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WHO Winter School 2009

Quality Management – Implementation of Health Promotion
in Hospitals & Health Services
Taipei City, December 8-10 2009

REGIONAL AND NATIONAL APPROACH TO HPH DEVELOPMENT IN ITALY

Carlo Favaretti

*Coordinator, Italian HPH Regional Networks
CEO, Hospital and University Trust, Udine*



Overview

1. Italian National Health Service
2. HPH Initiative
3. Italian Health Promoting Hospitals Regional Networks
4. Integrated governance and HPH in Trentino
5. Implementation of HPH standards in two Networks



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THE ITALIAN **NATIONAL HEALTH SERVICE**

- **1978 reform:** universal coverage granted as constitutional right; organized across 3 levels (national, regional, local)
- **1992 reform:** market mechanisms (purchaser/provider shift); local healthcare trusts and hospital trusts; regionalization
- **1999 reform:** market mechanisms softening ; regionalization strengthening (21 regional health services); evolving fiscal devolution; university hospitals integrated in hospital trusts
- **2001 Constitutional reform:** healthcare under responsibility of Regions and autonomous Provinces



GOVERNANCE CHANGES IN THE ITALIAN NHS

- **1978 reform:** no CEO; management by consensus through political boards elected by Municipalities
- **1992 reform:** CEO appointed by Regional Governments; directive management
- **1999 reform:** CEO appointed by Regional Governments; CEO accountable to Region, Municipalities and other stakeholders including patients and professionals



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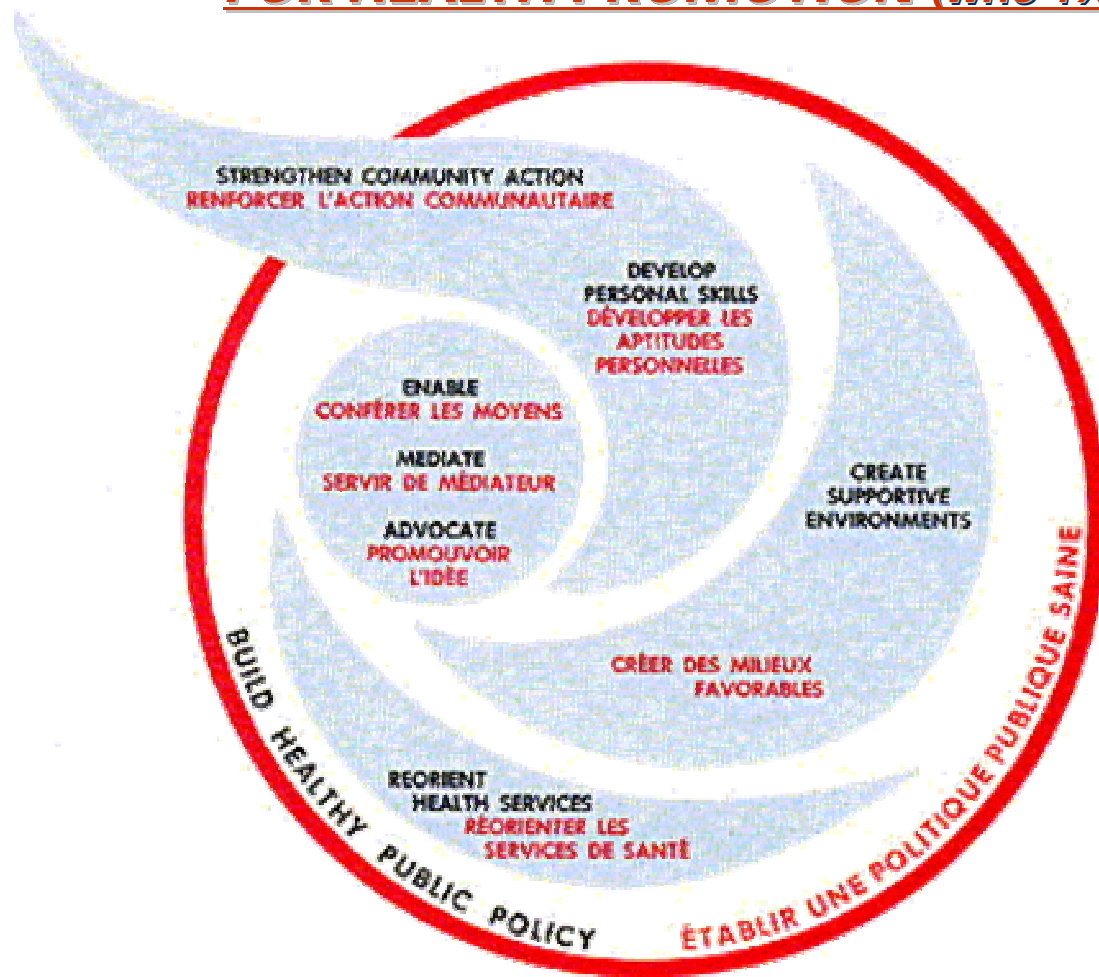
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OTTAWA CHARTER **FOR HEALTH PROMOTION (WHO-1986)**



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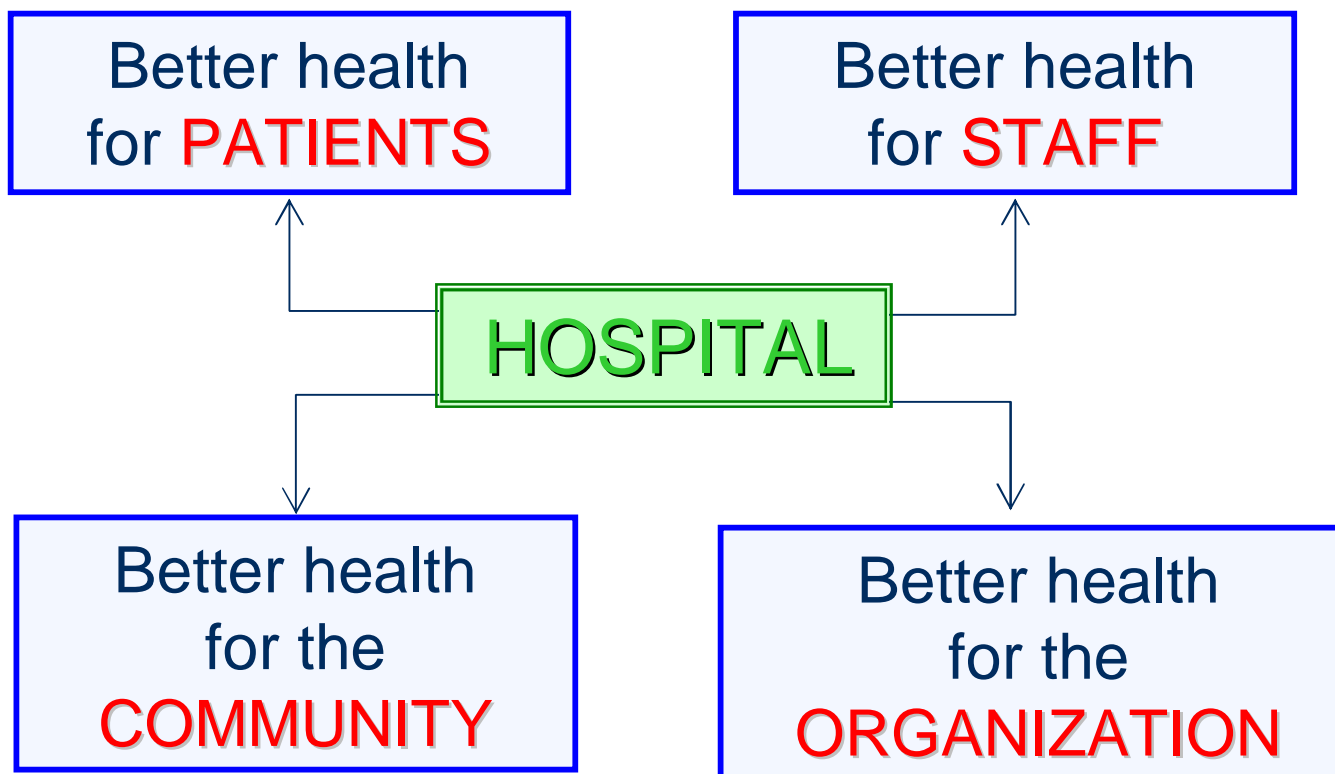
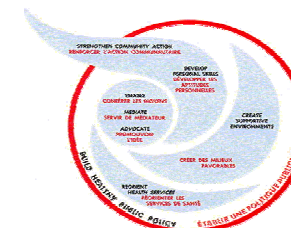
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International program on Health Promoting Hospitals





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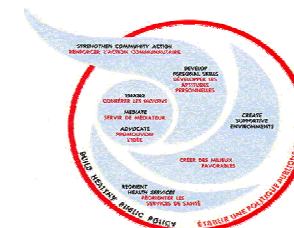


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CHANGING
HOSPITALS
IN HEALTH
PROMOTING
SETTING

DEVELOPING
HEALTH PROMOTING
HOSPITAL
PROJECTS



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Health Promoting Hospitals – HPH International and Italian Initiatives

1st phase Theoretical development, planning and trials –
1986 -1992 Budapest Declaration

2nd phase European Pilot HPH Project (20 european hospitals,
1993-1997 link with Healthy Cities Program) – Vienna
Reccomendations

3rd phase National and Regional Networks
1997-2009



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11 Italian HPH
Regional Networks
with about 160 hospitals

Campania
Emilia Romagna
Friuli Venezia Giulia
Liguria
Lombardia
Piemonte

Toscana
Trentino
Veneto
Valle d'Aosta
Calabria



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Current situation...



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... future prospects: 21



WORKING AREAS (1/2)



Lifestyle improvements

Intervention targeted at patients, staff and community on tobacco, alcohol abuse, nutrition, and physical activity

Continuity of care

Integrated home care, hospital and community services integration, palliative care, nursing homes, care pathways, diagnosis and counselling for alcohol-related problems, and mental health

Patient education

Cardiac disease, diabetes, renal disease, hypertension, articular diseases, oral anticoagulation therapy, specialist procedures, drugs assumption, and medical devices utilization

WORKING AREAS (2/2)



Multidimensional and intercultural approach to health care

Pain-free hospital, migrant-friendly hospital, health information in different languages, care pathways and education specifically designed to take into account different cultures and the different needs of children, adolescents, elderly people, etc.

Safety of patients and staff

Risk assessment process involving all stakeholders, workers protection devices, technical committees and working groups on occupational risks, safety analysis, preventive and corrective measures, incident reporting and continuing education

Environment and amenities

Information, logistics, accommodation services, nutrition, hospital signs, and administrative simplification



HPH ITALIAN NETWORK KEYNOTES

- 1st** Project management at different levels (hospitals, trusts or regions) closely connected with the National Health System, and linked to hospitals and community services to ensure continuity of care
- 2nd** Education and Training to ensure effective empowerment of staff and organizations
- 3rd** Integration of health promotion into quality management systems (accreditation, governance and quality improvement plans)



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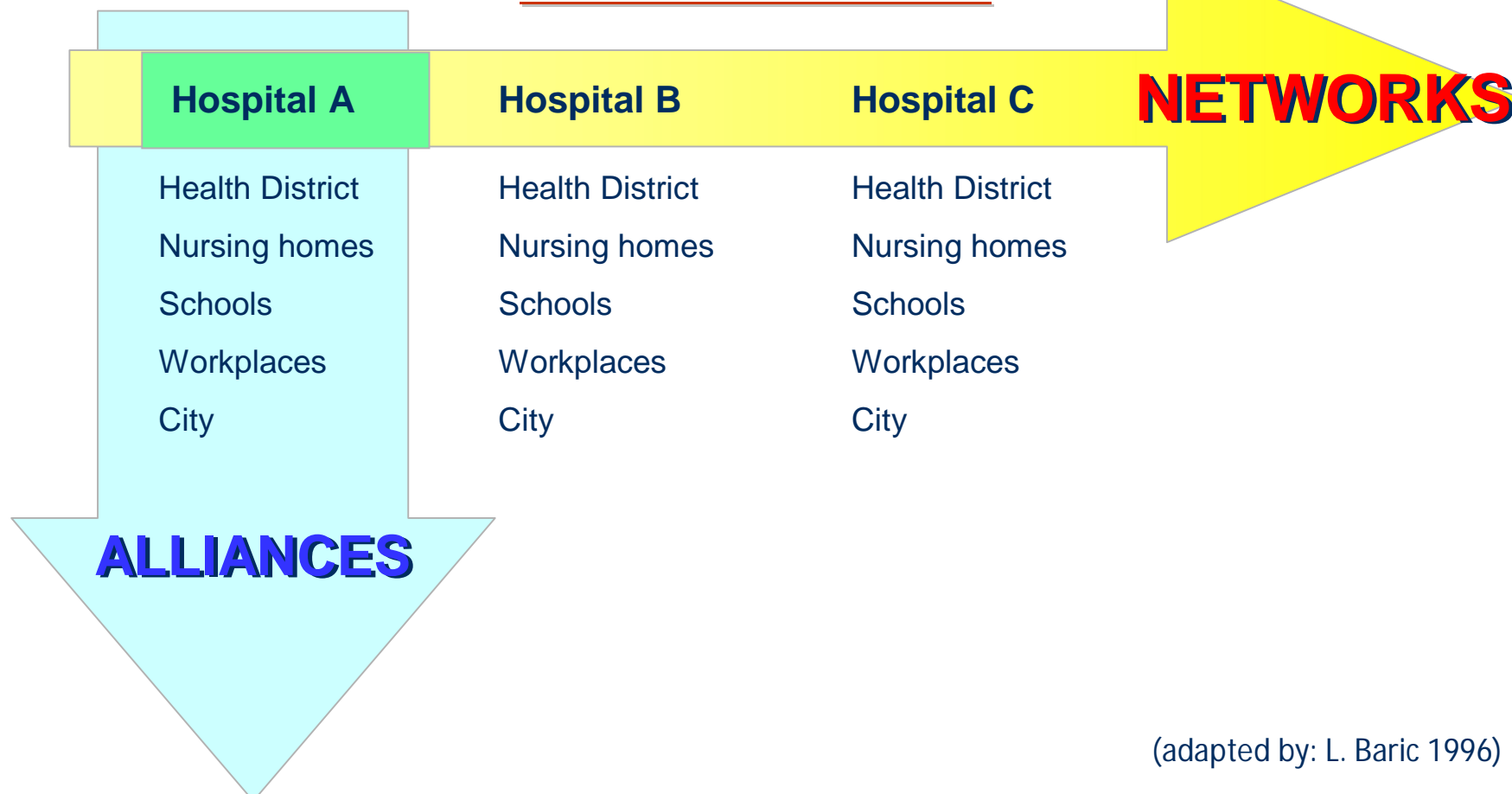
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NETWORKS AND ALLIANCES IN THE COMMUNITY



(adapted by: L. Baric 1996)



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NEXT STEPS

- Promoting the development of networks in all the Italian regions
- Helping networks to effectively operate across the traditional clinical, educational, behavioural and organizational boundaries ensuring that health promotion standards are met
- Sustaining the integration of health promotion standards, sub-standards and indicators in care delivery changes and in regular accreditation systems

ITALIAN HPH NETWORK

www.retehphitalia.it



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THE AUTONOMOUS PROVINCE OF TRENTO



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| | |
|-----------------------|----------------------------|
| Birth rate | 10.2 x 1,000 |
| Life expectancy | M = 77 yrs F = 84.6 yrs |
| Crude mortality rate | 8.8 x 1,000 |
| Infant mortality rate | 2.5 x 1,000 |
| Population > 65 yrs | 19.0 % |
| Population > 80 yrs | 5.5 % |
| Inhabitants | 502,478 |



Italy

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Health Trust Mission

- Health promotion
- Preventive medicine
- Primary health care
- Hospital care
- Rehabilitation and long term care
- Mental health



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Health Care Trust Figures

- 502,478 inhabitants
- 7,400 employees (of which about 4,000 healthcare professionals)
- 500 self-employed professionals of which 390 general practitioners, and 79 community paediatricians
- 2 hub hospitals, 11 health care districts (5 of which have hospital facilities, and outpatients facilities); 2,600 bookable visits, and clinical priorities lists
- Agreements with private hospitals, outpatients clinics, and nursing homes
- Total expenditure 2008: 1 billion euros



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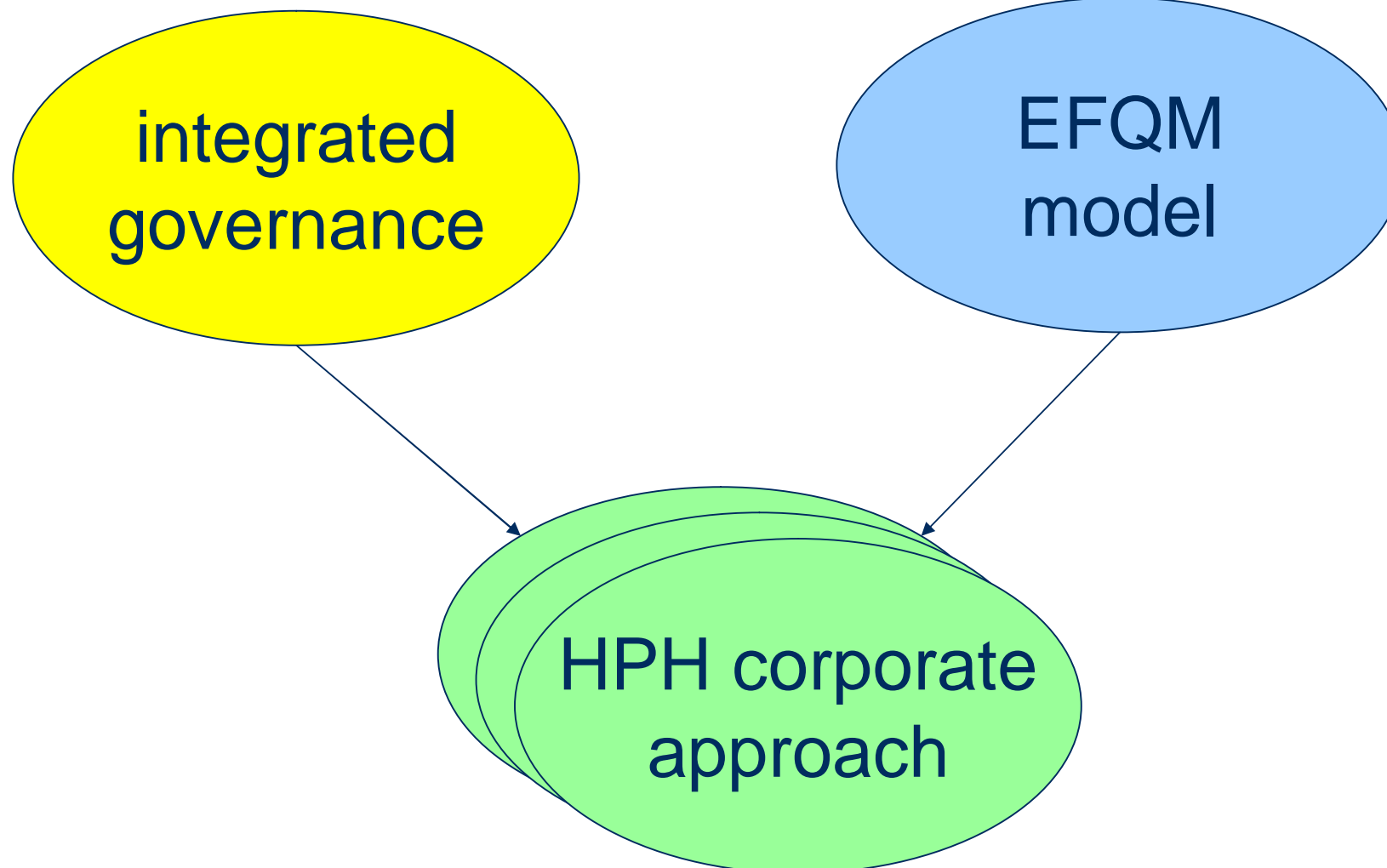


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INTEGRATED GOVERNANCE

DEFINITION

Systems and processes by which trusts lead, direct and control their functions in order to achieve organizational objectives, safety and quality of services and in which they relate to patients, the wider community and partner organizations

(Integrated Governance Handbook, Department of Health, 2006)

THE CHALLENGE

**Bringing together various strands of governance
(clinical, financial, human resources, patients and staff safety, information, technological, ecc.)**

(Integrated Governance Handbook, Department of Health, 2006)



INTEGRATED GOVERNANCE IS A KEY ISSUE FOR HEALTH PROMOTION IN HEALTH CARE SETTING

- ✓ Facilitating implementation of health promotion activities among professionals, departments and facilities in hospitals but also in community settings
- ✓ Ensuring integration of health promotion activities with other health care, technical and administrative activities
- ✓ Improving the balance of needs and expectations (i.e., national vs local, quality vs cost, right to privacy vs need to manage sensitive information, past vs future demands)
- ✓ Developing intersectoral action involving community stakeholders



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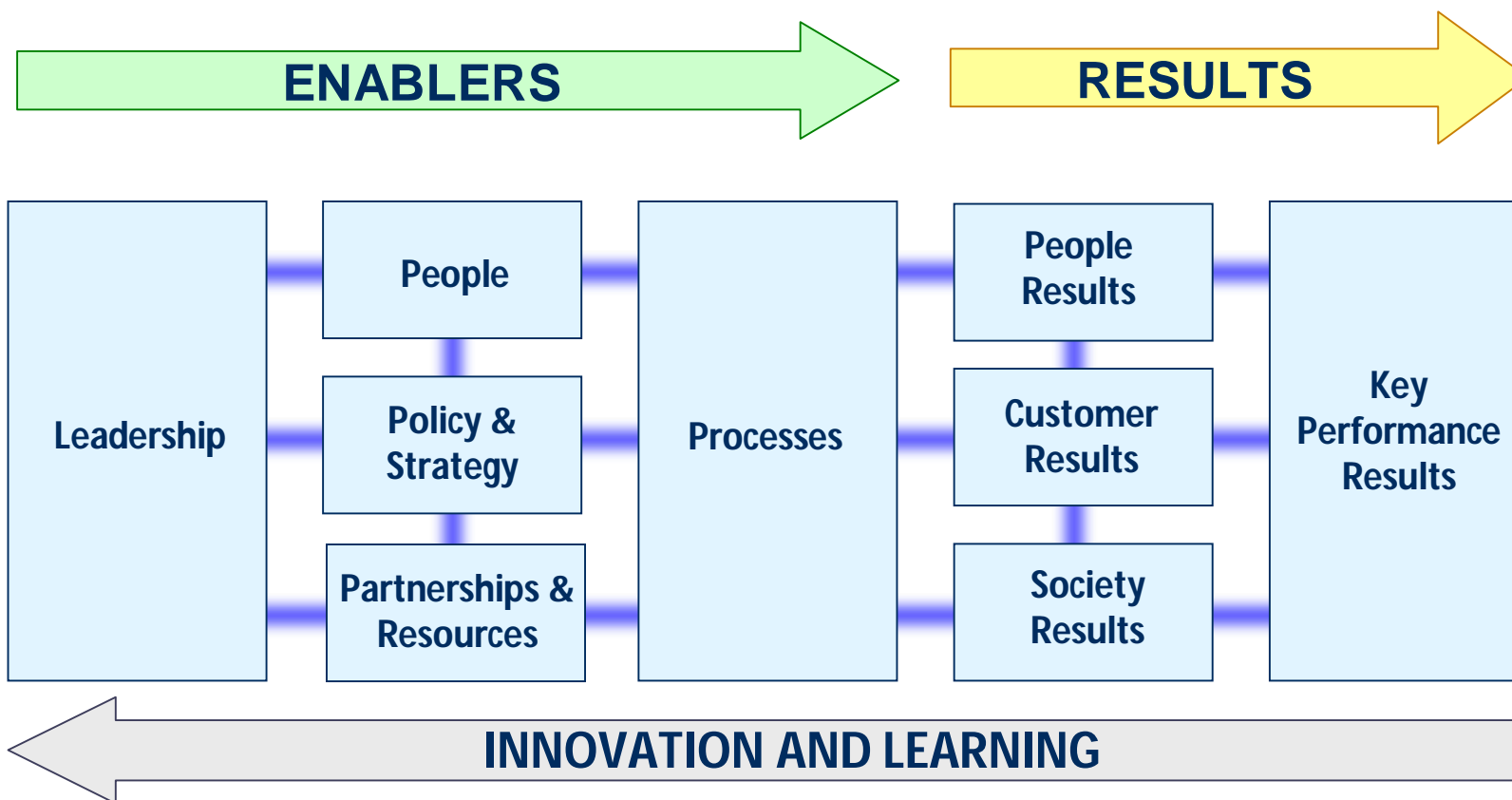
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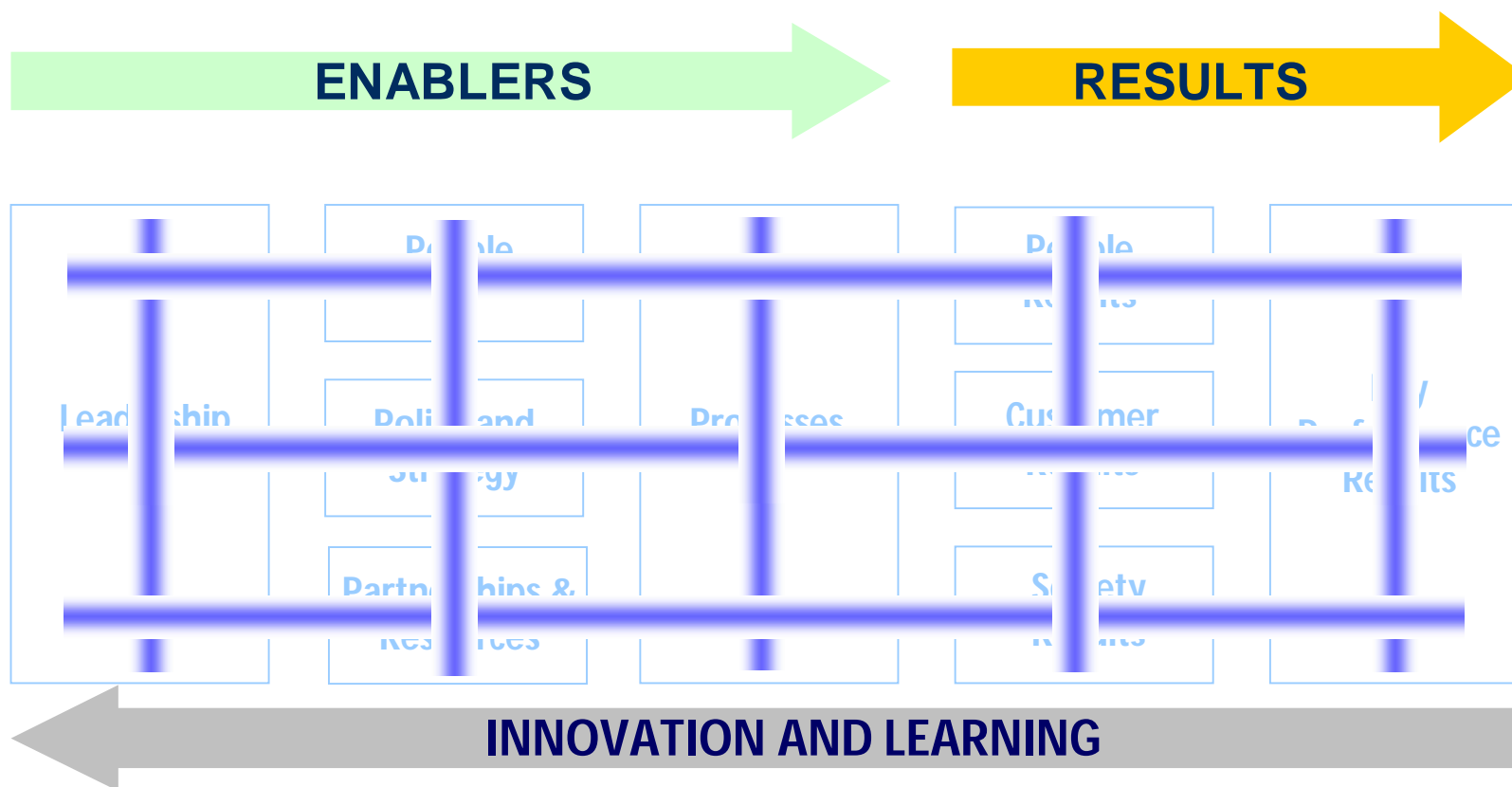
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THE EUROPEAN FOUNDATION QUALITY MODEL (EFQM) FOR EXCELLENCE





THE EUROPEAN FOUNDATION QUALITY MODEL (EFQM) FOR EXCELLENCE

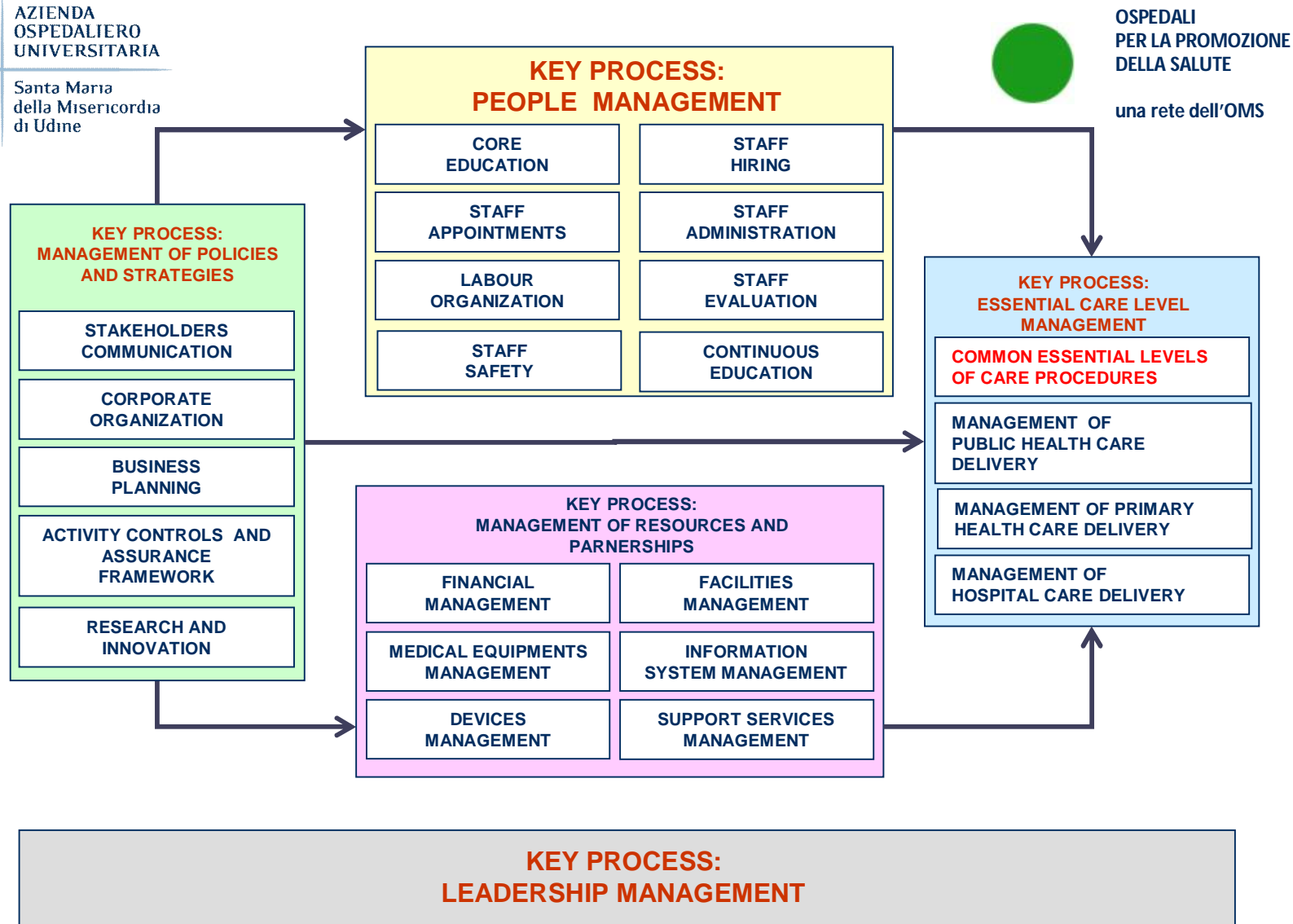




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| COMMON ESSENTIAL LEVELS OF CARE PROCEDURES | |
|--|--|
| Process goal | Managing all clinical activities and projects to ensure all health care packages (public health, primary health care, and hospital care) |
| Process activities | <ul style="list-style-type: none">– Patient safety– Control of infections related to health care practices– Pain management– Health promotion– Clinical pathways |
| Involved corporate facilities | <ul style="list-style-type: none">– Medical directorate– Hospitals, districts and departments directorates– Patient safety committee– Committee on health care practices related infections– Pain-relief working group– Health Promoting Hospital scientific committee– Special issues working groups |



COMPREHENSIVE HEALTH PROMOTION MANAGEMENT

- Ensuring integration of HPH basic values and vision into hospital business culture
- Integrating projects and activities within hospital core processes and quality improvement initiatives
- Sustaining health promotion strategies and goals to balance stakeholders needs and expectations
- Putting into practice key health promotion issues indicated by the Government and recommended by Joint Commission International



TRUST STRATEGIC DEVELOPMENT PLAN



1.1 GIVEN CONTEXT

- Health Trust mission
- Balancing stakeholders' expectations
- Sustainability
- Complexity

1.2 CHOSEN CONTEXT

- Health Trust vision
- Principles and values
- Main strategic orientations
 - **health promotion**
 - continuous quality improvement
 - corporate management
- EFQM



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BUDGET

Hospital departments



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| Main areas | Indicators domain |
|---------------------------|---|
| Public health | <ul style="list-style-type: none">• Screening promotion (women)• Vaccinations (flu) |
| Community/Health District | <ul style="list-style-type: none">• Hospital and district services integration: chronic outpatients management, care pathways coordination• Latex allergy guidelines applied to patients |
| Hospital care | <ul style="list-style-type: none">• Assessing patient: admittance, hospital treatment, discharge• Filling forms, checking patient records and discharge summary• Managing discharge of patients with complex clinical conditions• Educating patients• Reviewing patient charter |

BUDGET **Hospital departments**



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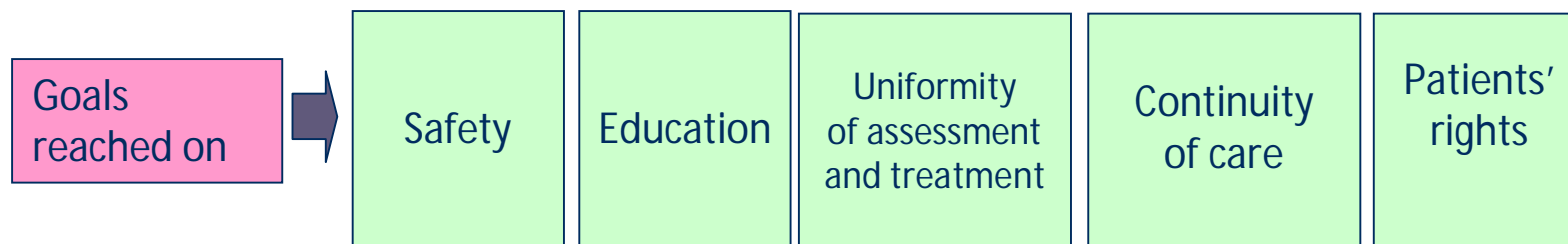
| Main areas | Indicators domain |
|-------------------------|--|
| Corporate HPH practices | Patients <ul style="list-style-type: none"> • Safety programs • Informed consent procedure • Assessment of effective patient understanding Staff <ul style="list-style-type: none"> • Safety programs |
| Special projects | <ul style="list-style-type: none"> • Counselling for alcohol-related problems • Cultural mediation service • Effective communication to patients • Pain free hospital • Incident reporting • Prevention and health promotion objectives set by Autonomous Province of Trento |



ACCREDITATION



Ospedale Santa Chiara, Trento's main corporate hospital,
was first accredited by Joint Commission International in 2005



| Key area | Primary processes |
|------------------------------|---|
| Patient and family education | <ul style="list-style-type: none">■ Encouraging and sustaining patient participation in the care process in order to improve health outcome■ Providing information to patients about consensus treatment and discharge■ Using available resources in an effective way■ Documenting educational processes |



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October 2004



Associazione Italiana Cultura Qualità

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is awarded to

**Azienda Provinciale Per I
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September 2006

Chris Lebeer,
CEO of EFQM

Issued by



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Health Promotion and Quality of Care

INTEGRATED GOVERNANCE of health promotion processes

RESULTS FOR PATIENTS AND SOCIETY

- ❖ **Outputs and outcomes of HP activities
(i.e., PATH indicators- Performance Assessment Tool for Quality Improvement in Hospitals,
specific measures, medical records monitoring)**
- ❖ **Satisfaction measures for patients, professionals, and other stakeholders
(i.e., questionnaires, focus groups)**
- ❖ **Economic and organizational impact of HP initiatives
(i.e., cost analysis, cost-effectiveness analysis)**
- ❖ **Analysis and comparison of achieved results
(i.e., process analysis, internal and external benchmarking)**
- ❖ **Results sustainability overtime**



NEXT CHALLENGES

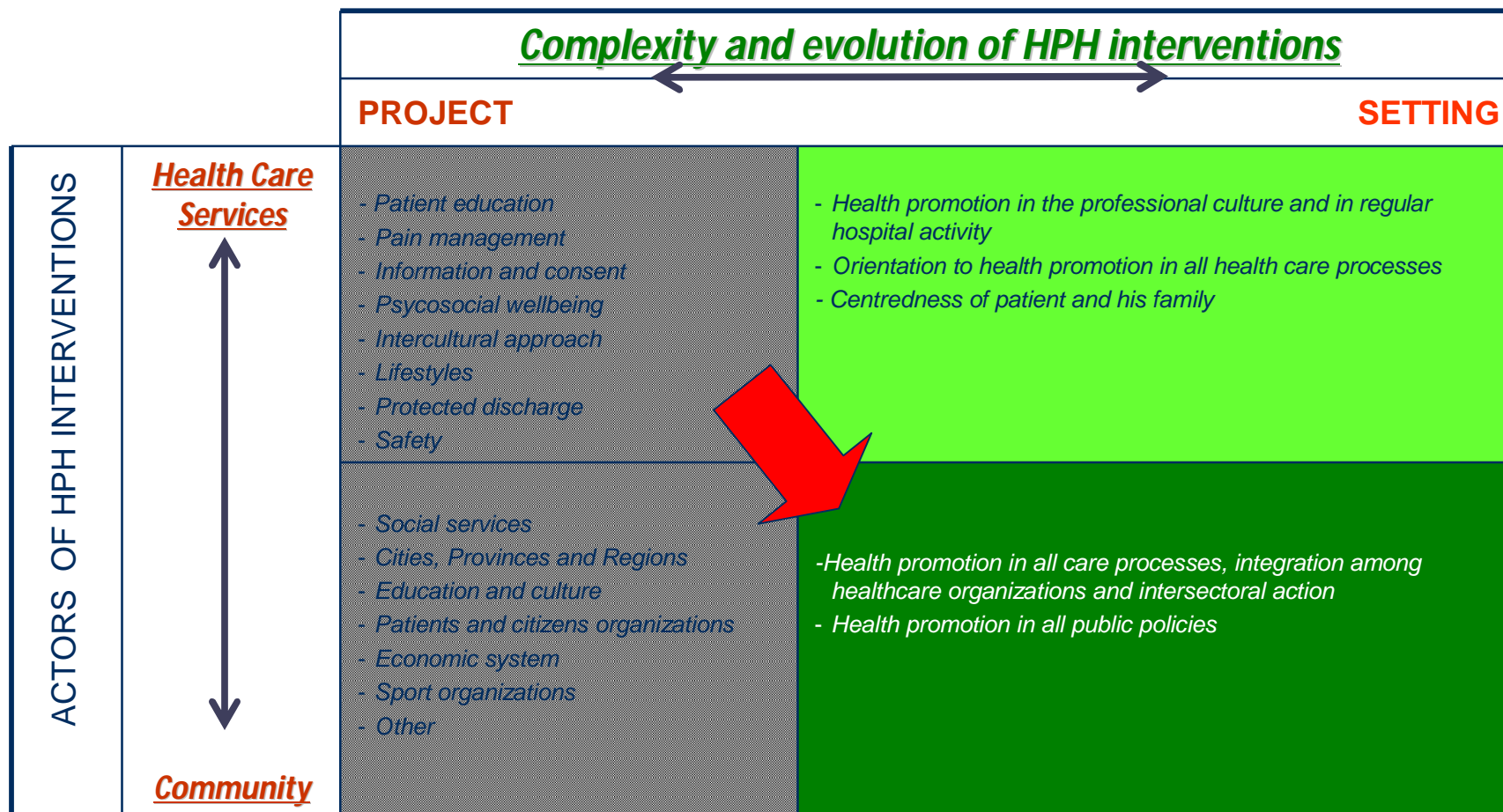
- Strengthening of Health Promoting Hospitals self-assessments
- Applying quality improvement plans based on RADAR principles (**R**esults, **A**pproach, **D**eployment, **A**ssessment, **R**evue)
- Applying Health Promoting Hospitals' approach to the design of the new Trento hospital

Health Promotion and Quality of Care



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STANDARDS

- Framework to policy, strategy and action
- Tool for process assessment, deployment and review
- Guidance for continuing education
- Tool for internal and external benchmarking



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PUTTING STRATEGY INTO ACTION

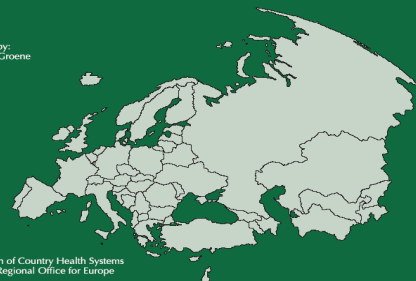
**Development of a managerial system for
Health Promoting Hospitals**

**Standards and measures of health promoting actions
within HPH**

Implementing health promotion in hospitals:

Manual and self-assessment forms

Edited by:
Oliver Groene



Division of Country Health Systems
WHO Regional Office for Europe



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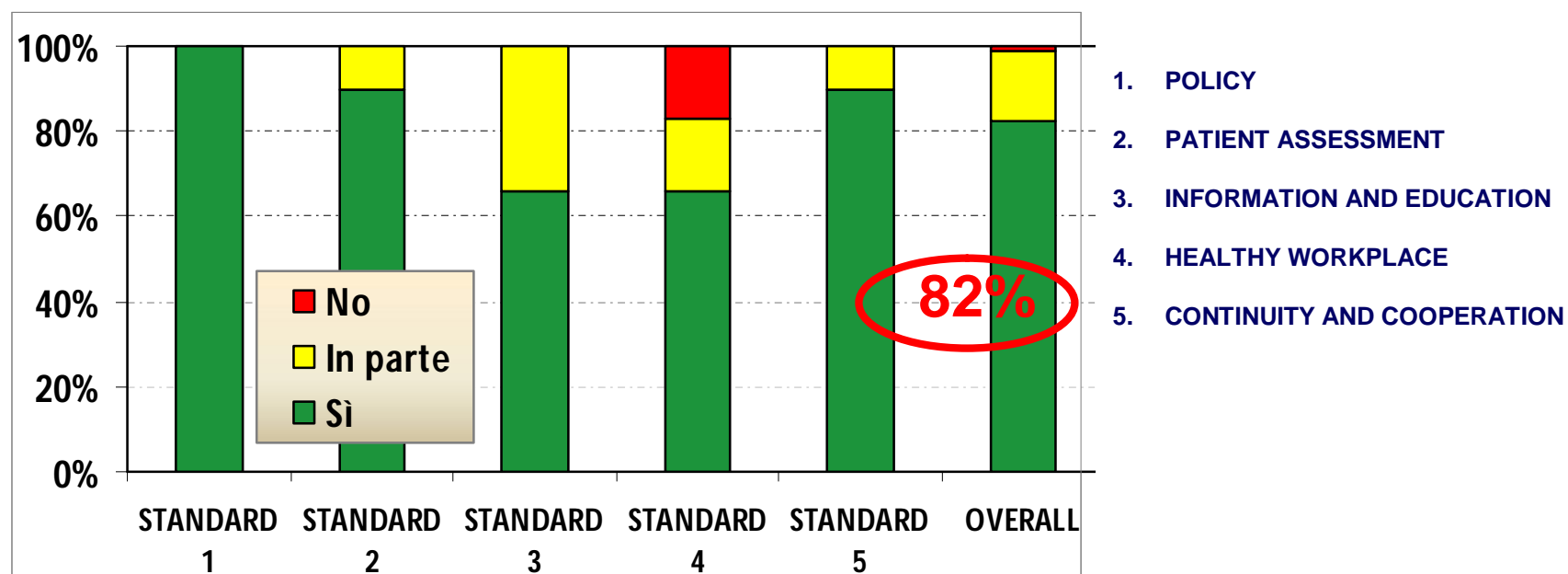


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Implementation of HPH Standards

Self assessment in the Trentino Network



Self evaluation carried out in 2008 to 2009 by about 50 health care professionals through 7 hospitals and the largest healthcare district.



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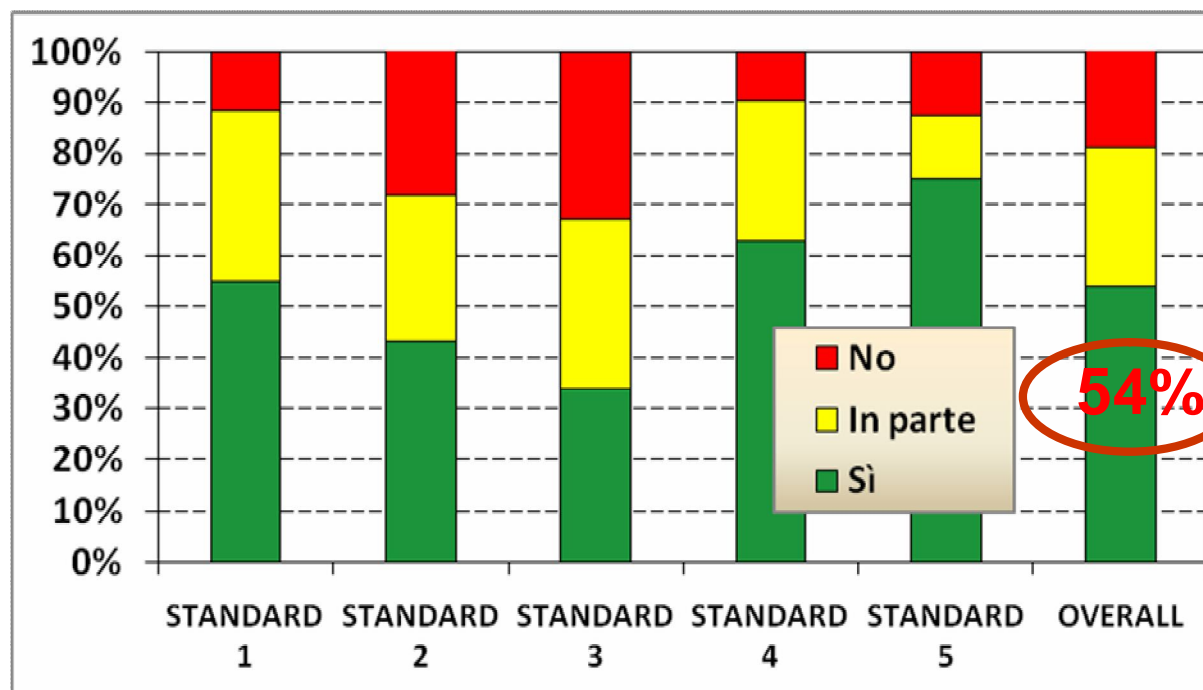
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Self assessment in one hospital in Friuli Venezia Giulia



1. POLICY
2. PATIENT ASSESSMENT
3. INFORMATION AND EDUCATION
4. HEALTHY WORKPLACE
5. CONTINUITY AND COOPERATION

*Self evaluation carried out in 2008 to 2009 by 1 doctor in the University Hospital Trust in Udine
(Thesis for his specialty in Hygiene and Preventive Medicine)*



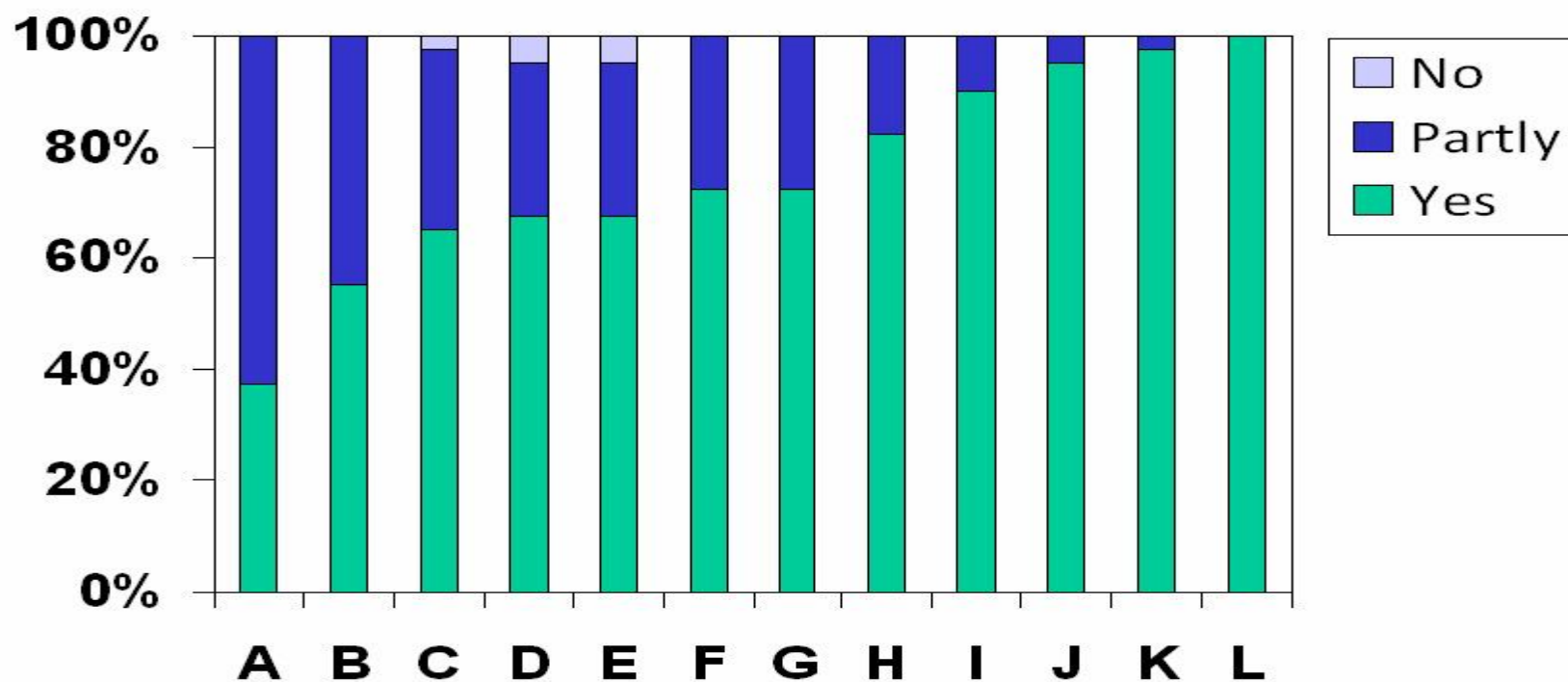
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Status – Pilot test findings (12 H/HS)

Overall assessment of standards compliance





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Key Issues in Implementation of HPH Standards

- How to armonize the way to assess HPH standards?
- How to compare best practices and results of different self assessment among hospitals and regional/national networks?



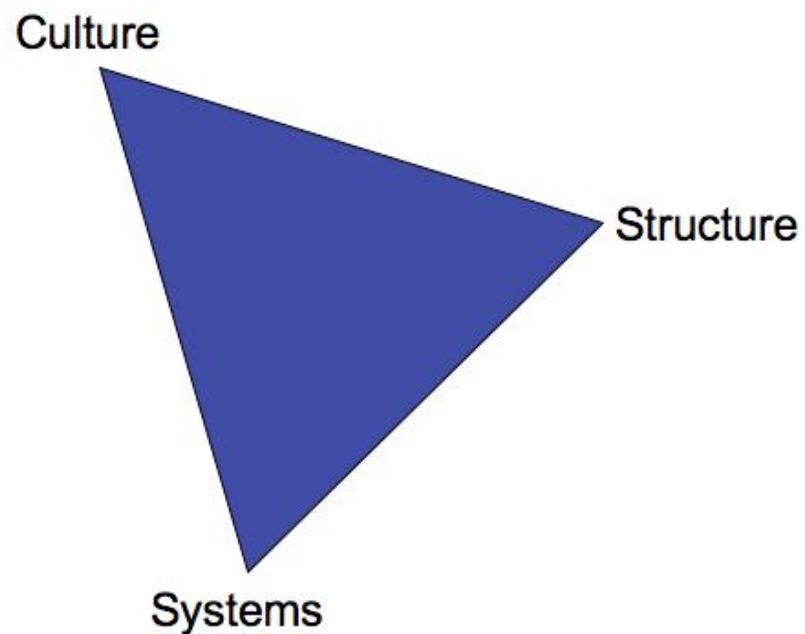
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ORGANIZATIONAL MODELS

(after Muir Gray, The healthcare culture club)





Summing up

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