

Newsletter

No 8 - October 1996

Editorial

Health Promoting Hospitals - a Vision for Development in Times of change - this has been the title of the 4th International Conference (Londonderry April 1996). At this conference it was argued that Health Promoting Hospitals (HPH) is a concept visionary enough in order to provide orientation for hospitals to co-ordinate action in the complex and dynamic environments of modern society. But the discussions around the 4th conference, at an European Union workshop in Vienna and at several other occasions have made it quite clear that HPH does not only need a vision, but also results, not only process re-recommendations, but also some areas for common action, not only frameworks but also specific standards, tools and quality assurance. Thus one of the central task for the next phase of development of Health Promoting Hospital will be to improve the systematic technical knowledge of HPH. This will be a necessary precondition for further proliferation of health promotion as a concept for hospital development and ongoing/increasing support from sponsors from the public and private sector.

Newsletter 8/1996 offers contributions towards this development: Four Pilot Hospitals give a summary of their experiences after 3 1/2 years. Two contributions very explicitly focus issues of standardisation and quality assurance (Ward accreditation + the Regional Network in South West England).

We expect the 5th International Conference on Health Promoting Hospitals, planned for Vienna, April 17-18, 1997, to provide further steps towards clarifying our concepts and tools in the light of our experiences. Further contributions to the HPH-Newsletter discussing these issues are especially invited. Deadline for contributions to issue 9/1997 is January 31, 1997.

Jürgen Pelikan, Karl Krajic

Developing the Health Promoting Hospital in the European Union

Report on an European project sponsored by EU

An HPH-network development project, sponsored by the Commission of the European Communities (DG V, F3-Health Promotion) and the Austrian Ministry of Health, was conducted in 1995/96 by the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna. It aimed at:

- 1 Finding focal partners for the proliferation of Health Promoting Hospitals in all member states of the European Union and involving them in an European network.
- 2 Development of an integrative concept of Health Promoting Hospitals adaptable to the specific needs and requirements of the European Union and agreement upon this concept with relevant partners in the member states.
- 3 Development of options for future activities that make use of the potential of hospitals for health promotion and strengthen health promotion in the hospital setting in the European Union.

The project intention was to build up on previous activities of the International Network of Health Promoting Hospitals of the WHO. In July 1996 *national focal institutions* have been identified in fourteen of the fifteen member states of the European Union. These institutions are acting as partners and contact institutions for health promoting hospital initiatives in their countries.

Within the framework of this project, a *comprehensive concept of Health Promoting Hospitals* based on the Ottawa Charter for Health Promotion and the Budapest Declaration on

Health Promoting Hospitals has been adapted to the principles of health promotion as applied in the Public Health agenda of the European Union. This concept was presented at the Workshop «The Health Promoting Hospitals in the European Union» in Vienna, May 17-18, 1996. It was accepted as the conceptual basis for further European HPH development, by all the participants. The participants included Dr. Lars Rasmussen, Commission of the European Communities, Prof. Kris Schutyser, Standing Committee of the Hospitals of the European Union, Dr. Mila Garcia-Barbero, WHO-Regional Office Europe, and 26 representatives from the national sponsor groups and focal institutions of 14 member states of the European Union (Luxembourg was excused).

At this workshop options for further activities and increased involvement of the Commission of the European Communities were discussed:

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An International Network initiated by WHO-EURC

A Multi City Action Plan of the Healthy Cities Project

HPH Coordinating Centre and Secretariate:



Ludwig Boltzmann Institute for the Sociology of Health and Medicine

WHO-Collaborating Centre for Hospitals and Health Promotion Sponsored by the Austrian Federal Ministry of Health

Universitätsstr. 7/2 A-1010 Vienna Austria

Phone +43 1-402 93 60-25 Fax +43 1-403 93 63 E-mail hph.soc-gruwi@univie.ac.at



World Health Organization Regional Office for Europe

8, Scherfigsvej, DK-2100 Copenhagen Denmark

Phone +45-39 17 12 70 Fax +45-39 17 18 70

Theoretical and Strategic Issues

| The European Commission was asked to become a co-sponsor of the existing network of HPH. The EC should join WHO-Euro and The Standing Committee of the Hospitals of the European Union and thus strengthen *the European Network of Health Promoting Hospitals*. The Ludwig Boltzmann Institute for the Sociology of Health and Medicine was confirmed as European Co-ordinating Centre. The European Commission will become visible in its sponsorship role as a co-sponsor of the semi-annual HPH Newsletter (provision of logo) and as a co-organiser of future International Conferences on HPH.

| *National focal points*, working on the basis of national financial support, will provide support in the implementation of health promotion in and by hospitals. National co-ordinating institutions will act as multipliers for European activities and thus contribute to the overall development. Regular meetings, conferences and different forms of written interaction will be means of communication within the European Network.

| Improvement in the systematic *documentation of projects* and other information concerning the Health Promoting Hospital was strongly recommended, as was improvement of the existing *database* on Health Promoting Hospital projects and its availability.

| In proceeding the strategy of the thematic networks, action programmes should focus on specific topics and develop recommendations, based on the systematic description and comparison of models of best practice. There will be an application for funding by EU. This action programmes should be open for participation also from outside the European Union.

The implication of this project for the International HPH Network can be seen as quite substantial. It brought together the main sponsors for HPH on the European level and defined a common perspective for the future. It can be expected that this will strengthen the importance of the HPH concept as well as further implementation of HPH all over Europe.

Hubert Lobnig, Vienna

Health Promoting Hospitals: A Vision for Development in Times of Change

| **The 5th International Conference in Londonderry was marked by widespread participation and strong local resonance**

The 4th International Conference on Health Promoting Hospitals in Londonderry, April 18-19, 1996 was attended by over 300 participants, representing 160 hospitals and other organisations from 19 countries - mostly from the European region, but also from the Near East and Australia.

The opening ceremony was performed by a representative of the Northern Ireland Office and was attended by local dignitaries.

Keynote addresses concerning the main conference theme «Health Promoting Hospitals, A Vision for Development in Times of Change» were given by Prof. Jolly (Paris), Prof. Pelikan (Vienna) and Mr. Raymond McCartney (Londonderry). Prof. Schutyser (Leuven) spoke on Patients' Rights, Prof. McClelland (Belfast) on Health Promotion on a specific medical problem and Dr. Karski (Warsaw) on experiences from HPH in Poland. Two further plenary presentations from an HPH-Project in Germany (Berlin-Rüdersdorf) and Australia (Adelaide) added to this series of very informative presentations.

More than sixty individual papers were presented in parallel sessions covering topics such as organisational development, empowerment of personnel, staff and patients, quality improvement, creating healthy hospital work places, patients rights etc. Speakers came from a wide variety of professions and diverse cultures. A poster session provided information on a wide range of experiences with different aspects of Health Promoting Hospitals.

The conference was closed by a panel discussion, where HPH experts answered critical questions from health politicians.

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On Saturday there was a tour of Altnagelvin Hospital - the local HPH-Pilot Hospital - where delegates saw at first hand some of the range of facilities which are provided.

The local organisers, lead by Altnagelvin Hospital, received much positive feedback on a very professional organisation and especially also on a very warm hospitality.

For the local development, the International Conference was a major step forward into a new era in Hospital Care.

Annie Courtney, Londonderry

Karl Krajic, Vienna

Our Trust in Health

| **John Price from Llanelli, Wales, gives an account of the process and achievements of 4 project years at Prince Philip Hospital, Wales**

In 1994 at the 3rd Business Meeting in Padova Mrs Susan Roberts, then project manager for Prince Philip Hospital (Wales) made a presentation to members of the European Pilot Hospital Project.

Her paper was largely a case study of Prince Philip Hospital. It was an investigation into the role of organisational development and total quality management as contributory factors to successful health promotion policies within the health care environment (Roberts, 1994). It described organisational barriers to implementing health promotion together with the role of organisational development and total quality management. It concluded with recommendations highlighting key changes in organisational design which should occur if health promotion as a culture within Prince Philip Hospital was to be successful. Almost two years on from that meeting in Padova the aim of this brief follow up paper is to determine how and if the hospital health promotion infrastructure to which Susan Roberts referred is being maintained, especially in the light of short term changes in reform, current political climates and resource distribution.

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The success of Prince Philip Hospital in the field of health promotion has been largely achieved through a positive response to the external and internal factors which influence it, for example, the Government reforms in the early 1990's, Health For All by the Year 2000, the Ottawa Charter and Local Strategies For Health. Innovative practices associated with these factors were the main motivators behind Prince Philip Hospital applying for European Pilot Hospital status in 1992.

However, much water has flown underneath the bridge since then. Our hospital, like any other hospital today, has seen many changes.

Harold Wilson, a famous British politician, once said that a week is a long time in politics. Well, the last four years has seemed like an eternity in health promotion! Government reforms have unfolded quickly since 1992 bringing with them very many changes to the National Health Service in Britain. As a result, the organisational design of Prince Philip Hospital has changed many times during this short period of time. The culture of the organisation has changed with it, from a bureaucratic professionally segmented organisation to one which is becoming increasingly sensitive and responsive to change. A more holistic view of health certainly appears to be on the distant horizon, where responsibility for actions for health are to be shared between «partners» in the decision and management process.

Encouraging as this may be for health promotion, the ray of light which has appeared on the horizon may not be getting any brighter - not in the short term anyway - because of the prevailing economic and political forces. Performance league tables for hospitals; the «Patients Charter», local bargaining for pay awards; and sweeping changes to the size and numbers of health authorities in Wales, have meant that every hospital care activity is being closely examined under the microscope. These issues alone provide ample evidence to suggest that the emphasis of health services remains to a great extent entrenched in its clinical and curative role.

There is no doubt that health promotion in Prince Philip Hospital has been adversely affected to some extent as a consequence of these changes. The momentum of response to internal and external factors which originally allowed health promotion culture to develop and flourish intrinsically has been somewhat suppressed by «a need to survive». The organisation structure required for effective health promotion appears to be moving further and further away. A greater number of limitations for implementing a successful health promotion culture have tended to rise out of the reforms.

Yet hope - and with it a large spoonful of optimism - spring eternal! The political climate that currently exists in Wales has thrown down new challenges to health promotion in Prince Philip Hospital. Now more than ever, the skills, abilities and management of the «Health Promoting Hospital» are being put to the test. What is materialising is a much stronger determination to build upon our past success.

In order to justify the resources committed to health promotion the organisation has had to develop more sophisticated approaches to managing, coordinating, research, planning, designing, and evaluating health promotion activity. There have been three major sources of influence associated with these developments, namely, the European Health Promoting Hospital Pilot Project, the National Network of Health Promoting Hospitals in Wales and our local service specifications for health promotion.

Firstly it must be emphasised that the European Health Promoting Hospital Pilot Project has been extremely influential in the process. Perhaps no one could have forecast the enormity of the changes that were about to unfold in the National Health Service at the inception of the European Project. On reflection, the five subprojects have not only provided innovative solutions to problems in specific fields, but have genuinely acted as useful tools in this very difficult period of change.

The same, too, can be said about the National Network of Health Promoting Hospitals in Wales. There are cur-

rently 56 hospitals in the Welsh network. Between them these hospitals employ over 33,000 staff (that is 61% of all hospitals staff in Wales) caring for 2.5 million patients per annum. These statistics provide enormous opportunities to get health promotion message across. The Welsh Network of Health Promoting Hospitals is now clearly on the agenda of hospital management in Wales.

Third and finally, the purchaser/provider split in the health service means that Prince Philip Hospital is now commissioned for health promotion activity. A contract of agreement between the purchaser and provider exists in the form of service specifications. These specifications aim to move forward the development of the hospital as a health promoting organisation based on the principles and practice described by the World Health Organisation. The specification has three overlapping elements - there should be investment outside the hospitals traditional business to enhance the community's health, there should be health promoting products and processes and there must be a strong visual element of a health promoting workplace. Together these elements create the backbone to health promotion activity in the Trust.

To conclude, therefore, I return to the reference made at the beginning to the paper delivered by Susan Roberts to delegates in Padova and particularly to her conclusion in which she stated that «Health promotion within organisations must be founded on an infrastructure which can survive short term changes in reforms, political climates and resource redistribution». Clearly, what is evident is that the health service, Prince Philip Hospital and the staff who work there have endured enormous changes. Over the past two years many barriers to implementing health promotion have been overcome but new and unique barriers have taken their place. But, in terms of organisational design Prince Philip Hospital has moved on and the health promotion infrastructure, easily evident in 1992, has virtually remained intact due to its flexibility. Even if we have had to catch



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Jürgen M. Pelikar

Associate Editors
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Editorial Assistant
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Layout
Alexander Poppe

HPH-Design
Ecke Bonk

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our breath as a result of all the changes, the work continues to move our hospital forward in a health promoting direction!

John Price, Llanelli

Health Promotion in a Psychiatric Healthcare Institution

I A concise account of the successful development of the HPH project in a psychiatric setting is given by Philippshospital in Riedstadt

Philippshospital, one of the oldest hospitals in Germany, has been in existence since 1543. Its modern history begins with the building of the new hospital in 1890. Until 1970, the hospital served a region of 700,000 inhabitants and provided more than 1,700 hospital beds. During the reform of psychiatric care in the Federal Republic of Germany in the 1970's, the catchment area was restructured and community-based psychiatric care facilities established. At this time, Philippshospital developed a new structure that involved a radical reduction in the number of hospital beds. Today, the hospital provides 309 beds, caters for 2,400 patients a year and is responsible for a catchment area of 600,000 people. In addition to departments of general psychiatry, dependence and geriatric psychiatry, it has a department for the incurable patients in Riedstadt. Furthermore, it has a nursing college for 100 students and employs approximately 1000 people. Administrative and technical staff, however, are responsible for two further institutions that are no longer part of Philippshospital.

The WHO initiative, warmly welcomed by the hospital, facilitated the opening of discussions on the reforms to psychiatric care in a modified way and supported the integration of the new staff structure created by the reform. It was hoped, in this way, to open psy-

chiatry to the current health care policy debate. Initially, five sub-projects were implemented but this was quickly extended to 16 when the entire staff became involved. The sub-projects addressed three subject areas: patients, staff and the integration of the hospital into the region.

Patient focused sub-projects

Five projects focused on patient management, while others focused on the implementation of new therapeutic approaches. With regard to the later, success was achieved particularly in two sub-projects, the horse riding therapy project for psychotic patients, and the psychoeducative groups for patients and their relatives. Specific importance was given to mobilising patients' resources for coping with their psychiatric disorders. This was especially highlighted in the project «Psychoeducative groups for patients and their relatives». Here, the framework of the WHO-project helped to implement a desirable treatment. Success depended on the cooperation of everybody involved as well as on a high degree of motivation, stamina and endurance of those close to the treatment units. The aim of the group is to achieve better compliance with medication, better coping with the illness as well as relapse prevention by means of providing information about the disorder (mainly schizophrenia). The project stands out because of its high level of acceptance both among patients and their relatives. Continued patient participation, beyond their stay in the hospital, demonstrates how well the project is received. This project is supported by Janssen Pharmaceuticals.

Staff focused sub-projects

With regard to staff, facilitation sessions were introduced into all treatment units, in addition to traditional health education programmes (e.g. back gym for staff members). The objective was to enhance the self-reflective potential of the organisation with particular emphasis on skill development and support for staff. The department teams, supported by an external adviser, regularly discuss treatment cases and, if

necessary, internal tensions within the team. While the establishment of such groups can be accomplished administratively, it is not possible to compel staff to take part in these sessions. Constraint would contravene the principles of confidentiality and voluntary participation, as well as hinder the personal openness required for the success of such groups. The WHO-project was especially supportive in stimulating interest in this work and in providing a framework in which this interest could find concrete expression. Within a time interval of two years, nearly all units had succeeded in setting up at least monthly facilitation sessions.

This project has enhanced the integration of the treatment teams. Furthermore, better integration (e.g. the ability to manage difficult situations with patients as a team) has proven to be a protective factor in preventing violent conflicts with patients. Violent conflicts account for approximately 20% of all accidents at work in a psychiatric hospital, thus representing a major cost factor to the hospital. Prevention of violent conflicts with patients was defined by a sub-group of treatment teams as the project focus. Evaluation has taken place into how far supervision is supportive of the staff's capability to forestall violent behavior. The hospital succeeded in securing financial support from an insurance company «Hessische Gemeindeunfallversicherung» for this part of the project.

Integration of the hospital into the region

Support has continued for the traditional work of social psychiatry, leading to closer and more efficient networking between the in-patient treatment units and ambulant service structures. In addition, an emergency care centre has been established in the hospital. This is proving successful in integrating the hospital into the region. The emergency centre strengthens the hospital's cooperation with the local general practitioners and opens Philippshospital to new patient groups. The centre, run by the general practitioners of the region, provides an

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out of hours emergency care service for patients with general illness. At the beginning, local residents were hesitant in utilising the emergency service and there were even some protest. However, much of the initial disapproval resulted from spatial constraints that were resolved by moving the service to new premises on the hospital grounds. In the course of the project, acceptance of the service increased gradually. In the meantime, the emergency care centre has become an integral part of health care in the district of Gross-Gerau South.

Apart from the project foci discussed above, the context of the WHO-project has enabled Philipppshospital to initiate wider-ranging project work. For example, the drama group at Philipppshospital involves patients, staff and local residents and has been a major success since September 1993. Several plays have been produced and the numerous performances have generated a great deal of interest in the community. At Philipppshospital, the WHO-project acted as a catalyst for a wide range of developments, although not all of them were directly connected with an actual WHO-project. Participation in the WHO-project has revived an internal discussion that had come to a standstill and has animated the creative potential of our staff. The high acceptance of the project can be demonstrated by the fact that 40% of the personnel took part in the evaluation process. Philipppshospital has succeeded in operationalising the objectives of the Ottawa Charter and the Budapest Declaration in an interview procedure and is currently using this to examine the total effect of the project. Although the assessment of its results has not been implemented yet, it can already be seen that the WHO-project:

- | created a more harmonious atmosphere at the hospital, that facilitated a number of the developments,
- | developed and maintained the long-term motivation of the staff, a prerequisite for the implementation of new services,
- | created substantial support for the public health interests of the staff,

- | facilitated management to develop central objectives that could not be defined »from above« and to put them into practice,

- | generated public interest in a psychiatric hospital and its services.

Finally, the international exchange in the WHO-network stimulated conceptual discussions at Philipppshospital, resulting in concrete projects such as the establishment of a psychiatric day clinic for geriatric patients.

*Rainer Paul, Riedstadt
Hartmut Berger, Riedstadt
Reinhold Killian, Leipzig*

Klinik St.Irmingard, Prien am Chiemsee as Pilot Hospital

| A small private hospital in Germany has become a model and advocate for Health Promoting Hospitals

Our hospital's pathways to the Health Promoting Hospital Initiative of WHO originated from an existing network of possibilities that lead us towards meeting the requirements of the WHO programme. One major research project of our hospital was the German Cardiovascular Preventive Study, a community-based 10 year-prospective-study, sponsored by the German Ministry of Health and Welfare and the German Ministry of Technology. This German Cardiovascular Preventive Study is only one example of the hospital's activities in the field of health promotion.

Organisational development is another target of the HPH-project and it has a long tradition in our hospital, since we work in a very close cooperation with a research institute, namely the «Wissenschaftliches Institut für systemische Forschung, Diagnostik, Managementberatung».

Our main concern are patients with cardiac diseases, cancer and psychosomatic disorders. Most patients are quite seriously ill in the departments of acute diseases and in the departments of early rehabilitation (heart transplant

patients, cancer patients who need chemotherapy and patients who are in their final stage).

Basic information on

St. Irmingard

Type of hospital: Specialized hospital for general care and early rehabilitation.

	Departments	beds
General care:	2	53
Rehabilitation:	3	160

- | internal medicine
- | intensive early cardiac rehabilitation care unit
- | early cancer rehabilitation
- | psychosomatic medicine
- | general rehabilitation psychotherapy
- | outpatients services

Staff

medical	22
nursing	23
other professional	39
administration/service	68
total	152

Medical director: Klaus-Diethart Hülle-mann

Owner: Feßler-Klinik-Betriebs GmbH & Co., Prien am Chiemsee

Our hospital maintains close contact with Munich University (lectures, seminars and examinations for medical students). Several postgraduate seminars are run for physicians, social workers, physiotherapists.

The hospital promotes a very stimulating atmosphere relating to *open communication* between the levels of hierarchy, between the different medical professions, and between somatic and psychotherapeutic medicine.

The background of all our activities is the silent, permanent presence of the main questions:

«Why should we do *that* in *this* way?» and «Do we always know, what we do and do we know the implications for our patients?»

These are questions of ethics and they inspire our personnel to do their job in a more reflective manner.

Staff members accept that everyday's work in our hospital is assisting the patient's repair mechanisms. Doctors, nurses, social workers and other staff



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members feel, that there must be *something more* beyond repair and healing. Since we joined the WHO initiative of Health Promoting Hospitals at the Budapest Business Meeting at the very beginning of 1992, we now stress this *something more is health and health gain*.

Before joining the HPH-project, those members who were highly inspired to go «beyond medicine» felt a little bit isolated to work just in the traditional medical field, but the experience of a group-forming process of the European Pilot Project became «a family forming process» for the staff of St.Irmingard. Now international «official» acceptance of our initiatives to go «beyond medicine» (health promotion) became visibly - baptised by WHO. The initiatives were structured as subprojects and got names, and even the whole hospital got a new surname «Pilot Hospital». All activities got the needed support. The snowball effect, namely that one activity creates more activities, was intensified.

Our hospital is certificated by WHO as Coordinating Institution of the German Network of Health Promoting Hospitals.

We started with more than 10 sub-projects. All our projects are ongoing projects and are part of our normal services (with the exception of one which could not be structured - the project's name: effective communication, strategies between doctor, nurse and patient). We give details of some subprojects:

Early integration of cancer patient

Many cancer patients have problems with their reintegration into society (working place, family etc.), they also have problems to cope with the physical and psychological burden of cancer. The hospital's challenge is to assist cancer patients to reintegrate themselves into society and to do this as early as possible.

The subproject established

- | information groups
- | coping (psychotherapy of patients with chronic medical disorder)
- | graded physical training
- | information on mutual aid groups

- | social counselling
- | physical counselling (specialized for cancer patients)
- | femal breast self-examination
- | relaxation techniques
- | video clips
- | (art therapy)

Goals were:

- | to widen the range of hospital services
- | to improve patient's satisfaction
- | to develop a prototype for other hospitals

Development of qualitative targets:

- | Elaborating a curriculum for the information groups (materials: slides, transparencies, video clips etc.)
- | development of an organizational concept for the goals and the objectives
- | implementation of professional coordination
- | recruitment of staff members
- | training, support and supervision of staff members
- | coordination of these cancer services with the other services of the hospital
- | (evaluation).

The subproject is a great success.

Doctor-patient seminars

The doctor-patient seminar should help patients and their family members to obtain knowledge and skills in handling a specific sickness.

The subproject managed:

- | to establish seminars for laypersons
- | to widen the range of hospital services
- | to strengthen the links with the community
- | to start a snowball effect towards health promotion in the community
- | to educate former patients as health promoters.

Quality targets:

- | development of an organizational concept for these seminars
- | recruitment of speakers
- | organization of necessary infrastructure (rooms, exhibitions, screening etc.)

- | cooperation with the Health insurance (AOK), the German Heart Foundation and the German League against High Blood Pressure.

The seminars are very successful. More than 800 patients and their relatives participate.

Weekend seminars and one-week seminars for patients and other persons

(Family members etc.) For persons interested in health and health promoting activities seminars are being offered at the Abbey of Frauenwörth, a lovely island in the Chiemsee in cooperation with the St.Irmingard Hospital.

These seminars go far beyond medicine, but there are some medical topics (e.g. the management of high blood pressure or diabetes). The participants are trained in cooking a prudent diet, relaxation techniques, graded physical activities, discussion groups on a variety of topics, religious topics, and last but not least personal counselling.

These seminars are divided in 2 main categories:

- | the cardiovascular system, and
- | tumors.

A third group of seminars has started for clergymen and -women.

Energy pollution commission

It is a fact that hospitals cause pollution and waste energy. A commission was appointed to study e.g. the possibilities of reducing packaging and one-way articles, to save energy and water, to decrease the use of chemical cleaning materials, to raise staff members' and patients' awareness of the possibilities of waste separation.

The subproject

- | developed an organizational concept
- | implemented a professional coordination
- | recruited staff members and
- | had its own documentation.

All the parts of the subproject are now part of our clinical routine.

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Self measurement of blood-clotting time

Patients on medication of anticoagulation drugs were used to regular monitoring the blood clotting time in a laboratory. This dependency caused less freedom, less responsibility on the part of the patients. The former methods - in the long run - proved to be more expensive than teaching the competence to do self-measurement.

Aims and objectives of this subproject:

- | to establish classes for patients to learn self-measurement
- | to widen the range of hospital services
- | to improve patient's responsibility
- | to save money for the health system.

Qualitative targets:

- | to organize the curriculum and the technical equipment
- | to develop an organizational concept
- | recruitment of patient-students
- | organization of necessary infrastructure
- | agreement with health insurance for payment.

This subproject, too, is highly successful with now one seminar every 4 to 6 months.

Total Quality Management (TQM)

On joining the Pilot HPH-project, we started quality management in cooperation with the German Federal Bureau for Employees.

Every 3 months a sample of patients gets a questionnaire about their satisfaction with all the services provided in the hospital.

Besides the questionnaire, another samples of patients had to be documented according to a standard procedure. The list included: diagnostic and therapeutic procedures, aims, targets and goals of the therapeutic procedures, success (or problems) of the procedures.

All the data were studied and evaluated by an external scientific institution. The hospital got a feedback on the results. It is planned to make a comparative study with other hospitals. With this start of TQM in our hospital,

a quality circle was established in order to make contact with various hospitals.

Coordinating Center of the «German Network Gesundheitsfördernder Krankenhäuser»

Starting in 1995, our hospital (together with other German hospitals involved in HPH) started the development of a German Network. In summer 1996 St. Irmingard Hospital was confirmed to be the National Coordinating Center by WHO.

The German Network is in a structuring process. More than 20 hospitals are now official member of the network. More than 100 hospitals are interested.

Quality, service and a truly humanitarian hospital, befitting all human beings, are the main targets of the German Network. Applications of new members are scrutinized in two peer reviews. I consider a visit to the respective hospitals to be a necessity.

*Klaus-Diethart Hüllemann,
Prien/Chiemsee*

Health Promotion: Contribution to Strategic Reorientation and Organisational Development?

The Pilot Hospital in Hildesheim, Germany, is using Health Promotion for Organisational Development

Four years ago the general management of St. Bernward Krankenhaus decided to take up the approach of health promotion in hospitals. This was done in a context where it seemed extremely important to develop ideas and strategies which could be expected to improve the competitiveness of the hospital, clarity of strategic goals as well as identification and commitment of staff. St. Bernward Hospital is a medium size hospital (1.150 staff) owned by the Bishop of Hildesheim and the Congregation of St. Vincent. It is located near

the centre of the city and looks back onto a long and successful tradition. Regarding itself as a modern enterprise the hospital tries to maintain its Christian values and identification. In medicine and health care, the hospital offers standard services with specialization in some areas. New services are being developed regarding to meet new market needs.

Participation in the European Pilot Hospital Project has been planned to support the overall strategy of organisational development and innovation. Staff members should take part in this process and contribute to the solution of apparent challenges. So the tasks for the subprojects had been chosen in areas where both health promotion and organisational development could be focused at the same issue. As a result, project work was focused on the following subprojects:

- | Admission unit: Put the people first
- | Health promotion and health counselling: Information and guidance for health
- | Improving interprofessional and intersectoral collaboration in the hospital
- | Computers and computer-networks: challenges to and benefits for health promotion
- | Quality management in the operating theatre
- | Sustainable development: the hospital as a learning organization.

Three years ago work started with the first subproject. Since then, five subprojects have been working, started one after the other with half a year's time in between. The sixth subproject is in preparation right now. Over this time, around 80 staff members have worked in the project teams. Many others have been included when necessary. The staff in general has been informed regularly via project news, special events and posters. The HPH-project has been steered by a joint project committee, including the hospital's general management and the steering group of the external consultant. Also the workers' council in the hospital has been invited regularly to



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List of authors

- | Ms. Annie Courtney
Health Promotor
Project Co-ordinator
Altnagelvin Area
Hospital
Glenshane Road
UK-Londonderry
BT47 1SE
N. Ireland
Phone
+44/1504/45.1.71
Fax
+44/1504/311.02C
- | Dr. Carlo Favaretti
General Director of
Local Health Unit No. 15
Coordinator of the
Veneto Region Network
of HPH
- | Mr. Paolo De Pieri
Veneto Region Network
of HPH
ULSS No 19
Via Badini n 57
I-45011 Adria
Phone
+39/426/94.05.13
Fax
+39/426/94.05.46

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the project committee for information and discussion of upcoming issues. Right from the beginning the project has been evaluated. Project teams have been asked to fill in questionnaires regularly, the members of the project committee as well as the directors of clinics and departments have been interviewed several times and last but not least patients, their relatives and external suppliers were interviewed.

Summing up the work and experiences now: What are the results? What has been successful so far in the perspective of the goals and the original intentions? What has failed? Which questions still remain?

Subproject I (Admission unit) started with a very eager group, including staff members with different backgrounds, some working in the admission unit, some not, some being nurse, some doctors. This project team developed first a solution for the reconstruction of the admission unit in order to reach a more patient- and staff-friendly environment at the entrance of the hospital. Then the organization of the unit, standards for the quality of the services, the introduction of new legal regulations in a manner that supports staff and also helps patients have been the most challenging tasks. The project team is just preparing its final report. The story of this project contains both successes and failures. Convincing and practically stable solutions were realised for the tasks mentioned above, whereas it proved difficult to change the internal understanding and culture of the admission unit itself. As some of the staff members of this unit did not take part in the project work actively, transfer faced serious barriers. Even if the management partly joined project work there remains some organisational development to be done. Health promotion and patient- (i.e. customer-) friendliness as basic guidelines for daily work still have to be improved. The hospital management is prepared to receive some recommendations for further development from the project team and the external consultants.

Subproject II (Health Promotion/Health Counselling) succeeded in establishing a Health Promotion Infor-

mation Centre in the St. Bernward Hospital. The centre was set up with some external partners (as insurance companies and sports clubs) and is working very well, offering a great number and variety of courses and events for health promotion. Employees of the hospital increasingly offer their knowledge to patients, staff members and the public. Some effort has been spent to introduce drug counselling for patients and doctors as well as homeopathic treatment as a part of the hospital's services. In these areas work is still in progress. Some results are expected at the end of the year. Project work shows that most often it may be easier to invent new products (as health promotion course and counselling) than to change existing procedures in the hospital.

Subproject III (Collaboration in the hospital) focused on an area which promises relevant gains regarding more comfort, decreasing stress and also waste of money in case of success both for patients and for staff. A patient-centered reorganisation of hospital-schedules would also be an extremely important contribution to the overall modernization of the hospital. The project team successfully developed new models for ward organisation, time schedules and cooperation between wards and other departments. At the same time, the project team and the project management had to learn that it can be a very demanding challenge to deal with structural innovation in the traditional setting of the hospital. Development and the structural anchoring of patient-centered and also health promoting procedures still are in an experimental stage. As the project in its first phase finished in spring this year, now two subgroups work at special tasks, facilitated by internal staff members with some experience in project management.

Subproject IV deals with the benefits and the impacts of the implementation of (in-house-) computer-networks for health and health promotion of patients and staff. As the progress in this area depends on many (external) preconditions in the development of hardware, software and organisational as-

pects, the project team focussed on the impact on hospital staff more than on the potential benefits for patients. The most important results have been reached in designing the process of implementation (information, participation of staff involved, preparation, training and problem-solving in «knowledge networks» within staff) as well as in improving health promotion at the workplace (how to implement ergonomic aspects into daily work, integration of health promoting design into planning processes, counselling). There will be some recommendations for internal information policy and for a patient-centered reorganisation in conjunction with the use of internal information-networks.

Subproject V - which deals with quality management in the operation theatre - is expected to solve some really challenging tasks with the restructuring of work routines. Health gain is regarded as an outcome of patient-friendly and high quality routines in this department. Collaborating with other initiatives in the field, the project team is defining standards for high quality procedures and preparing the implementation. Apparently this project tries to bridge the approaches of health promotion and quality management in a hospital.

Subproject VI is still in a preparatory stage. The project aims to raise the internal knowledge how to plan, install and run organisational development and health promotion projects internally. As the need for further projects and change management doesn't end with the conclusion of the HPH-project some kind of a «task force» for project management and health promotion will be created. This is regarded as an important resource for the stabilisation of the work done in the HPH-subprojects and the HPH-project as a whole. However, the training of some members of hospital staff shall be combined with real project work in additional areas. Thus training of knowledge and organisational development itself will form the core of a «learning organisation». This concludes the first summary of the progress and outcome of the subprojects.

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What about the HPH-project in total? The goals and the expectations at the beginning had been very high. Health promotion was expected to contribute to reorientate the hospital. Project management in conjunction with organisational development strategies were expected to improve the ability of the organisation as well as of staff to cope with the upcoming challenges in a changing environment. This must be kept in mind if the results are to be evaluated. There have been successes, both in the area of health promotion as a lively element in the hospital as in the implementation of project methods and change management. However, there remain quite some steps ahead until the goals mentioned above will be reached. As a conclusion from the experiences during the HPH-pilot project, project work will continue, but will be focussed on more specified tasks. Health promotion will maintain being a core issue in the St. Bernward Krankenhaus, but of course it will have to compete with other goals and issues. Accordingly, the task to bring together quality management and health promotion already is on schedule. Staff members who join (or joined) project teams learned a lot about problem-solving, teamwork, commitment - and last but not least - about health promotion at the workplace and for patients. However, they rather often expressed the feeling of «different worlds». Also this can be judged as a part of the success-story of the pilot project. To sum up, this is still an interim report about the project. Some experience is highlighted, other topics will be part of the final evaluation and the final report. Dealing with pilot projects, it is always wise to ask whether these will turn out just as episode in the life of the organization. Further development in the St. Bernward Krankenhaus will differ from the situation during the HPH pilot project. But there will be much more than only reminiscences, there will be achievements.

Erwin Wagner, Hildesheim

Health Promoting Wards - an Accreditation System

I If health promoting activities are to be developed in a meaningful way in acute hospitals, a rigorous structure and audit process is essential for its success. Accreditation is one possible strategy.

Hospitals exist to provide treatment and care but they also offer unique opportunities for more general health promotion for patients and staff and all who come into contact with them. The Health of the Nation White Paper set out the strategy for health in England to the turn of the century. The Health Promoting Hospitals initiative, with its emphasis on health gain through health promotion and disease prevention provides an opportunity for hospitals to contribute to the success of the strategy.

Health Promotion is not a new phenomenon to hospital staff - they do it now, but being a health promoting hospital is more than just the sum of individual health promotion projects. It is about using the hospital and status beyond its four walls to work with other institutions in both the social service and education sectors - the concept of healthy alliances - and to bring about a change in attitude.

Health promotion is considered to be everyone's business and in a large acute hospital achieving a co-ordinated approach to promoting health is seen a major challenge. At Aintree Hospitals NHS Trust, a 1300 bed acute hospital in Liverpool an accreditation system has been developed whereby all 53 wards and clinical departments are invited to demonstrate that they have met 24 criteria under the following headings to gain accreditation as a «Health Promoting Ward»:

Adopting a philosophy and policies appropriate to health: For example, providing evidence that all staff and patients have stopped smoking whilst

on hospital premises; that ongoing programmes for ensuring that all staff have been updated every twelve months in Lifting and Handling of Patients, Cardiac Resuscitation Methods and Fire Training

Encouraging people to be all they can be: For example, ensuring that all staff have the opportunity to discuss their healthy lifestyle needs and have an opportunity to develop appropriate action plans to meet these needs. Encouraging active participation of all staff in three chosen health promotion events.

Working together in partnership with patients: For example, ensuring that patients have appropriate support and advice based on their lifestyle information. This support will be achieved by giving patients relevant up-to-date written health promotion leaflets.

Health promoting wards aim to improve the health and wellbeing of patients, their visitors and all those who work together to provide their care. Health Promoting wards provide an environment where staff feel self-confident and valued and where patients feel relaxed and able to take more control over their own health.

Accreditation in three stages

To allow wards to move towards improving Health Promotion activities at a pace suitable to their needs, an accreditation system has been developed which contains detailed aims and objectives and a scoring system for evaluation. This initiative is divided into three stages as follows:

Stage One: The Bronze Award: Wards will be able to demonstrate that they have taken the first steps in identifying the need for health promotion policies for the benefit of staff, patients and visitors and secondly, have implemented them. They are expected to meet twelve specific criteria which sets the scene for the further development of a co-ordinated approach to health promotion within the ward.

Stage Two: The Silver Award: Wards will have to build on the framework developed in stage one and will have applied a sophisticated approach to



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An International Network initiated by WHO-EURC

A Multi City Action Plan of the Healthy Cities Project

List of authors (continued)

- I Prof. Dr. Klaus-Diethart Hüllemann
Medical Director
Klinik St. Irmingard
Osternacher Straße 103
D-83209 Prien/Chiemsee
Germany
Phone
+49/8051/60.75.26
Fax
+49/8051/60.75.62
- I Dr. Reinhold Kiliar
External Evaluator
Klinik u. Poliklinik für
Psychiatrie
Johannesallee 20
D-04103 Leipzig
Phone
+49/341/972.4532
Fax
+49/341/972.4539
- I Mag. Hubert Lobnig
Ludwig Boltzmann-
Institut für Medizin- und
Gesundheitssoziologie
Universitätsstraße 7/2
A-1010 Wien
Austria
Phone
+43/1/402.93.60-21
Fax
+43/1/402.93.63
- I Ted Mavor
Coordinator of Health
Promotion
- I Gary Trickett
Chief Information Office
Grand River Hospital
P.O. Box 9056
Kitchener, Ontario
Canada N2G 1G3
Phone
+1/519/749.4300-2375
Fax
+1/519/749.4208
- I Dipl. Psych. Rainer Paul
Project Manager
- I Dr. Harmut Berger
Medical Director
Psychiatrisches
Krankenhaus
Philippshospital
D-64560 Riedstadt
Phone
+49/6158/183.267
Fax
+49/6158/183.233

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health promotion by developing a further nine criteria to a more advanced stage. A ward link nurse system has been established at Aintree Hospitals which is a networking system led by the Health Promotion Co-ordinator, this results in a high degree of visible health promotion on the wards. Rigorous attempts to stop smoking on any part of the ward will have been established.

Stage Three: The Gold Award: Wards will have demonstrated a consistently high level of commitment to adopt the philosophies and policies appropriate to the health of patients, their visitors and staff.

The Project Coordinator for the Health Promoting Hospitals Project manages the process and together with a representative from the Health Promotion Unit carry out the accreditation visits using a simple audit tool which identifies expected outcomes relating to each of the criteria. There is a scoring system where criteria are weighted according to the importance attached to them. Wards, for example, will have to show real evidence that smoking has been eradicated within the ward area.

What accreditation will mean

Receiving the award is a recognition that staff on the ward have shown evidence of providing care which improves the health and well-being of patients and their visitors and all those who work together to provide care. Accredited wards receive a certificate signed by the Chief Executive and the Director of Nursing and Quality in recognition of the achievements that led to the award. A tangible award will also be made.

*Chris Pearce
Pauline Webb, London*

Networks

Veneto-Italy: From Regional to National Network?

After a dynamic development in Veneto, Health Promoting Hospitals is spreading in Italy

According to the Ottawa Charter, health promotion is the process of enabling people to increase control over, and to improve, their health.

Health services in Italy, as in other countries, are traditionally oriented to disease prevention, treatment and care, but only in recent years we experienced health promotion approaches and initiatives. The most important initiatives have been the initiation of the Healthy Cities Project, at the beginning in Padova and Milano and now within the Italian Network of Healthy Cities lead by Padova e Bologna, and the Pilot Health Promoting Hospital Program involving again Padova and Milano.

In the Veneto Region, also thanks to the Padova Pilot Hospital experience, a Regional Network of Health Promoting Hospitals (HPH) has been established in 1996. Before this initiative, since 1990 several health education programmes were funded and implemented across the region, dealing with smoking prevention, the reduction of pediatric and occupational accidents, the improvement of dietary habits, the control of sexually transmitted diseases, etc.. Since 1994 however, an effort has been made to develop a definite health promotion approach aiming to modify the settings and the organisations where people live and work, thus creating a total environment to support a health gain orientation of the different programmes.

The Veneto Region Network of HPH

Following the Padova Pilot Hospital experience, a regional network has been established in the Veneto Region in 1996. The timing of the initiative seems to be extremely appropriate, as in 1995 the National Health Service underwent a major reform, with emphasis on

regionalisation and introduction of several mechanisms of internal and external competition, mainly in the hospital sector.

To convince the General Directors of the Local Health Units and Hospital Trusts, we prepared a folder with the essential documentation dealing with philosophy, principles and aims of the initiative, including also the draft of the decree to be adopted in order to join the network.

In addition, a workshop on principles and methods of health promotion and on the HPH programme has been organised in October 1995: a settings approach was followed. So people working in hospitals, schools and workplaces participated: a total of 89 professionals, 28 from hospitals.

From November 1995 to June 1996, 24 hospitals belonging to 13 Local Health Units and 2 Hospital Trusts officially joined the Regional Network and the Agreement between WHO and the Network is already signed.

In this months, informal meetings, the first business meeting and the first training workshop has been held to organize the Network activities. A task force worked out guidelines to plan, implement and evaluate specific subprojects within the hospitals following the Ottawa Charter principles and methods, and one project on regional basis («Smoke free hospitals and health care services») will be implemented. The first and the second issues of the Network newsletter was prepared and distributed.

The next steps in 1996 for development of HPH Veneto Network will be:

- | identification of other projects by different hospitals and their implementation
- | organisation of the second business meeting
- | organisation of a second continuing education workshop focused on «clinicians» directly involved in health promotion activities
- | preparation and distribution of the third issue of newsletter.

The Veneto Network of Health Promoting Hospitals aims to act as a focal point in population based health promotion interventions, because hospi-

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tals in the regional health care system a) are owned by the Regional Government; b) have sensible human and financial resources; c) have contact with a large part of the population; d) represent the most important challenge in the reorientation of the system; e) have strict relationships with primary health care.

In addition, the Regional Network already established two alliances with the Regional Centre of Health Education which is involved, as centre in collaboration with WHO, in developing healthy schools and healthy workplaces networks, and with the Italian Network of Healthy Cities, sponsored by the National Italian Association of Communes (ANCI) with the support of the Ministry of Health.

Italian Network of HPH

In March 1996 the Ministry of Health (Service of International Relations and European Community Policies) designated the Veneto Region Network of HPH as coordinating institution of the Italian Network of HPH. Moreover, the coordinator of HPH Veneto Network was designated as focal point for this initiative and official representative of the Ministry at the Workshop held in Vienna (17-18 May 1996).

In these months, selected documents were mailed to regional Ministers of Health, and meetings and contacts with representatives from hospitals of Piemonte, Valle d'Aosta, Friuli Venezia Giulia, Sicilia e Marche have taken place. The future Italian Network of Health Promoting Hospitals will be implemented as an organisation of autonomous HPH Regional Networks in agreement with the Regional Office for Europe of WHO. This principle is the basis of HPH Italian Network statute that the Ministry of Health and the HPH Veneto Network are preparing. The next important steps of the HPH Veneto Network for the development of the HPH Italian Network will be:

- | to assist other regions in the implementation process of regional networks;
- | to organise the first National Conference of Health Promoting Hospitals;

- | to plan and distribute a national newsletter of HPH.

*Carlo Favaretti
Paolo De Pieri, Adria*

Health Promoting Hospitals in the South and West Region of England

- | **A regional network in England has developed an elaborate set of tools for HP projects and networking**

The South and West Region of England, responding to a contractual responsibility to support and develop health promoting hospitals briefly outlines an organisational approach taken after a process of consultation.

In the South and West Region of England, the Wessex Institute for Health Research & Development has a contractual responsibility to support and develop health promoting hospitals (HPH) throughout the region. After the publication of the National Guidelines in September 1994, a conference was arranged in December to launch the regional HPH initiative. This was followed by a workshop in March 1995 to determine how the project would progress. The need for a clearer «tool» to take the initiative forward was identified at this workshop.

A regional management group was set up in May 1995, to produce guidelines that would assist hospitals in the development process to becoming «HPH». Membership of this group was offered across the region, and consists of purchaser and provider representatives, across all levels of management and practice, from trusts and health commissions. A draft document was produced that is essentially a self audit process, peer review and developing accreditation scheme. A progressive approach that enables participating hospitals to easily identify examples of good practice and areas that require improvement. The framework readily incorporates quality tools and initiatives that are already on-going in

many hospitals, that contribute to a hospital becoming a health promoting hospital.

Some of the initiatives referenced in the document are national quality initiatives e.g. the Patients' Charter, Health at Work in the National Health Service, the Code of Practice of Openness, and the Kings Fund Organisational audit. Underpinning this development is the essential theme that a HPH has health promotion as a core value within the organisation. It is not simply a hospital with a few health promotion projects. These strands have been incorporated in all sections of the document, reflecting a total organisation approach to the development of the project. The health promotion model used throughout the development is Tannahill (1985).

The audit framework consists of eight core elements drawn from national and local requirements, together with the basic World Health Organisations (WHO) requirements for becoming a HPH. Progress will be unique to each organisation as each one develops key areas appropriate to their needs, to the needs of their population and their purchasers. There will be plenty of opportunity for innovation and creativity, as it is not intended that the tool should be prescriptive. The elements have been put together based on an acute hospital trust, but will be refined during piloting to ensure that they will also apply to a smaller hospital unit in a community trust.

The eight core elements are as follows:

- | Management Issues
- | Customer Care
- | Health Information and Communication
- | Health at Work in the NHS
- | Hotel Services and Environmental Issues.
- | Community Involvement and Health Alliances
- | Equal Opportunities
- | Clinical Audit/Effectiveness.

The elements consist of core items against which an organisation can rate itself. In each element there is:

- | an overall statement applicable to the philosophy of the section area, which organisations must demonstrate they are working towards;



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An International Network initiative by WHO-EURC

A Multi City Action Plan of the Healthy Cities Project

List of authors (continued)

- | Mr. Chris Pearce
Director of Nursing and Quality
- | Ms. Pauline Webb
Project Coordinator
Aintree Hospitals NHS Trust
Aintree House
Fazakerley Hospita
Longmoor Lane
Liverpool L9 7AL
United Kingdom
Phone
+44/151/525.3622
Fax
+44/151/525.6086
- | Mr. John Price
Project Manager
Prince Philip Hospita
Llanelli, Dyfec
UK-S, Wales SA14 8QF
Phone
+44/1554/75.65.67
Fax
+44/1554/77.22.71
- | Ms. Annette Rushmere
Health Promotior
Manager
The Wessex Institute for
Health Research &
Development
Highcroft, Rornsey Roac
Winchester, Hampshire
England SO22 5DF
Phone
+44/1962/86.35.11-502
Fax
+44/1962/84.47.59
- | Ms. Brenda Stephens
Project Manager
Health Promotior
Authority for Wales
Ffynnon-Las, TY-Glas
Avenue
Llanisher
UK-Cardiff CF4 5D2
Phone
+44/1222/68.12.3C
Fax
+44/1222/75.60.0C
- | Dr. Erwin Wagner
Process Manager
Universität Hildesheir
Marienburger Platz 22
D-31141 Hildesheir
Phone
+49/5121/88.35.8C
Fax
+49/5121/88.35.92

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- | a self audit process which when completed is peer reviewed;
- | a set of guidelines written to ensure that there is full management commitment at trust board level so that recommendations for progress will be carried forward and developed;
- | a set of recommendations written for peer reviewers to ensure that elements of competition between hospitals do not occur;
- | training development to ensure consistency of the review process which will be evaluated as the scheme develops.

The draft document was completed by September 1995 and presented to a regional chairs network. The document was also sent out for comment to key stakeholders in the region. From September to December 1995, the document was successfully pre-piloted at an acute hospital trust. It is now being piloted and evaluated in nine to ten hospitals in the region from July to December 1996. Guidelines for an accreditation scheme will be refined during the evaluation process.

Results from the initial piloting demonstrated the following benefits:

- | It broadened the perspective and profile for health promotion in a hospital setting.
- | Provided the hospital with a framework to demonstrate to purchasers that they are working in the Health of the Nations key areas.
- | Provided the hospital with a marketing edge over other trusts as they were able to demonstrate that projects have a health promotion focus.
- | Provide a framework for housing and recognising the quality aspects of health promotion.
- | The whole organisational approach permeated through all aspects of the service by raising the awareness of other people's responsibilities and pulling the management team together.
- | The commitment of the chief executive and directors was apparent to all involved and was seen to be even more positive after the audit.
- | The process was acknowledged as being a very positive and open experience for the organisation and created many «feel good» factors.

| Health promotion now has a higher profile within organisation, with service managers having identified areas in which they can now promote and develop health promotion issues. It has triggered all sorts of change within the organisation.

| More staff are now interested in health promotion training.

| Developments have occurred from improved networking amongst colleagues. Ongoing activities have been identified which were previously not known throughout the organisation. This has improved communication and co-operation throughout the organisation.

| The project manager is now looking forward to sharing and learning from other organisations through participation in the peer review process.

| The local Mayor perceived this project as an opportunity to incorporate it into promotion of a healthy city.

Annette Rushmere, Winchester

Health Promoting Hospitals in Canada

| A Health Promoting Hospital Network is developing, starting in Ontario

The Grand River Hospital Kitchener, Ontario, Canada is initiating a Health Promoting Hospital Network in the Province of Ontario, but other Canadian health care facilities have expressed an interest in participating as well. This will become the Canadian Health Promoting Hospital Network modelled after the European Pilot Hospital Project.

Last year the Grand River Hospital's Coordinator of Health Promotion was awarded a Ministry of Health grant to develop and publish a quarterly newsletter to the Region's and Provincial institutions and social service agencies. The newsletter incorporates topical health promotion/disease prevention information; available region resources; names of contact people regarding specific issues; and a calendar of health

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promotion strategies being conducted across the Region. For a free copy, please contact Mr. Ted Mavor (Address see page 9).

Hospitals across Canada are under increased pressure due to funding reductions and increased demand for services. Some innovative hospitals are meeting this challenge by partnering with the Private Sector to provide services. An example of this can be found at Grand River Hospital, Kitchener, Ontario. In April, 1996, Grand River Hospital signed a contract with HBO & Company to outsource its Information Systems Department. With one of the world's leading suppliers of health care information systems now providing the hospital's information systems needs, the hospital is receiving tremendous benefit at reduced cost. For more information contact Mr. Gary Trickett (Address see page 9).

Ted Mavor, Kitchener

News from Wales on Developing Nurses Health Promotion Skills

Our '1997 Nursing Award for Good Practice in Health Promotion' aims to encourage and develop the health promotion role of nurses. The Award is open to student nurses and to all practising nurses in Wales. This includes not only hospital and community nurses, but also those working in schools; primary care; occupational health; the prison service; and nursing homes.

Cash prizes (to be used specifically on the projects described) are paid to the three best entries. Further information is available from Brenda Stephens, Health Promotion Wales, Cardiff.

Brenda Stephens, Cardiff