

# Newsletter

Health  
Promoting  
Hospitals

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An International  
Network Initiated  
by the  
WHO Regional  
Office for Europe

## Editorial

Dear readers,

the HPH network is currently looking forward to the 12<sup>th</sup> International Conference on HPH which will be held in Moscow from May 26-28, 2004. For this Newsletter, the local hosts have provided a most tempting invitation to attend the conference and to visit the capital of the Russian Federation. For detailed information about the event, please visit also the conference website at <http://www.univie.ac.at/hph/moscow2004>. Online submission of conference abstracts will be possible until January 31<sup>st</sup>, 2004, at this website. We are looking forward to meeting you in Moscow!

What conceptual and thematic developments are going on in the HPH Network? Oliver Gröne from the WHO European office for Integrated Health Care Services provides an update on the developments of the WHO working group "Standards for health promotion in hospitals", one of two WHO working groups currently active in the area of HPH. Health promotion for children will be one of the issues discussed at the Moscow HPH conference. This Newsletter contains a first report from the HPH task force on children and adolescents in hospitals (founded in May this year and coordinated by A. Meyer Hospital in Florence). Treatment of pain is another issue of relevance for HPH. Please find in this Newsletter a report on developments in this area.

In the "Building bridges" section of the Newsletter, you will find an introduction on the activities of the "global voice for patients", the International Alliance of Patients' Organizations (IAPO). And 8 national / regional HPH networks provided contributions for the "News from the Networks" section, reporting on events and thematic developments in their area.

The team of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care would now like to wish you a merry Christmas and a happy and healthy New Year!

*Jürgen M. Pelikan, Karl Krajic,  
Christina Dietscher, Vienna*

## Invitation to the 12th International Conference on HPH

● Visit Russia and  
contribute to the 12<sup>th</sup>  
International Conference  
on HPH!

The Russian National Network of HPH has been given the honour of hosting the 12<sup>th</sup> International Conference on Health Promoting Hospitals in Moscow, the capital of the Russian Federation. On behalf of all members of our Network we would like to express our thanks to the WHO Regional Office for Europe, the Ludwig Boltzmann Institute for the Sociology of Health and Medicine and the whole International HPH Network for your confidence and support.

The Russian healthcare system, and, first of all, the one of Moscow, has always been at the forefront of science. And in spite of economic restrictions it followed the way of developing a new methodological and practical basis for preventive medicine and social health protection for the population.

Building upon national and international experiences, theoretical substance and practical value of a new preventive paradigm can be determined: "physician – healthy individual – healthy society". New methods of health recovery are developed, and approved methods are introduced. As an alternative to the existing or-

ganisational forms of hospitals and other healthcare services' activities, new strategic forms of organizing measures for health improvement are being developed, a social health industry is being set up.

The 12<sup>th</sup> International Conference on Health Promoting Hospitals will promote the progressive development of public health services in the Russian Federation. It's not only necessary to establish non-governmental structures on ensuring healthy life styles, but also to form a social consciousness that understands health as an ideal of existence.

The 12<sup>th</sup> International Conference will be a turning-point for Central and Eastern European healthcare services which are in the need of reform and



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## Conferences

fundamental rise with regard to the level of medical care rendered to the population.

The main part of the 12th HPH Conference will take place in the Hall of Church Councils in the Cathedral of Christ the Saviour. The Hall of Church Councils is one of the most wonderful halls of our capital. Nowadays there are no such large premises in Moscow needed any more for social and church programmes.

That's why different concerts of church choirs, symphony orchestras, folk groups, various festivals, ceremonies, conferences, and children's holidays are organised in this hall.

The Hall of Church Councils is multifunctional, it's equipped with modern acoustic technique and can seat 1250 people. The delegates will be surprised by the magnificence of its decoration, the marvellous wall-paintings, and skilled Florentine mosaic. In the Hall's foyer there are winter gardens which will charm the visitors with the tuneful murmur of small cascades, the beauty of green plants and with sculptures of fabulous trees and birds.

The Round Conference Hall, which can seat up to 150 people, is located in the Executive Management Office of the President-Hotel of the President of the Russian Federation. This hall is not only for Presidents. The 10<sup>th</sup> WHO Workshop for HPH Co-ordinators will take place in a grandiose, impressive, individually designed interior, equipped with unrepeatable furniture and the most advanced technical facilities.

The Bolshoi is a synonym for Russian theatre. The State Academic Bolshoi Theatre is considered to be one of the greatest musical theatres in the entire world, and a visit there will prove why. The Bolshoi awaits your visit on May 26, 2004 for a Welcome Reception and a ballet performance "The Nutcracker" based on the book called "The Nutcracker and the Mouse King" written by E.T.A. Hoffman, and the music was composed by Peter Chaikovsky. We hope that all the participants will be glad to attend the Conference Dinner, which will be held

in the State Concert Hall "Russia", and enjoy songs and dances of the Kuban Cossack choir. The Hall is located in the very heart of Moscow in close vicinity to the Red Square and the famous "Cathedral of St. Basil the Blessed", on the historical territory of "Zaryadje", surrounded by ancient churches and "terem" palaces. The main entrance of the Concert Hall faces the embankment of the River Moskva, opening onto a magnificent view of the city.

In the recent years Moscow has become a great tourist capital which is visited by hundreds of thousands of tourists from all over the world. No doubt, nice accommodation for our foreign guests has always been considered a major task. All the hotels we are going to offer the participants are located in the very heart of Moscow, near the Red Square and the Kremlin, and have all necessary facilities for a comfortable stay.

May is one of the finest seasons in Moscow, and warm weather will accompany your walking tours around the city. The delegates and the guests of the conference will have an opportunity to visit the Kremlin Territory, the Armoury Chamber, the Diamond Fund, the Tretyakov Gallery, and the Pushkin Fine Arts Museum. Tours to Saint Petersburg, Vladimir and Suzdal (two cities of the Golden Ring) are also available on the optional programme.

For centuries Russian people have always been known for their hospitality, and we'd like to invite everybody to visit Moscow, one of the world's great cities. And we'll try to do our best to make your stay in Moscow pleasant and the work fruitful.

For information about the conference programme and online submission of your abstract, please visit the conference web-site at [222.univie.ac.at/hph/moscow2004](http://222.univie.ac.at/hph/moscow2004).

Organizing Committee of the 12th International Conference on Health Promoting Hospitals. Contact: Ms. Valentina Kasparova, Moscow

## Thematic Issues

# How well are you promoting health?

### Developing a Self-Assessment Tool for Health Promotion Activities in Hospitals

In 2001, the WHO European Office for Integrated Health Care Services set up a working group to develop standards for health promotion in hospitals. Draft standards were discussed with experts in health promotion and standards development during previous workshops in Bratislava (May 2002) and Barcelona (November 2002 and April 2003).

Five standards were elaborated, each consisting of a standard formulation, objective, definition of criteria and measurable elements. The standards relate to the hospitals' management policy, patient assessment, patient information and intervention, promoting a healthy workplace, and continuity and cooperation. The relevance and applicability of the standards was pilot tested, and standards were improved accordingly. They are now considered to be in the final form, although future revision is expected once new evidence emerges.

In order to support the implementation of standards, a 4<sup>th</sup> workshop was organised in October 2003 with the aim to develop a self-assessment tool to provide concrete guidance on implementing and assessing standards and indicators.

The participants of the workshop were members of the core-working group on standards for health promotion in hospitals, coordinators from the International Network of Health Promoting Hospitals, representatives from hospitals that piloted the standards, and experts in health promotion standard- and indicator development and assessment.

Presentations were given on the background of the WHO Health Promoting Hospitals project and the standard development process, on requirements for indicator development and experiences from the Danish National Quality Indicator project and on the frame-

## Thematic issues

work and selected indicators from the WHO Hospital Performance Assessment project. Further presentations addressed the work of the European Health Promotion Indicator Development project, the experiences of the Joint Commission for Accreditation of Health Care Organization to combine standards and indicators in accreditation processes, and the experience of the French National Agency for Accreditation and Evaluation of Health Care Organizations.

Working group discussions centred on the selection of indicators for health promotion in hospitals and on defining their metric properties. Plenary discussions focussed on the feasibility and usefulness of indicator assessment for quality improvement of health promotion activities in hospitals.

Two indicators were selected to complement each of the five standards. These were not selected to directly assess compliance with standards for health promotion, but rather to reflect the impact of standard implementation.

### Standard 1: Management Policy

- staff identified after systematic assessment in need of health promotion skills (for patients and for themselves)
- staff receiving training for health promotion skills

### Standard 2: Patient Assessment

- patient assessment for risk factors
- assessment of patients against guidelines

### Standard 3: Patient Information and Intervention:

- Patients educated about specific actions in self-management of their condition
- Patients educated about risk factor modification and disease treatment options in the management of their condition

### Standard 4: Promoting a Healthy Workplace

- Staff absenteeism
- Staff work-related injuries

### Standard 5: Continuity and Cooperation

- Assessment of communication with external partners
- Discharge letters communicated

The following indicators were chosen:

In order to assess indicators reliably and to avoid interpretation, each indicator specifies its numerator, denominator and data source. The scope of the indicators may be enlarged in the future to cover more positive dimensions of health and to address those issues that are currently not measured. A pilot test will be carried out to assess a) whether health professionals in hospitals are able to collect the information necessary to assess standard compliance through measurable elements, b) whether data can be collected to assess indicators and their changes over time, and c) whether the documentation supports them in improving the quality of health promotion activities.

In order to support the self-assessment process, a manual has been prepared to provide in comprehensive manner information on the background, evidence, development process and terminology of standards and indicators for health promotion in hospitals.

Various countries within and outside the HPH Network and from other continents have already confirmed their participation in pilot-testing the usefulness of standards and indicators. Furthermore, the international branch of the Joint Commission for Accreditation of Health Care Organizations, Joint Commission International, will internationally encourage accredited hospitals to participate in the pilot test. The final aim of WHO in developing standards and indicators for health promotion activities in hospitals is not to accredit its member hospitals, but to provide them with a tool that allows them to monitor health promotion activities and to identify potentials for quality improvement.

Final results of the project will be presented at the next International HPH Conference in Moscow, May 2004. If you are interested in obtaining more information on the project, please contact Oliver Gröne at the WHO European Office for Integrated Health Care Service in Barcelona.

*Oliver Gröne, Barcelona*

## Health promotion for children and adolescents in hospital

● A new HPH task force was founded in May 2003

The age between childhood and adolescence represents a particularly sensitive phase of life for the adoption of healthy lifestyles and the acquisition of coping mechanisms that will prove helpful in adulthood and old age. Health as a process of self-realised social and personal development starts in early childhood and lasts until the end of life, and hospitals should play an increasing role in contributing to promote the healthy growth of children and adolescents, by implementing health culture practices and helping children and adolescents solve the crucial episodes of development they are going through.

Taking into account these considerations, the Tuscany HPH Network proposed to implement an HPH Taskforce on Health Promotion for Children and Adolescents in Hospitals during the 9<sup>th</sup> Workshop of National / Regional HPH Network Coordinators', which was held in Florence on May 18, 2003 in the framework of the 11<sup>th</sup> International Conference on HPH. The aim of the task force is to develop – in children's hospitals and paediatric divisions of general hospitals – knowledge, competencies and good practices of health promotion for children and adolescents, following the principles and the criteria of the WHO International Network of Health Promoting Hospitals.

The proposal met widespread interest and approval within the International Network of HPH, and the implementation of the task force was announced during the closing of the 11<sup>th</sup> HPH Conference by the representative of the WHO European Office for Integrated Health Care Services in Barcelona.

The 'A. Meyer' Children's University Hospital of Florence, co-ordinating centre of the Tuscany HPH Network,



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An International Network Initiated by the WHO Regional Office for Europe

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## Thematic issues

is now developing a working plan focusing on the needs of children and adolescents in hospitals, and on their rights. The main goal is to improve health promotion initiatives, also by identifying best practices and defining useful standards to improve the living conditions of children and adolescents in hospitals, to give educational value to their time of hospitalisation, and to set up healthy behaviours and lifestyles.

The next steps will be to define:

- the composition of the Task-force,
- the working plan and its conceptual framework of reference,
- a project proposal to the European Commission,
- and some information initiatives.

The task force will be composed by hospital experts and by university researchers. During the starting phase, there will be the following activities:

- developing research activities and analyses of health promotion needs of children and adolescents in hospital;
- circulate and share health promotion knowledge and experiences;
- set up an observatory on good practices in relation to health promotion for children and adolescents in hospital;
- definition of standards and indicators of reference.

For further information, please do not hesitate to contact the Co-ordinating Centre of the Tuscany HPH Network: Dr. Fabrizio Simonelli [f.simonelli@meyer.it](mailto:f.simonelli@meyer.it) and Dr. Katalin Majer [k.majer@meyer.it](mailto:k.majer@meyer.it)

*Fabrizio Simonelli, Katalin Majer,  
Florence*

## Towards a Pain Free Hospital: Has the time come for common actions at HPH international level?

- **Pain-free: an issue to be raised on the agenda of HPHs**

Within the HPH Network, the interest in adequate treatment of pain has been rising over the last years, as is indicated by the number of papers presented on this issue during the last International HPH Conferences (Bratislava 2002, Florence 2003).

To correctly face this problem means to implement the actions described in the Ottawa Charter (WHO, 1986) for re-orienting health care services in order to change a culture which often considers pain as an unavoidable, integral component of disease. As the Budapest Declaration on HPH (WHO, 1991) suggests, multisectorial action on staff, patients and community are necessary. Health professionals, for example, show a severe lack of knowledge about pain, and its treatment is not considered as a priority in medical practice. But hindrances are caused by patients too: several studies have shown that many patients are afraid of the side effects (especially drug-dependence) of anti-algic drugs. These are some reasons why it is important to involve the community, trying to change wrong beliefs and behaviours. During the Florence International Conference on HPH in May 2003, interesting and complementary papers were presented in a specific parallel session: Charles-Henri Rapin (Switzerland) talked about the work of the "Association International Ensemble contre la Douleur", Andrea Messeri (Tuscany HPH Network) and Furio Zucco (Lombardia Italian Network) presented the actions of their regions to develop a Pain Free Hospital (PFH) Project. During the 7<sup>th</sup> Italian Conference on HPH (Turin, November 21-22, 2003), this matter was also high on the agenda with two plenary sessions.

## Building Bridges

Furio Zucco presented the comprehensive developments of Lombardy Network (e.g. guide-lines, a specific book) in this area. Marco Visentin presented the main results of a study carried out in 6 Health Trusts of the Veneto HPH Network, involving 1325 hospital patients and the hospital staff of their wards. These were the main results: prevalence of pain among patients: 51,5%, average pain intensity 2.50 (standard deviation 3.09) using the Numerical Rating Scale (NRS) that includes a range of pain intensity from 0 (no pain) to 10 (unbearable pain). The concordance between pain perceptions by patients and the pain evaluation by staff was assessed by the K Cohen coefficient which considers also the fortuitous concordance. The Cohen K was 0.37 (value below 0.4 shows poor concordance). The study included also the administration of a questionnaire to 1636 hospital professionals (doctors and nurses) to assess their knowledge about and their behaviour towards pain: only 51.2% answered right.

Maybe the time is right to prepare common actions on Pain Free Hospitals at HPH International Level: a self evaluation questionnaire, guidelines for involving staff, patients and communities could be a first step.

Whoever is interested in developing this issue in the forthcoming Moscow International HPH Conference can contact Marco Visentin ([marco.visentin@ulssvicenza.it](mailto:marco.visentin@ulssvicenza.it)). In this way, a parallel session (specific workshop more than a communication session) could be prepared in due time, thanks to the collaboration of expert colleagues from the whole HPH International Network.

*Simone Tasso, Castelfranco*

## IAPO: A global voice for patients

- **IAPO works towards a vision of patient centre health care.**

IAPO is unique. Our alliance brings together those who represent the

## Building Bridges

world's chronically ill – organizations which are founded and governed by patients themselves.

These patients' organizations work in many disease areas, from cancer, heart disease and diabetes to endometriosis, narcolepsy, depression and lupus erythematosus. They represent patients at many levels – local, national, regional and international, and are diverse in terms of their capacity, budget and influence.

## Working for patient-centred healthcare

IAPO works towards its vision of patient-centred healthcare in every country by:

1. Realizing active partnerships with patients' organizations, maximizing their impact through capacity building;
2. Advocating internationally with a strong patients' voice on relevant aspects of healthcare policy, with the aim of influencing international, regional and national health agendas and policies;
3. Building cross-sector alliances and working collaboratively with like-minded medical and health professionals, policy makers, academics, researchers and industry representatives.

The sections below give more details about our activities in these three areas.

### 1. Capacity Building

Helping patients' organizations to become well-informed and effective patient representatives and advocates is a key part of IAPO's work. IAPO believes that one of the best ways to build capacity is to enable patients' organizations to exchange their diverse experiences and expertise, creating a stronger global support network. To achieve this, we are developing The Patients' Exchange – a major part of our new website where patients' organizations from all over the world can come together to exchange views, give advice and support and share their expertise and experiences.

### 2. Advocacy and Representation

IAPO seeks to advocate and represent the patients' perspective on a variety of important issues that we believe are also of relevance to other stakeholders:

- Relations between patients and healthcare professionals
- The patient's role in healthcare policy, systems and delivery
- Health literacy
- Adherence and concordance to therapy
- Pain recognition and management
- Patients and clinical trials
- Patients' rights and responsibilities
- Access to treatment and medication

One of IAPO's major tools to promote patient-centred healthcare and represent the patients' view of these issues is our publication, The Patient's Network, which is read by thousands of healthcare professionals, industry representatives, policy-makers, researchers and patients' organizations in over 100 countries. Every edition focuses on a particular topical issue, exploring it with in-depth articles; reviews of the policies and activities of international health-related organizations, patients' organizations, healthcare professionals and the healthcare industries; recommendations and guidelines for positive change; and critical thought and opinion.

### 3. Cross-sector Collaboration

IAPO has a strong belief in the importance and efficacy of collaboration with health professionals, industry representatives and other stakeholders in order to achieve positive change in healthcare worldwide.

We have good links with the major health professional organizations – the World Medical Association, the International Council of Nurses, and the International Pharmaceutical Federation, and developing our dialogue and interaction with these organizations is a high priority for IAPO. We are also furthering our relations with WHO, particularly the Observatory on Health

Care for Chronic Conditions, aiming to achieve "official relations" status by 2006.

## IAPO and Health Promoting Hospitals

IAPO is delighted to be developing a successful partnership with the WHO Collaborating Centre for Hospitals and Health Promotion at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine (LBISHM), in Vienna, Austria. In particular, we are happy to be acting as co-organizer for the 12th International Conference on Health Promoting Hospitals, which is being held in Moscow, Russian Federation, on 26-28 May 2004.

The aims of the HPH initiative to provide healthcare institutions which "allow people to increase their control over health determinants, improving health" fit very well into the vision of IAPO, and we fully support the work being done.

In terms of our expectations of HPH, the most important is that patients and patients' organizations must be included in the HPH initiative at every stage of the process. The views and input of the patients are essential as they are the end-users of HPH, as is the input from those delivering care, the health professionals.

More specifically, there are several issues of concern to patients' organizations that we hope the HPH initiative will address. One in particular that IAPO sees as extremely important is the issue of information and communication. It is not only the provision of digestible information that is important, but also the need to understand the patients' information needs and demands, and their changing expectations of life. Again, it is only through the inclusion of patients and their representatives in the work, running and evaluation of HPH that this can be achieved.

For more information about IAPO, please visit our website at [www.patientsorganizations.org](http://www.patientsorganizations.org). If you would like to receive our free monthly newsletters and free copies of The Patient's Network magazine please



## News from the Networks

email your details (including your name, organization, email and postal address) to [info@patientsorganizations.org](mailto:info@patientsorganizations.org).

*Albert van der Zeijden, Utrecht*

## Austria: Health promotion for hospital staff

- Staff health promotion was the annual theme of HPH in Austria in 2003.

### Annual conference of the Austrian HPH Network

Based on a decision of the steering group of the Austrian Network, health promotion for hospital staff was the annual theme of the Austrian HPH Network in 2003: The network members all shared the opinion that the health situation of hospital staff is becoming increasingly critical.

The network's annual conference (October 30-31 at Stolzalpe Hospital, Styria) was organised around this topic, focusing on symptoms of health problems of hospital staff, analysing the reasons for these, and discussing possible solutions within the framework of the 18 strategies and 5 standards for Health Promoting Hospitals, which were developed by two international WHO working groups.

6 of the 18 HPH strategies explicitly address the health of hospital staff:

- Empowering staff for health promoting self care at work (e.g. have enough breaks for relaxation; have adequate strategies for health promoting self management);
- Empowering staff for health promoting work organisation (e.g. empowering and participatory leadership style);
- Developing the hospital setting into a health promoting work environment;
- Empowering hospital staff for health promoting management of work related problems and diseases (e.g. support rehabilitation of staff; consider existing impair-

ments when distributing tasks between members of staff);

- Empowering staff for developing/improving healthy lifestyles;
- Contribute to developing the community into a staff-friendly environment (e.g. have staff kindergartens, have safe ways to and from work).

(the draft report on the 18 HPH strategies can be found at <http://www.hph-hc.cc/Downloads/HPH-Publications/HPH-Concepts-and-Developments-PEC-2001.pdf>).

Information about the conference – program overview and a short report (in German language) – is available at [http://www.oengk.net/index.php?id=3\\_1](http://www.oengk.net/index.php?id=3_1)

### Fact-sheet on psycho-social health of hospital staff

The Viennese regional “information network on health promotion in hospitals and nursing homes” is an initiative of the City of Vienna (which is also a WHO Healthy City). It was founded in 2000.

In 2003, the information network decided to set the psycho-social health of hospital staff as its annual theme. A number of events, including a training workshop for experts on hospital staff (e.g. representatives of occupational health and medicine; personnel managers; quality managers; responsables for equal treatment; executive personnel etc.), were organised throughout the year (for information in German language, please visit [www.gspwien-info.net](http://www.gspwien-info.net)).

Furthermore, the information network developed a fact-sheet on issues of psychosocial health of hospital staff, based on an international literature survey. The fact-sheet focuses on symptoms for psychosocial health problems, sources and possible solutions recommended in the international literature. The document (in German language) is available at <http://www.gspwien-info.net/downloads/factsheet.pdf>

*Christina Dietscher, Vienna*

## Estonia: 4th National HPH Conference

- Estonia used its 4th National HPH Conference to strengthen international networking.

The 4<sup>th</sup> national HPH Conference in Estonia was titled “The Role of Health Promoting Hospitals in Health Service Development”: Quality Assurance and Enhanced Co-Operation Leads to Better Health”.

The conference was a forum for trans- and international learning and exchange of experiences and took place on September 25-26, 2003, in the Estonian university city Tartu. The main topics of the Conference were:

- Quality of Health Services – Research, Standards for Health Promotion in Hospitals and Evaluation of Effectiveness;
- Communication in Health Care: Hospitals and Partnerships;
- Patient Empowerment: Information, Education, Counselling.
- Quality of Life.

### Plenary

The plenary session titled “The Role of HPH in health service development: Quality assurance and enhanced co-operation leads to better health” focused on several topics, such as:

- National / regional HPH networks and their peculiarities in Eastern Europe, “XXI Century Hospital”, Russia;
- The role of occupational health in medicine: Department of Public Health, Tartu University;
- CareKeys – a research project of the European Union Quality of Life Programme (partners from Finland, UK, Sweden, Spain, Germany and Estonia), Tartu University Clinics;
- Pharmacy based hypertension management, Estonian pharmacists' association;

## News from the Networks

- Human neonatal care initiative, Tallinn Children's Hospital.

The plenary session highlighted the importance of quality of integrated health care services and new partnerships for health.

## Working Sessions

Three parallel sessions were organised around different HPH activities, such as:

- Osteoporosis – primary and secondary prevention in the community, Institute of TB and Respiratory Diseases, Nitra, Slovakia;
- RAI – International Standardised Instrument for Comprehensive Client Assessment – implemented in 4 Estonian HPHs, Tartu University Clinics;
- Health promotion standards in the Lithuanian HPH Network, Institute for Biomedical Research of Kaunas Medical University;
- Implementation of WHO Health Promotion Standards in Estonian HPHs;
- Life satisfaction of elderly Estonians: causal analysis;
- Adaptation of the rheumatoid arthritis-specific needs-based quality of life measure for Estonia;
- Breast cancer screening project 2002-2006, Estonian Cancer Foundation;
- Alcohol – destroyer of the nation. Doctors against alcohol,
- "Safe Community Tartu" project;
- Interdisciplinary co-operation – a resource in the care of chronic disease, Oncology Centre of the Northern Estonian Regional Hospital;
- The study in East-Tallinn Central Hospital among family physicians (about co-operation with specialists / physicians in ETCH);
- Co-operation of different parties on creating and using the Estonian Gene Bank;
- Health care social workers' collaboration with rehabilitation team members and community service providers;
- Etc.

Discussions focused also on other health related activities in hospitals, such as patient empowerment: Information, education and counselling. One of the main topics were information resources for patients: Guidelines, information booklets, posters, videos, internet programs.

## Poster Session

22 posters were presented at the Conference.

## Networking

The 4<sup>th</sup> Estonian Conference on HPH was also attended by 9 colleagues from other hospitals within the WHO International Network of HPH: Slovakia, Russia, Lithuania and Finland. In order to foster the international exchange of experiences, we took our guests to visit the Lung Clinic of Tartu University Clinics and the Department of Public Health of University of Tartu.

*Tiiu Härm, Tallinn*

## News from Finland

### ● What are Finnish HPHs doing?

The Association of Health Promoting Hospitals in Finland has opened a website: [www.hph.tutka.net](http://www.hph.tutka.net). Please, do have a look and get acquainted with our members and work. We also got a new member hospital coming from the town of Imatra. Now the Finnish network consists of 8 member hospitals. Last October we had a network meeting in Turku. One of the issues within the meeting was to accept the translation of HPH-standards as well as the rules to become a Smoke-free hospital. All the Finnish member hospitals are willing to apply the rules in their organizations. The work towards smoke-free personnel, environment and patients is also one of the core issues of the Association. The Central Finland Health Care District set up its first Finnish "Health Promoting Hospital" programme for

years 2001-2006. In autumn a three-dimensional evaluation process took place: survey of staff, evaluation of plans made by different units and interviews with the management. The Association and the hospital are having a national evaluation conference on February 17<sup>th</sup>, 2004 with the support of the Social and Health Ministry of Finland. The other main issue for the conference is how to implement the new HPH-standards. Consultant Svend Juul Jørgensen, MD, from Denmark will be the main speaker on this issue.

The annual meeting for the Association is going to be held in March 2004 in Forssa hospital. Alongside the meeting we are also having the network meeting. The representatives of the member hospitals have been speaking about the HPH-action in many situations. We find that there is much interest in the HPH-ideology, but also hesitation to join the network. We continue working!

*Maria Hallman-Keiskoski, Jyväskylä*

## Kemerov: The use of a systems approach in organizing cardiologic assistance for the population

### ● Medical care for cardiologic patients was improved by a new system of service provision.

During the last years, the health status of the population is characterized by a high level of blood circulation system morbidity, which is one of the leading causes of limited working ability and mortality. Consequently, it is accompanied by societal economic loss. Such a situation can only raise alarm among healthcare managers. The most popular type of medical aid is rendered outside the hospital. The possibilities for outpatients determine the timeliness of diagnosis as well as

## Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

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## News from the Networks

the scope, quality and efficiency of treatment, the timeliness of referral to other specialists and, finally, clinical and economic efficiency of the whole cardiologic service.

This situation called for an increased efficiency of outpatient cardiologic aid by organizing outpatient cardiologic service.

Managerial decisions firstly included to provide specialised forms of assistance in order to meet population need, and to develop a mechanism for financing an outpatient cardiologic service of the city.

In 1991 a specialized cardiologic dispensary (CD) was established in Kemerovo. The CD's main tasks are: extension of accessibility and improvement of the quality of cardiologic aid for the population, provision of integrated organizational and methodical management of the cardiologic service of the city and the region, and the introduction of resource-saving technologies.

The CD's organizational structure includes a consultative and diagnostic cardiologic outpatient clinic, inpatient units (cardiology, cardio-surgery), and a cardiologic sanatorium. Specialized medical aid is provided for in- and outpatients accordingly.

The perfection of medical care organization implied to strengthen the link role of an outpatient polyclinic at all stages of treating a cardiologic patient. A common cardiologic network, uniting all cardiologists on the CD's basis was established in the city. It allowed to increase the number of specialized outpatient visits. In order to coordinate and control the quality and efficiency of regional polyclinic cardiologists' work, it was decided to introduce posts for district cardiologists.

The established structure has a number of advantages, which also became visible in the results of the polyclinic and CD's activities. During its five years of work (1998 – 2002), an improvement of quantitative and qualitative indices of the united outpatient cardiologic service's activity is recorded. An increase in the number of receptions to 1,95 testifies to it. The number of visits to a cardiologist is 130-150 per 1000

citizens. The working load of a cardiologist per hour has increased in 1.4, and the index of plan fulfilment increased from 64% to 99%.

The qualitative selection of patients for treatment in an inpatient department at an outpatient stage level, the development of highly specialized medical technologies on CD's basis, and raising the level of medical staff's professionalism contributed to the fact, that the average length of hospital stay could be decreased for cardiologic patients.

Thus, for the period from 1993 to 2002 the average length of treatment in a cardiologic unit decreased to 3,8 days, the average care for patients with acute myocardial infarction to 11,3 days. The level of surgical interference became 2 times higher and amounted to 78-80%. The postoperative mortality index lowered from 6,5% to 3,5%. The sincerity of postoperative complications was in the limits, ranging from 3,7 to 5,3%.

Consequently, the established organizational structure corresponds with the tasks of the service to a greater extent. Besides, it allows for an optimal distribution of responsibilities between managerial authorities and separate employees, which ensures the creative character of activities, a re-distribution of workload, and also forms a "team of associates". Clinical and organizational tasks are assigned to every stage of cardiologic assistance. A mechanism of interaction between specialists was elaborated to consider the degree of treatment and diagnostic process.

In this way, the re-designed cardiologic service provided continuity of care for cardiologic patients and preventive activities not only at outpatient level (district cardiologist, cardiologist and physician of a district polyclinic), but also in a specialized inpatient department, at rehabilitation stage.

*L. Leonid S. Barbarash, Galina V. Artamonova, Kemerovo*

## News from Norway

**■ Baerum Hospital has developed innovative ways to promote the health of its staff.**

In 1999 Baerum Hospital celebrated its 75 years anniversary. A great party was arranged for all the employees. The celebration was very well received among the staff, and the leaders decided to use this as an inspiration to focus especially on the well-being of the employees. A project was started in 2000, in order to systematically focus on the health and well-being of the staff. A project leader was engaged to direct the work.

In 2003 a reorganization took place to create a larger hospital with 2400 employees, called Asker and Baerum Hospital. For this new organization it is very important to develop a positive policy towards health promotion and the well-being of staff.

Examples of the initiatives as part of the project:

### Nature

The project group arranges weekend tours in the mountains where the participants walk from one overnight stay to the other. This is adventure tours where the experience of nature, the physical training and social life are united. This is also a way to stimulate the participants to use their spare time to enjoy out-door life. The project group is planning to develop the possibilities of arranging training in Nordic walking.

In Norway it is very popular to stay in cabins in the mountains. To make it easier for everyone to be closer to nature, the hospital has a few cabins that can be rented for a weekend or a whole week. These cabins are in use throughout most of the year.

### Culture:

The staff is offered tickets to visit theatre and opera performances for

## News from the Networks

reduced prices. It is much easier to choose to visit the theatre when you can pick up the tickets at work, and pay by reduction in the salary. There is much positive feedback on this initiative.

This autumn an art group was set up to develop knowledge about art amongst the employees. The group offers the possibility to participate in a lottery of art twice a year. There will be arranged visits to galleries and lectures of art.

### Physical exercise

Exercising is important to keep up good health. It is necessary to focus on preventing a high rate of illness-related work absenteeism. We encourage people to see the positive value of physical activity. At our hospital we have free aerobic training once a week. The hospital also has an athletic club with several sports to choose between, and there are agreements with several workout centres for the staff to join at a reduced fee.

It is a challenge to reach all the wards with our information, because of the distance between the locations of the hospital, but with intranet, billboards and internal paper, it is possible for everyone to be informed. There are a lot of possibilities to make the employees feel that they are important, by doing something extra for their well-being. The hospital depends on the contributions from staff, and it is important that they enjoy working in the hospital.

*Jorunn Svendsen, Asker og Baerum Hospital*

## Realizing the concept of developing a socially efficient healthy life style for the population of the Republic of Tatarstan 2003 – 2007

● The Republic of Tatarstan developed a multi-faceted approach towards population health.

In January 2003 the Ministry of the Republic of Tatarstan approved the concept of forming a socially efficient healthy life style of the population of the Republic of Tatarstan for 2003 – 2007 with a view to preserve and promote health in a more active way.

The Interagency Council on sanitary education of the population which is attached to the Ministry of the Republic of Tatarstan is responsible for coordinating ministries, departments and NGOs' activities to realise the concept.

The Minister of Health of the Republic of Tatarstan was appointed as Chairman of the Interagency Council.

Each of the concept's issues is devoted to one social field of activity. 8 ministries of the Republic of Tatarstan, a Federal State Institution "Centre for State Sanitary and Epidemiological Control in the Republic of Tatarstan" and the State Broadcasting Company "Tatarstan" are participating in the realization of the concept. The Republican Ministries of Health, Education, Social Protection, Ecology, Communication, Internal Affairs, and Culture, and the Ministry of Youth and Sports developed and approved programmes on realizing the concept.

Territorial Interagency Councils on sanitary education attached to cities and regions' administrations were formed in 38 regions of the Republic. Territorial programmes on the concept realization were approved.

Some priority directions for 2003 were elaborated, taking into account the cur-

rent demographic situation and existing tendencies of the population's morbidity. These directions include the preservation of reproductive health among the citizens, health promotion for children and adolescents, the enlargement of the scope of preventive measures against diseases caused by social conditions, cardio-vascular diseases, and the realization of a variety of programmes on sanitary education of the population.

The Ministry of Health of the Republic of Tatarstan developed the Republican projects "Arterial hypertension prevention and treatment for 2003-2006", "Preventing and fighting diseases of social character (2003-2006)", "Improving medical aid for older people", "Development of individual responsibility for health". These projects were introduced to the respective ministries for approval.

Measures were also taken to improve preventive services within healthcare. Information for the population about healthy reproductive behaviour and sexually transmitted diseases is provided in centres, departments and rooms of family planning.

A list of normative documents on the organisation of healthy child rooms' activities is developed and approved. A project "Development of medical prevention service" has been prepared. In the central regional hospitals of 6 regions, new children's narcological rooms started functioning, and an inpatient rehabilitation centre was opened in the Republican narcological dispensary.

Medical institutions of the Republic organized "public health schools", "patient schools", ten-day period preventive seminars on current issues of health protection, e.g. actions on breast cancer prevention called "Pink ribbon on a lapel" and actions on TB prevention called "White chamomile" in order to develop a system of self-control and self-recovery among the population. The Federal State Institution "Centre for State Sanitary and Epidemiological Control in the Republic of Tatarstan" together with the Ministry of Health of the Republic of Tatarstan carry out social and hygienic monitor-



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ing of the state of health. The Ministry of Ecology and Natural Resources started forming an ecology centre of informatics and analytics in order to provide monitoring of environmental conditions. The Ministry of Youth and Sports of the Republic of Tatarstan develops a system of monitoring of physical health and physical readiness of school children and students.

The Republican centre for AIDS prevention of the Ministry of Health of the Republic of Tatarstan rendered methodological aid on the organization of work of HIV prevention to Kazan State Medical University, Kazan State University, motor transport technical school, Kazan Centralized library system, Republican Centre for public and psychological assistance to the population, Kazan City Centre for public assistance to family and children "Gaila" and Kazan Cultural Centre "Saidash". Heads of rural houses of culture were trained at extension courses.

The Ministries of Education, Health, Youth and Sports, Culture and Internal Affairs together with the Republican centre for drug prevention among the population attached to the ministry of the Republic of Tatarstan held a republican action devoted to the World Smoke-free Day. "Health lessons", "round tables", sessions of questions and answers, quizzes, thematic lectures, informative and propaganda actions among schoolchildren and students on the problem of early tobacco prevention are organized.

The Ministry of Health of the Republic of Tatarstan jointly with the Republican Centre for drug prevention attached to the Ministry of the Republic of Tatarstan published manuals and organized inter-district seminars for medical staff, teachers and law machinery personnel, series of lectures on new trends in drug prevention for doctors' advanced training courses.

Some suggestions on the inclusion of traditional beliefs in working towards intellectual and physical recovery of the society were made to the consideration of the Council of Religion attached to the Ministry of the Republic of Tatarstan.

The Ministry of Social Protection of the Republic of Tatarstan realized an experiment on approbation of a special programme "Forming vitally important values and developing behavioural skills among children and adolescents from risk group families" on the basis of a summer health-improving camp "Bersut", a programme called "Step by step" on drug dependence social prevention among the underage who find themselves in a difficult life situation.

In the framework of an international project called "Health training in educational institutions of the Russian Federation" the Ministry of Health of the Republic of Tatarstan approved "A teacher-trainer" on forming fundamentals of healthy life styles and skills of positive communication among schoolchildren in 5 pilot schools of the Republic. The Ministry of Health and the Federal State Institution "Centre for State sanitary and epidemiological control in the Republic of Tatarstan" hold a Republican competition in order to reveal the best medical room (unit) of general schools and general boarding schools.

In most schools of the Republic a third lesson of physical training was introduced. In addition, sports and sanitary lessons during which eurhythmics, aerobics, outdoor didactic games are conducted, is organized.

The Ministries of Health, Education and Internal Affairs of the Republic approved and started realizing a plan of activities on traffic accident, school traumatism prevention and the improvement of traumatology aid to the population.

Measures on improving hygienic literacy in the issues of nutrition among the population are being realized.

Mass media are widely used to promote healthy life styles. A permanent column devoted to the issues of population health is published in republican and local newspapers. Broadcast of thematic radio and video reels, lectures in the Russian and Tatar languages on republican and local radio and TV, including programmes of the State Broadcasting Company "Tatarstan" are organized.

Permanent film lectures on health issues for different groups of the population have become traditional. Besides, institutions of culture and arts of the Republic of Tatarstan organize thematic meetings, competitions, book exhibitions, actions on prophylactics, "Health Theatres" performances, social and sports activities.

*Elena Khafizova, Kazan*

## Health promotion in the hospitals of Trentino Regional HPH Network

**Trentino hospitals are developing joint actions on health promotion.**

The principles of health promotion and education are fundamental both in the Italian Health Plan and in the planning of the Autonomous Province of Trento, as well as in the strategy of the Azienda Provinciale per i Servizi Sanitari (APSS), and the establishment of a HPH network in Trento has been a necessary consequence of this way of considering clinical practice. The HPH Network was formally launched in Trentino Region of Italy in November 2001 by Azienda Provinciale per i Servizi Sanitari (APSS), with the aim of strengthening and maintaining the hospitals' activities and responsibilities in the area of disease prevention, health promotion and education – both with regard to patients, staff and community.

All public local hospitals of the Autonomous Province of Trento (eight in total) have joined the Network which is coordinated and supported by the General Direction of APSS which is, for a period of three years (2002-2004), also the coordination-centre of the Italian Network of HPH ([www.retephitalia.it](http://www.retephitalia.it)).

From July to October 2003, the General Direction of APSS has taken a census of health promotion and education projects and activities in all the hospitals of Trentino, in order to test

## News from the Networks

whether the principles and values the network aims for are applied in the hospital organization or not. As a whole, we can identify three categories of project / activity development by the hospitals:

- 4 projects are common to all hospitals of Trentino and are structured and coordinated by the APSS and by the Direction of the Province;
- some projects are limited to single hospitals / clinical units of the hospital (and they can be included or not in the annual budget's process);
- other activities are routine procedures, in which health education and empowerment of patients and of their family members are an integrated part of a daily practice.

For the first category, the projects are:

- **smoke free hospitals and health care services**, which started in 1998 under the coordination of the "Direction of Health Promotion and Education", and was strengthened during the last two years, with the principal goal to spread a non-smoking culture in personnel and patients, to eliminate smoke in all sanitary structures and to help personnel to stop smoking;
- **early diagnosis and counselling for alcohol related problems**, which started in 2002 under the coordination of "Alcoholology Unit", with the principal goal to help patients and personnel to stop alcohol drinking;
- **safe hospital**, which started in 2002 under the coordination of the "Prevention and Protection Unit", with the principal goals to create safe and healthy workplaces, adapting organisations to the Italian safety norms and to prevent specific risks for patients and personnel (anaesthetics gas, antineoplastic drugs, X Ray, load moving, infections);
- **pain-free hospitals**, which started in January 2003 under the coordination of a specific working group, with principal goals to reduce avoidable pain and offer patients right treatment of pain.

Beyond this common projects, each hospital / clinical unit is working hard to apply principles of prevention, education and health promotion in clinical practice both through structured projects (e.g. pre-partum courses, courses for rehabilitation of patients with rachialgy, courses for nutrition in diabetics patients, courses for patients with heart diseases, ...), and through daily and non-structured activities of empowerment of patients and of their family members (e.g. education to correct provision of drugs, alimentary education, education for a healthy life style, specific clinical pathways).

In conclusion, I would like to announce that Trentino Network will be organising the 8th Italian Conference on HPH, which will be held in Riva del Garda in September 2004 and will focus on Health Promotion, New Governance and Communication.

*Carlo Favaretti, Trento*

## Tuscany: International co-operation for health – Medicine in the service of peace

- **The A. Meyer Hospital organised an agreement which guarantees medical care for 900 Palestinian children.**

One of the parallel sessions of the last International Conference on Health Promoting Hospitals (HPH) in Florence dealt with international co-operations for health. Based on this meeting, the HPH Network of Tuscany organised a meeting on this topic. Participants were representatives of the Palestinian People and the Management of the Rambam Medical Center of Israel. The meeting aimed at tackling the problems of hospital treatment for Palestinian children with a perspective of local collaboration. The meeting led to a very fruitful outcome, as it concluded in signing a broad agreement which had an opera-

tive follow-up in Israel and finally allowed to undersign an agreement between the Region of Tuscany (represented by the 'A. Meyer' Hospital of Florence) and the 'Peres Centre for Peace' in Tel Aviv, titled 'Saving Children – Medicine in the Service of Peace'.

The Agreement, signed in Florence on November 17, 2003, by the President of the Region of Tuscany, Claudio Martini, and the President of the 'Peres Centre for Peace', Shimon Peres, will guarantee appropriate medical and rehabilitative care to about 900 Palestinian children in Israeli hospitals and the development of common educational initiatives for Israeli, Palestinian and Italian paediatricians every year.

For further information, please do not hesitate to contact the Co-ordinating Centre of the HPH Network of Tuscany: Dr. Fabrizio Simonelli at [f.simonelli@meyer.it](mailto:f.simonelli@meyer.it) and Dr. Katalin Majer at [k.majer@meyer.it](mailto:k.majer@meyer.it)

*Fabrizio Simonelli, Katalin Majer,  
Florence*

## The self-evaluation system of the HPH Project of the Tuscany Network

- **Continuous quality monitoring allows for specific quality development interventions.**

The HPH Network of Tuscany, coordinated by the 'A. Meyer' University Children's Hospital of Florence, has started a self-evaluation process, involving all the 16 Local Health and Hospital Units belonging to the Network. First results were presented at the 7<sup>th</sup> Italian HPH Conference in Turin (November 21-22, 2003).

The self-evaluation system derives from a systematic calendar of annual meetings in the Health and Hospital Units and with the co-ordinators of the inter-corporate projects which are managed by the Co-ordinating Centre

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## News from the Networks

of the Tuscany HPH Network. These meetings have involved the management of the Local Health and Hospital Units, the Co-ordinators of the Corporate Projects and the Health Professionals who are participating in the projects.

Thanks to these meetings we have elaborated a system composed of:

- a set of 13 standards of development (aligned with those individuated by the international working group);
- the monitoring of the existing strengths and weaknesses;
- a scheme of steps for the measurement of development of inter-corporate Projects within the network.

The self-evaluation system allows to compare data from the years 2002 and 2003 and in this way to evaluate the progress of the HPH project, identifying strengths and issues to be tackled in the future.

The set of standards has been defined as follows:

Standards concerning structures of Local Health / Hospital Units:

1. health promotion statute of the Local Health or Hospital Units
2. organizational structure (technical committee / co-ordinator)

### Standards concerning the system of the process of the Local Health Hospital Units':

These concern:

3. budgeting process
4. system of prize-giving
5. quality system
6. corporate training system
7. corporate communication system
8. territorial operative units of health education
9. territorial health services
10. local associations

### Standards of impact' expected:

These concern:

11. level of internal visibility
12. level of external visibility
13. corporate chrono-programme of the projects

Each standard was attributed a 'weight', using the evaluation scale of the model of the European Foundation for Quality Management (0 = Not Initiated, 33 = Some Progresses, 66 = Considerable Progresses, 100 = Completely Reached). Finally the data were statistically analysed.

The outcomes are shown in a radar diagram, which points out the differences in development for the years 2002 and 2003:



grounded and sensible for the systematic evaluation of development of the HPH Project, even if further refinements will be needed, above all those concerning the indicators of measurement.

Moreover, the self-evaluation system, allowing the comparison between the situations of the Local Health and Hospital Units, appears to be 'pressing' for the attention of the Management and of the Health Professionals.



**LHU** = Local Health Unit  
**HOSPITAL** = Local Hospital Unit

Some emerging considerations concern:

- insufficient implementation of the project in the corporate structure;
- a good level of connection with the corporate functions 'of the system';
- a visibility not yet correspondent to the activities of connection done.

For further information please, contact the Regional Co-ordinating Centre of the HPH Network of Tuscany: dDr. Fabrizio Simonelli: f.simonelli@meyer.it, and Dr. Katalin Majer: k.majer@meyer.it

*Fabrizio Simonelli, Katalin Majer, Florence*

The analysis of progress of the inter-corporate projects has been synthesised in this histogram, which very well illustrates an excessively differentiated development situation:



However, a group of 'culturally and operatively leading' operators is consolidating, together with the necessity to give a local 'physiognomy' to the Regional Network. We are going to organise a training laboratory with this aim.

To conclude, the elaborated self-evaluation system seems to be quite well-

## Call for papers for Issue no. 23 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 23? Please follow the guidelines below. Deadline: June 14, 2004**

Especially invited are contributions about

- specific local HPH projects (either for hospital patients, for hospital staff, or for the local community population);
- comprehensive HPH approaches including the development of the whole hospital organisation;
- experiences and developments of the national / regional HPH networks;
- conceptual and methodological issues;
- HPH conferences and publications;
- related subjects of interest to the HPH audience.

If you wish to submit an article for issue no. 23 of the HPH Newsletter, please send us a manuscript of no more than 750 words. Please use either Times New Roman or Arial 12, double spaced, with no extra formats, and please provide references in text (no footnotes!). Please include full contact address and short information about author(s) (max. 15 words).

Please send your contribution to the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, preferably as an e-mail attachment (hph.soc-gruwi@univie.ac.at), or send a floppy disc (word for Windows 2000) to Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Rooseveltplatz 2 / 4<sup>th</sup> floor, A-1090 Vienna, Austria.

If you have any questions about your contribution, please contact Ms. Christina Dietscher at hph.soc-gruwi@univie.ac.at

## Announcements

Please visit the new web-site of the Bulgarian HPH Network at: [www.hph-bg.com](http://www.hph-bg.com)

The Web-site contains a summary and introduction on the WHO HPH-project; information about the Bulgarian Network on HPH; basic principles and directions on HPH; standards on HPH; various materials for training of patients with chronic diseases; a training program in the field of HPH.

### 18th IUHPE World Conference on Health Promotion and Education

April 25-April 29, 2004  
Melbourne, Australia

**Contact:** Phone: 61-396-671-313, Fax: 61-396-671-375, E-Mail: [2004wchphe@vichealth.vic.gov.au](mailto:2004wchphe@vichealth.vic.gov.au)

### 12<sup>th</sup> International Conference on HPH: Investing in health for the future: Positioning health promotion in health care provision & Supporting effective implementation

Moscow, Russia, May 26-28, 2004

Further information and online submission of abstracts at [www.univie.ac.at/hph/moscow2004](http://www.univie.ac.at/hph/moscow2004)

### Second International Conference on Communication in Healthcare

of the European Association for Communication in Healthcare)

Bruges, Belgium, 14-17 September 2004

Deadline for abstracts: 1 February 2004

For submission guidelines, please see <http://www.each-conference.com>

Further information <http://www.each-conference.com>

### 12<sup>th</sup> European Public Health Conference "Urbanisation and health: New challenges in health promotion and prevention"

Oslo, October 7-9, 2004

Deadline for abstracts: May 1<sup>st</sup>, 2004

Main topics of the conference: Health promotion, public health practice and policy, health services research, epidemiology, social security and health, youth, food and nutrition

Further information on programme, abstract and registration: [http://www.eupha.org/html/menu3\\_2.html](http://www.eupha.org/html/menu3_2.html)

### Planetree Annual Conference 2004

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