: The Chiemsee Conference (and the informal meeting the next day) were completely successful because of the high degree of professionalism and motivation of the participants. In addition, the lovely weather and the genius loci were a real enhancement for success.

Klaus-Diethart Hüllemann,
Prien/Chiemsee

Call For Contact

- **Family Health Polyclinic in the Ukraine seeks contact with European hospitals**

The Family Healthcare Polyclinic at Dneprodzerzhinsk, Ukraine, is one of the few of such type in the Ukraine. It was founded five years ago, when a market economy was being established in our country.

To improve our organisational structure and healthcare functions, we are interested in the experiences of the Health Promoting Hospitals. More over, we are interested in setting up

contacts with European hospitals, in order to organise exchange visits for Physicians. We would be glad for any assistance that the HPH Network could give in the setting up of such contacts. Contact address - see list of authors.

Alexander Mostipan,
Dneprodzerzhinsk

Events

4th National Conference of Scottish Health Promoting Hospitals

The conference will take place on on Friday 3 May 1996 at the South Ayrshire NHS Trust in Ayr Scotland. The keynote speaker is Dr. Robert Kendell CBE, Chief Medical Officer for Scotland, and the theme of the conference is concentrating on Health Gain and Outcome Measures.

All information can be obtained from:
Mrs. Ethel Stewart, Health Promotion Manager, Ayr Hospital, South Ayrshire NHS Trust,
Dalmellington Road, Ayr
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Tel: +44/1292/610 555
Fax: +44/1292/288 952

HPH - Newsletter - Call for Papers

Contributions in English language on issues relevant to the development of the HPH are highly welcome. Please do not exceed 750 words. For longer contribution, please confer the editors first (c/o Dr. Karl Krajic)

Format: paper and disc (3,5 inch disc for MS-DOS computers; format Word for Windows or ASCII) or via e-mail: hph.Soziologie-gruwi@univie.ac.at

Please include information on the author and her/his function (max. 15 words).

Deadline for contributions to No 8/ 96: July 12, 1996