



Tenth Workshop of National/Regional Health Promoting Hospitals' Network Coordinators

**Report on a WHO workshop,
Moscow, Russian Federation,
26 May 2004**

ABSTRACT

The WHO European Office for Integrated Health Care Services, Division of Country Support, organized the 10th Workshop of National/Regional Health Promoting Hospitals (HPH) Network Coordinators on 26 May 2004 in Moscow, Russian Federation. The purpose of the workshop was to discuss the overall development of the International Network of Health Promoting Hospitals, including progress made in various working groups and taskforces and future directions for the administration of the network.

The participants of the workshop were coordinators of National/Regional HPH Networks, representatives from the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care and the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals, representatives from the WHO Regional Office for Europe and observers.

The workplan of the new WHO Collaborating Center on Evidence-Based Health Promotion in Hospitals and the progress of various working groups, task forces and pilot projects were discussed.

As a conclusion of the meeting steps will be taken to support the future work of the working groups and to establish a more independent secretariat for the network administration, including webpage and database design and administration of payment of fees. The next international conference on HPH will take place in May 2005, in Dublin, Ireland.

Keywords

HOSPITALS - trends
HEALTH PROMOTION
PROGRAM EVALUATION
DELIVERY OF HEALTH CARE, INTEGRATED - organization and administration
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Introduction

The WHO European Office for Integrated Health Care Services organized the 10th Workshop of National/Regional Health Promoting Hospitals' (HPH) Network Coordinators, which took place on 26 May 2004 in Moscow, Russian Federation. The purpose of the meeting was to provide an overview of the status of the International Network of Health Promoting Hospitals and to facilitate communication and collaboration among the network coordinators.

Specific objectives were to:

- discuss the overall development of the International Network of Health Promoting Hospitals;
- present the new WHO Collaborating Center on Evidence-Based Health Promotion in Hospitals;
- present and discuss results from the working groups, task forces, pilot projects and related activities:
 - Working Group on Putting HPH Policy Into Action;
 - Working Group on Standards and Indicators for Health Promotion in Hospitals;
 - Task force on Health Promotion for Children and Adolescents in Hospitals;
 - Task force on Health Promoting Psychiatric Services;
 - Task force on Migrant-Friendly Hospitals;
 - Pilot project on combining the HPH project with the European Foundation for Quality Management approach and Balanced Scorecard;
 - Pilot project on developing codes to register and reimburse health promotion services (related to Quality-based purchasing working group);
 - The European Network of Smoke-free hospitals;
 - Investment for health and hospitals.
- plan the next international conference in Dublin 2005 and Lithuania/Greece 2006.

In addition, a discussion was initiated on the overall network administration.

The following sections summarize the presentations on the working groups, task forces and WHO Collaborating Centres (WHO CC) and the conclusions from the meeting regarding technical progress, network administration and future conferences.

Progress reports

WHO Collaborating Centre for “Evidence-based Health Promotion in Hospitals”

A new WHO Collaborating Centre for “Evidence-based Health Promotion in Hospitals” was presented to all members of the network. It had been established to satisfy demands of the member hospitals to provide advice on evidence-based results for health promotion activities in hospitals. The centre is based at the Bispebjerg hospital in Copenhagen, Denmark, and led by Dr Hanne Tonnesen, chief of the clinical unit for preventive medicine. This unit have in the past collaborated closely with WHO and the HPH Network through contributions to working groups, publications and hosted the 9th International Conference on HPH in 2001.

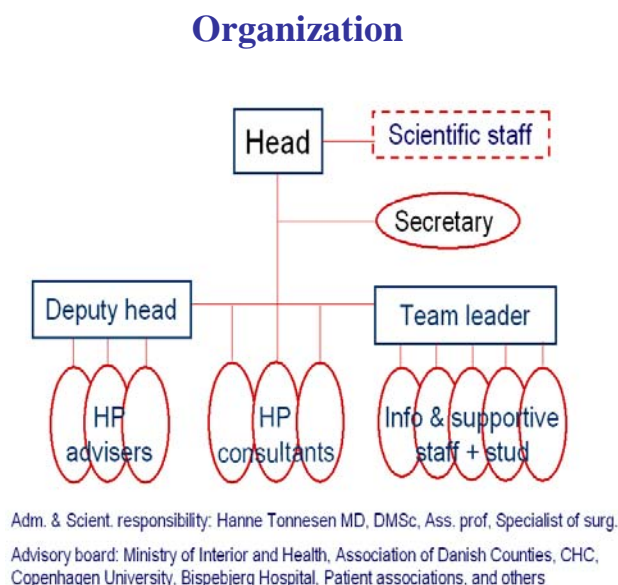
The mission of the WHO Collaborating Centre is to support countries in evaluating health promotion (HP) activities related to patients, staff and the community and in introducing HPH strategies and standards in order to identify successful activities. The WHO Collaborating Centre aims to become a cooperating partner in health care by collecting and disseminating evidence-based knowledge, developing models, instruments and educational materials, and supporting the implementation of health promotion through advice and support, education, workshops, and conference-related activities.

The main areas of research of the WHO Collaborating Centre are:

- prevention of patient dependant complications in surgery (mainly tobacco and alcohol)
- improved continuity and rehabilitation in chronic diseases
- implementation of a systematic programme for patients and staff (to address smoking cessation and alcohol problems)
- and implementation of ergonomic prevention among staff.

The organigram can be described as follows (Figure 1):

Figure 1: Organigram of WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals



Working group on “Putting HPH Policy into Action”

The working group was established to develop a framework to facilitate implementation and evaluation of health promotion strategies in hospitals, and aims to prepare a concise document for managers and health professionals to put into practice available recommendations on health promotion in hospitals.

Based on the intervention focus - either directed towards patients, staff, or the community - on the one hand, and the scope of the intervention - from provision of specific health information to participatory organization of health care services - 18 core health promotion strategies have been identified together with a definition of the strategy, its rationale, core references to the evidence base in literature, examples of implementation of the strategy, and links to projects registered in the database of the Health Promoting Hospitals' network.

The draft paper of the working group is available online on the web page of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care: <http://www.hph-hc.cc/Downloads/HPH-Publications/Working-Paper-HPH-core-strategies-draft040518.doc>

Working group on “Standards for Health Promotion in Health Promoting Hospitals”

Usually formal hospital accreditations and quality assessments do not fully consider health promotion activities. To fill this gap and to support the evaluation of health promotion activities in hospitals five standards and complementary performance indicators have been developed.

The standards address: hospital management policy; patients' assessment, information and intervention; a healthy workplace; and continuity and cooperation with other providers of health promotion services. A pilot test of the five standards yielded a positive assessment of their relevance and applicability, and showed that compliance with the standards can be assessed.

A self-assessment tool for the assessment of health promotion standards and indicators has been developed and is currently being pilot implemented in 177 hospitals in 10 European countries. It is expected that all health promoting hospitals will use the standards and indicators to assess and to improve their quality of care.

Standards for Health Promotion in Hospitals

<http://www.euro.who.int/document/e82490.pdf> (available in English only)

Final results of the pilot implementation will be presented at the HPH conference in Dublin 2005.

Task force on “Health promotion for children and adolescents in hospitals”

A task force on health promotion for children and adolescents in hospitals was set up during the 11th International Conference on Health Promoting Hospitals in 2003.

The task force was set up with the team of the Health Promotion Programme of the A. Meyer Children’s University Hospital of Florence. In collaboration with WHO, the task force has established a net of relationships with important children’s hospitals and paediatric departments of general hospitals; university research units and associations for the children in hospitals.

The purpose of the task force is to review the role of the hospital and its impact on health before birth, during the perinatal, early neonatal and neonatal periods, and in periods of hospitalization during childhood and adolescence. It aims at assessing health promotion activities for children and adolescents in hospitals, developing and disseminating tools for improving health promotion actions for children and adolescents.

The age between childhood and adolescence represents a particularly sensible phase of life for the adoption of healthy lifestyles and the acquisition of coping mechanisms that will prove helpful in adulthood and old age. The hospital should play an increasing role in contributing to the promotion of a healthy development of children and adolescents, and should represent an opportunity of growth on the level of awareness of health promotion possibilities. A Health Promoting Hospital could play an important role for the empowerment of children and adolescents for their health.

Further information (objectives, presentations, reports) is available on the web pages of the working group: <http://www.meyer.it/hph/hph-ca/> and the report of the first workshop can be accessed at http://www.euro.who.int/healthpromohosp/Publications/20020726_1. The task force will link with the baby-friendly hospital, children’s rights and other already existing initiatives.

Task force on “Quality-based purchasing”

Evidence has become available showing positive impact of health promotion actions in health care settings. However, their implementation is slow. One major reason is that there are no specific financial mechanisms or incentives for the provision of health promotion services within hospital health care services.

A Danish HPH project has embarked upon the task to link health promotion actions to the International Classification of Disease (ICD) codes. The codes cover a wide range of health promotion activities and interventions, as well as rehabilitation services and can in the future be linked to the reimbursement system through Diagnosis Related Groups (DRG). A pilot test is being carried out in order to evaluate the relevance of the coding system. Subsequent work will aim at developing a methodology to set a price for each activity.

Furthermore, a model has been developed to analyse economic incentives and their impact on the quality of care, with a focus on chronic care management. A survey is being carried out, aiming at assessing the extent to which these incentives are in place in European countries. Reports of the meeting will be available on the web pages of the WHO Regional Office for Europe: <http://www.euro.who.int/ihb>

Task force on “Migrant-friendly hospitals”

European populations are becoming increasingly more diverse on several grounds, including ethnic origin, cultural background, religious belief, legal status and social situation. This also affects health care and hospitals: people on the move face greater health risks, may suffer from conditions not commonly found in Europe and have different expectations concerning health services, including utilization patterns. Access to adequate health care is further complicated by the language barriers and disadvantaged social situation of migrants and ethnic minorities.

The task force will continue the work of the EU supported Migrant-friendly Hospital (MFH) project. The MFH project concentrated on pooling European and international expertise and collecting, implementing, and evaluating models of good practice in 12 European pilot hospitals. Experiences and results of this project will form a core contribution to a conference being organized to take place from 9-11 December 2004 in Amsterdam (<http://www.nigz.nl/dossiers/docs/migrhosfinal%20first%20announcement.pdf>).

Task Force on “Health Promoting Psychiatric Services”

The task force on health promotion for psychiatric services was set up with the objective of improving mental health through health promotion, and to facilitate the exchange of experience regarding health promotion within psychiatry, to develop models of good practice for health promotion within psychiatry, to identify and promote innovative projects, to establish guidelines and recommendations for network members and to promote links to other international organizations.

The founding members of the task force have set up a web page containing a wealth of information on European projects to improve the health of patients in psychiatric hospitals (<http://www.hpps.net/>).

European Network of smoke-free hospitals (ENSH)

Although aiming at shared objectives, making hospitals smoke-free, the HPH network and the European Network of Smoke-free hospitals (ENSH) have had only loose collaboration in the past. There is strong ground for a stronger collaboration in the future: the ENSH has carried out surveys and developed tools to assess hospitals for smoke-free status and is active in countries that so far have not been involved in the HPH network. On the other hand the HPH network has developed tools that make specific reference to smoking behaviour and overlap should be avoided in working with national and regional authorities on making hospitals smoke-free.

Health professionals in the hospital setting have the possibility to reduce the use of tobacco and its deleterious health effects.

This obligation does not only cover the establishment of a smoke free environment to protect non-smokers and the establishment of a smoke-free workplace for all hospital staff, but also the provision of active support for smokers in their quitting process. Health professionals should also recognize their role of example and the need to reduce smoking themselves. The overall aim should be the establishment of a general non-smoking culture in and around hospital settings.

Tobacco kills almost five million people each year world wide. It is estimated that, if current trends continue, 10 million people a year will be killed by the pandemic by 2020, with 70% of those deaths occurring in developing countries. In the European Region about 215 million Europeans smoke, of whom 130 million are male and 85 million are woman. The annual number of deaths attributable to the consumption of tobacco products is estimated at 1.2 million (14% of all deaths). 90% of lung cancer, 75% of chronic bronchitis and emphysema and 25% of ischaemic heart disease are directly linked to tobacco use. The health impact of smoking on the mother, the foetus and the young child deserves particular attention.

Hospitals and community development

The HPH Network present opportunities for economic development and poverty reduction¹. The Millenium Development Goals and the Commission on Macroeconomics and Health make reference to the positive impact of economic development on health. Health systems can create opportunities for building social/economic capacity, reducing poverty and inequalities and a collaboration between the HPH network and the Investment for Health and Development Office in Venice may be useful in identifying case-studies where hospitals have made an impact on economic development. Evidence of such impact may be found in the three areas of a) recruitment and employment policies, b) procurement policies and c) operational systems and policies. Members of the HPH network are encouraged to participate in the search for models of good practice (<http://www.euro.who.int/ihd>).

Rethinking the HPH network administration

The Health Promoting Hospitals initiative was started more then 10 years ago, first as a pilot project with 20 hospitals and subsequently with the establishment of national and regional HPH networks; the pilot project was coordinated by Ludwig Boltzmann Institute, a Collaborating Centre for health promoting hospitals and health care, and the WHO Regional Office for Europe took over when national and regional networks were established. After ten years of coordinating the HPH development through WHO, and annual meetings of national and regional coordinators, it was considered that another approach and future options for network coordination should be discussed.

In the light of the new WHO country strategy, WHO's role in the coordination of the network also needs to be revised. In the last years, WHO has embraced the administration of the payment of fees and recognition of individual hospitals, the development and administration of an internet-based database, the contribution to and acknowledgement of national and international conferences, initiation, support of international working groups, and support of national training activities.

Experience from other networks (such as Healthy Cities, Healthy Schools) shows that part of the network coordination can be carried out effectively outside WHO. The administration and updating of databases, registration of individual hospitals and administrative arrangements for meetings can be done efficiently by an independent network organization.

¹ Dr Erio Ziglio, Head of the WHO European Office for Investment for Health and Development in Venice, Italy
Venice

A number of discussion points were raised to establish a more independent network secretariat to deal with administrative issues, and coordination of network activities:

- To establish an **independent secretariat for the administration of the network.**

The secretariat could be based at a WHO Collaborating Centre, a Ministry or an institution (e.g. University, school of public health) that has maintained an important contribution for the development of HPH. The deadline for the establishment of the above-mentioned secretariat is March 2005.

- To **establish a steering committee for the network.**

The committee would aim at a better development of the network, a closer collaboration of the working group/task force leaders, national/regional coordinators and external partners. The steering committee would be responsible for the establishment of taskforces and working groups, provide input to scientific conferences and the preparation of documents and throughout the year will plan the agenda of the annual workshop of HPH coordinators. Members of the committee would be representatives of WHO, WHO CCs, working group and task force leaders, conference hosts.

- To **increase the HPH membership fee.**

WHO collects 100USD annually from member hospitals to support international working groups, organization of workshops and preparation of documents for the HPH Network. The fee is reduced for Eastern European hospitals and has remained constant since its introduction. Overall, contributions amounted to USD 38,800 in 2003. An increase in the fee would help to finance the secretariat, communication and distribution of information circulars.

Participants raised a number of concerns, but also found some advantages for a change in handling the network. The main concern was the perception that WHO may provide less support in the future. The advantage was the more efficient communication between the members of the network through efficient webpage, database and membership administration. Although some participants were afraid that WHO support may diminish, it was expressed that WHO may in fact be better able to provide support to Member States after having outsourced some of the time-consuming administrative functions.

After discussing the pros and cons of various approaches towards managing the HPH network in the future, participants agreed that some of the functions previously carried out by WHO may be outsourced without WHO support vanishing. Participants also agreed to establish a steering committee and to raise the membership fee to finance the outsourced functions.

Conclusion

Technical progress

1. Major progress has been made in developing quality assessment and improvements tools for hospitals and networks (self-assessment tool for standards and indicators, EFQM and Balanced Scorecard, coding system and reimbursement for health promotion). A booklet/flyer on strategy, standard and indicator implementation to provide an overview on tools available may be prepared.
2. Although some technical issues remain to be resolved such tools may be used for comparisons between hospitals. In order to make sense out of such comparisons, the HPH database needs to be advanced to provide more contextual information allowing to understand differences in performances. Comparing data is often confused with the term benchmarking, however, benchmarking goes much further and requires identifying best performers in a given field and understanding how they reach that performance for others to follow. Benchmarking of health promotion activities based on assessment of standard and indicators would be desirable, but further work needs to be done to reach a level where benchmarking of health promotion is possible.
3. The reimbursement of health promotion activities is a main issue in many countries, hindering a further engagement of hospitals in health promotion activities. Hanne Tonnesen has led a pilot project in Denmark to develop codes linked to the International Classification of Diseases (ICD) system for health promotion activities, allowing subsequent reimbursement. Given the positive experience so far with this project and the importance of the issue she will lead a working group to develop a pilot test at international level.
4. A new issue, of responsibility for community development, which has not been given too much attention to in the last years, was raised by Erio Ziglio. In the light of new evidence on the impact of hospitals on community development, further attention will be brought to the issue. Hospitals need to look for opportunities within their communities.
5. A new WHO Collaborating Centre on Evidence-based health promotion in hospitals was established last year. The centre is expected to provide substantial support for the development of evidence-based strategies and actions for health promotion improvement in hospitals.

Future administration of the HPH network

6. The HPH membership fee will be raised to cover the administration costs in the future. It was suggested to change the current rate of 100USD to 300€, however, it was further suggested to develop a business plan to estimate the costs of network coordination. A business plan will be prepared including budget and terms of reference for the HPH network coordination centre (specific reference to web, database, invoice, administration).
7. It needs to be considered that hospitals have signed the letter of understanding specifying a fee of 100USD for an agreed five year period. In terms of increasing the

membership fee, transitional agreements should be found for those member hospitals that have recently signed the agreement.

8. Previously there were different fees for member hospitals from Western, Central Eastern and Eastern Europe. The new procedures for the payment of membership fees will continue this differentiation.
9. There was general agreement for the need of a steering committee for the strategic HPH network development. Among the maximum 10 persons should be representatives of WHO, WHO Collaborating Centres, the host of the next International HPH Conference, and working group leaders. A number of participants expressed their willingness to be part of that committee: Margarete Kristensen (SWE), Carlo Favaretti (ITA), Zora Bruchova (SLV), Jürgen Pelikan (AUS), Hartmut Berger (DEU), Yannis Tountas (GRE), Anne Maren Have (NOR).
10. The question was raised whether outsourced administrative functions for the HPH network (secretariat, webdesign, database administration) need to remain jointly organized or whether it would be possible to separate these functions. Although, particularly for the function web and database administration, there may be some benefit of jointly organizing these functions, given modern communication technologies there is no general obstacle to separate the functions. A number of participants expressed tentatively their willingness to take over different functions (Yannis Tountas, Hanne Tonnesen, Ann O'Riordan).
11. A working paper on the reorganization of the HPH network will be prepared by WHO and sent out to the network coordinators. Subsequently, a small working group will set up details of administrative arrangements and involve all network coordinators in this process. A decision shall be taken at the conference in Dublin regarding the administration of the network, the composition of a steering group and the responsibilities for updating database and web. There will be a voting procedure for members of the steering committee.
12. It was concluded that the administration of the network should be characterized by a light managerial structure, a committed steering committee and governed according to WHO orthodoxy. In the future discussions on the administration of the HPH network may also focus on developing a society, union or association.

Other issues

13. The audit questionnaire for smoke-free hospitals may be used to assess the level of smoke-free hospital implementation in HPH hospitals.
14. The next HPH annual conferences will take place as follows: 2005 Dublin, 2006 Greece or Lithuania, 2007 Vienna.
15. A summer school on evidence-based health promotion in hospitals will be organized in the conjunction with the 13th International Conference on Health Promoting Hospitals in Dublin, by the WHO Collaborating Centre on Evidence-based health promotion in hospitals.
16. As preliminary suggestions for the upcoming conference in Dublin, the following subjects were suggested: chronic care management, relation of hospital services with primary care, social change, tobacco.

Annex 1

SCOPE AND PURPOSE

The WHO European Office for Integrated Health Care Services, Division of Country Support, is organizing the **10th Workshop of National/Regional HPH Network Coordinators**, taking place on 26 May 2004 in Moscow, Russian Federation.

The workshop will provide an overview on the status of the International Network of Health Promoting Hospitals and address issues related to its future development.

The purpose of the workshop is to:

- discuss the overall development of the International Network of Health Promoting Hospitals;
- present the new WHO Collaborating Center on Evidence-Based Health Promotion in Hospitals;
- present results from the working groups and task forces (Health Promotion for Children and Adolescents in Hospitals, Health Promoting Psychiatric Services, Putting HPH Policy Into Action, Standards for Health Promotion in Hospitals and the HPH-European Foundation for Quality Management-Balanced Scorecard pilot project) and discuss their support for the overall network development;
- discuss and make recommendations on the structure of the national/regional coordinators workshop for the coming years;
- discuss the administration of the network for the future; and
- plan the next international conference in Dublin 2005.

The participants of the workshop will be coordinators of National/Regional HPH Networks, representatives from the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care and the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals, representatives from the WHO Regional Office for Europe and observers.

Annex 2

PROGRAMME

26 May 2004

09.00 – 09.15 REGISTRATION

- 09.15 – 09.30 Opening: *Mila Garcia-Barbero*
Local Conference Organizer: *George Goluhov*
Overview on working groups and taskforces. Chair: *Mila Garcia-Barbero*
- 09.30 – 09.45 Presentation of WHO CC on Evidence for Health Promotion in Hospitals: *Hanne Tonnesen*
- 09.45 – 10.00 Putting HPH Policy into Practice: *Jürgen Pelikan*
- 10.00 – 10.15 Standards and Indicators for Health Promotion in Hospitals: *Oliver Gröne & Svend Juul Jorgensen*
- 10.15 – 10.30 Health Promotion for Children and Adolescents in Hospitals: *Fabrizio Simonelli*
- 10.30 – 10.45 Applying the EFQM and BSC model to HPH: *Werner Schmidt & Elimar Brandt*
- 10.45 – 11.00 Migrant Friendly Hospitals: *Antonio Chiarenza*
- 11.00 – 11.15 Coding and reimbursement of health promotion services in hospitals: *Hanne Tonnesen*
- 11.15 – 11.30 Health Systems: Opportunities for economic development and poverty reduction: *Erio Ziglio*
- 11.30 – 11.45 COFFEE BREAK**
- 11.45 – 13.00 Discussion on working groups and taskforces. Chair: *Irena Miseviciene (pending of confirmation)*
- 13.00 – 14.30 LUNCH BREAK**
- Governance of the HPH Network. Chair: *Jürgen Pelikan*
- 14.30 – 14.45 Improving network coordination in the future: fees, administration and WHO support: *Oliver Gröne*
- 14.45 – 15.30 Discussion
- 15.30 – 16.00 COFFEE BREAK**
- 16.00 – 16.45 Discussion continued
- 16.45 – 17.00 Health Promoting Psychiatric Services: *Hartmut Berger*
- 17.00 – 17.15 Presentation on the 13th International Conference on HPH in Dublin
- 17.15 – 17.30 Conclusions and Closure: *Mila Garcia-Barbero*

Annex 3

LIST OF PARTICIPANTS

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Annex 4

LIST OF DOCUMENTS FROM CD AVAILABLE UPON REQUEST

Presentations

Presentation of WHO CC on Evidence for Health Promotion in Hospitals: *Hanne Tonnesen*

Putting HPH Policy into Practice: *Jürgen Pelikan*

Standards and Indicators for Health Promotion in Hospitals: *Oliver Gröne & Svend Juul Jorgensen*

Health Promotion for Children and Adolescents in Hospitals: *Fabrizio Simonelli*

Applying the EFQM and BSC model to HPH: *Werner Schmidt & Elimar Brandt*

Migrant Friendly Hospitals: *Antonio Chiarenza*

Coding and reimbursement of health promotion services in hospitals: *Hanne Tonnesen*

Health Systems: Opportunities for economic development and poverty reduction: *Erio Ziglio*

Governance of the HPH Network. Chair: *Jürgen Pelikan*

Health Promoting Psychiatric Services: *Hartmut Berger*

Background papers

Pilot project HPH EFQM BSC

Health Promoting Hospital Policy Implementation with combined application of the EFQM-Excellence Model and the Balanced Scorecard (BSC)

Working group health promotion for children and adolescents in hospitals

Glossary and Target Groups

Open Project

EACH Charter

Resolution of the 8th European Conference of EACH March 25 – 28, 2004, in Lisbon, Portugal

Working group putting HPH policy into action

18 Core Strategies for Health Promoting Hospitals (HPH)

Putting HPH Policy into Action

Working group on quality based purchasing

Background paper for the 1st Workshop on Health Promoting Hospitals Quality Based Purchasing, Barcelona, Spain, 2-3 April 2004

Smoke-free hospitals

European Network Smoke-free Hospital

Task force on migrant friendly hospitals

First Announcement. International conference on quality- assured health care and health promotion for migrants and ethnic minorities
