



Midland Health Board  
HEALTH PROMOTING HOSPITALS

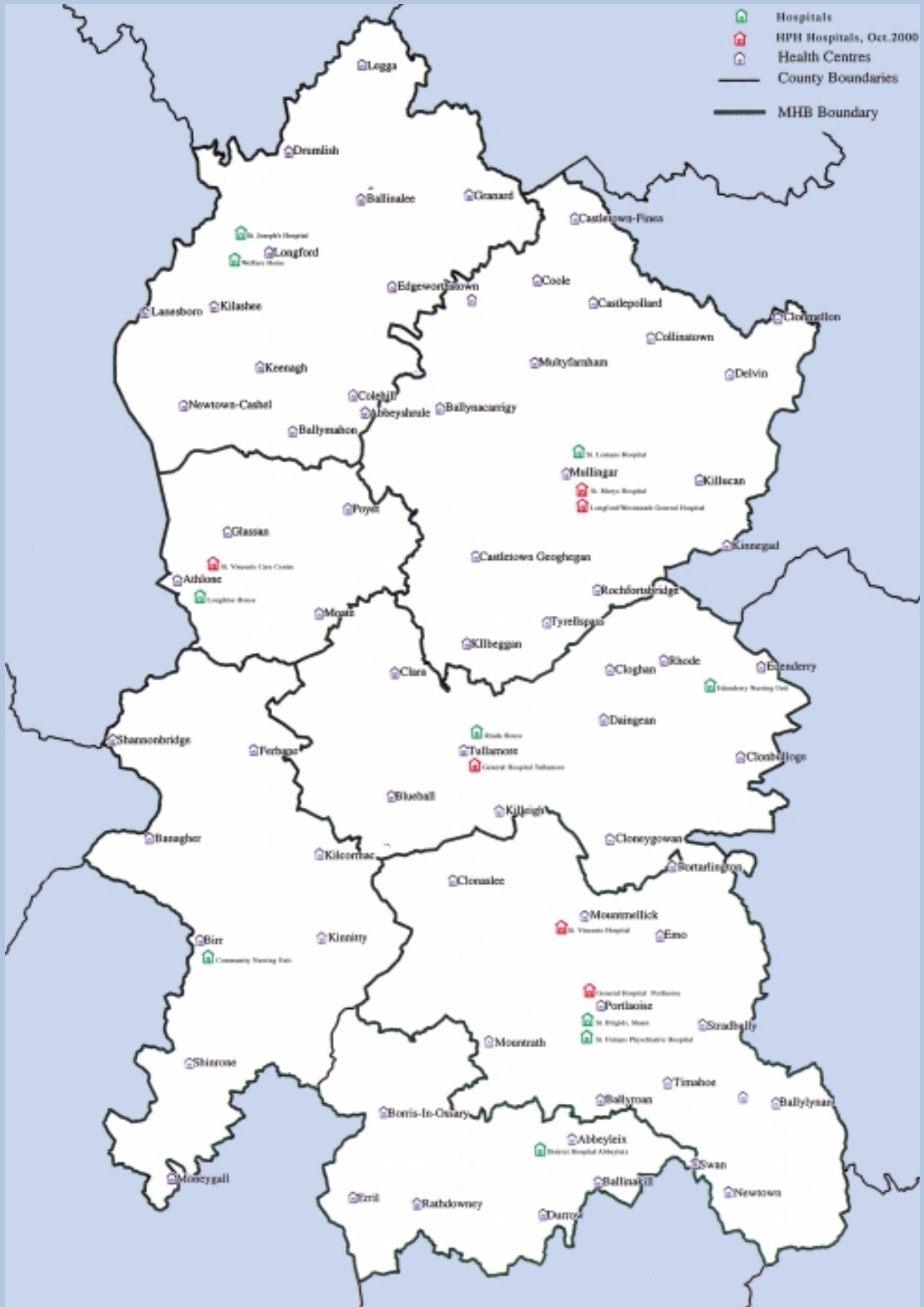


# FRAMEWORK DOCUMENT

1999 - 2002

## HEALTH PROMOTING HOSPITALS

# Midland Health Board





# A Framework for the Health Promoting Hospitals Movement and its Development in the Midland Health Board.

*DEVELOPING A HEALTHIER ORGANISATION THROUGH  
CULTURE AND STRUCTURE*

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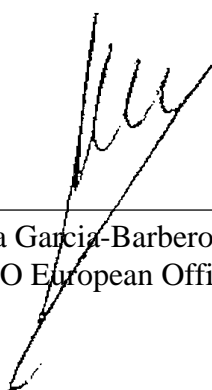
## FOREWORD

Hospitals in Europe need to make important changes to adapt to the challenges that are presented to them by the health care reforms in every country. Many governments are reviewing their health care systems, focusing on effectiveness and efficiency to increase availability, patient satisfaction and quality of care. The Ljubljana Charter on Reforming Health Care is based on the principles that health care should first and foremost lead to better health and quality of life.

The World Health Organisation Health Promoting Hospitals (HPH) movement initiated in 1988 combines a vision, a concept and a set of strategies for hospital development. It utilises as a framework for action the Ottawa Charter for Health Promotion, the Ljubljana Charter for Health Care Reforms and the specific recommendations stated in the Vienna Recommendations on Health Promoting Hospitals. This document is welcomed as an additional supportive framework in the development of the HPH movement both in Ireland and in Europe.

The Vienna Recommendations serve as guidelines for initiating a process of strategic development, changing the curative institutional culture into a health culture, promoting the health of staff, patients and their relatives, and supporting a healthy environment. The Irish Midland Health Board; Framework Document 1999-2002 for Health Promoting Hospitals is a clear and comprehensive framework for action that should prove to be a very useful tool in facilitating the development of the HPH movement in Ireland.

I endorse the adoption of this Framework Document for Regional development of the HPH movement in Ireland and encourage all Irish hospitals to become active participants in HPH movement at regional, national and international level. I would like to take this opportunity to congratulate everyone involved in the preparation of this document and look forward to the positive outcomes that will result from the implementation of this framework for action.



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Mila Garcia-Barbero, Head of Office  
WHO European Office for Integrated Health Care Services

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## BROLLACH

Mar go bhfuil athleasú á dhéanamh ar na seirbhísí i ngach tír, tá gá ann do na n-oispidéil Eoraipeach athraíthe tábhachtacha a dhéanamh chun go mbeidh said ábalta a bheith réidh do na dúshláin a chuirfear ós a gcomhair. Tá alán rialtaisí ag athfhéachaint ar a gcórais cúram sláinte, ag breathnú ar an t-éifeachtacht agus ar a gcumas chun infhaighteacht sásamh othair agus togha chúraim a fheabhsú. Tá an Chairt Ljubljana ar Athleasú Cúram Sláinte bunaithe ar na prionsabail gur cheart go leanfaidh cúram sláinte i dtús báire ar aghaidh chun sláinte agus saol níos fearr.

Comhcheanglaíonn an ghluaiseacht Cumann Sláinte Domhain na n-Oispidéil Chothú Sláinte a bunaíodh i 1988; fíis, coincheap agus sraith straitéisí do fhorbairt na n-oispidéil. Úsáideann sé an Chairt Ottawa do Chothú Sláinte, an Chairt Ljubljana do Athleasú Chúram Sláinte agus na molaithe sainiúil atá lúaithe sna Molaithe Vienna ar Oispidéil Chothú Sláinte, mar chreatlach dá ghníomhaíocht. Cuirtear fáilte roimh an cháipéis seo mar chabhair breise i bhforbairt an ghluaiseacht O.C.S. in Eireann agus ar fud na hEoraipe.

Tugann molaithe Vienna treóir dhúinn chun tosnú ar phróiséis forbairt straitéiseach ag athrú ó chultúr institiúdach leighis go chultúr sláinte, ag cothú sláinte an fhoireann, na n-othair agus a ngaolta, agus ag cumhdach timpeallacht sláintiúil. Is creatlach soiléir agus cuimsithleach chun gníomhaíocht é **An Bórd Sláinte Lár Tíre; Creat-doiciméad 1999-2002 do na n-Oispidéil Chothú Sláinte** a chruthóidh é fhéin mar ghléas úsáideach a réiteoidh an bóthar do fhorbairt ghluaiseacht na n-Oispidéil Chothú Sláinte in Eireann.

Droimscríobhaim uchtadh an chreat-doiciméad do fhorbairt Réigiúnach den ghluaiseacht O.C.S. in Eireann agus tá súil agam go nglacadh gach oispideal Eireannach páirt ghníomhúil sa ghluaiseacht ag leibhéal réigiúnda, náisiúnta agus idirnáisiúnta. Ba mhaith liom breith ar an bhfaill seo chun tréaslú le chuile chuine a ghlac páirt i réiteach an cháipéis seo agus beidh mé ag súil leis na torthaí dearfacha a tharlóidh de bharr chuir i gcríoch an chreatlach seo.

*(Translated from the original foreword document)*

## **The World Health Organisation Health Promoting Hospitals European Project**

The World Health Organisation (W.H.O.) 1993 defines a health promoting hospital as one that: *"develops a corporate identity that embraces the aims of health promotion and demonstrates a healthy culture and structure within the hospital"*.

**The European project on Health Promoting Hospitals is composed of three different networks: The Pilot HPH Project, The Regional / Network Projects and the Wide Health Promoting Hospital Network. Their common objectives are:**

- ◆ To develop health promoting projects / programmes at hospital level.
- ◆ To facilitate and encourage co-operation and exchange of experiences and programmes within the participating hospitals.
- ◆ To share programmes making more use of resources.
- ◆ To identify areas of common interest to develop programmes and evaluating procedures.
- ◆ To increase communication between the hospitals.
- ◆ To develop documented and evaluated examples of good practice which could serve as examples for other institutions.

There are six main areas in hospitals from which projects can be selected:

- 1. Well being of staff and patients**
- 2. Co-ordination of primary care and hospitals**
- 3. Prevention**
- 4. Health education and rehabilitation**
- 5. Sanitation and protection of environment**
- 6. The relationship with the community and social institutions.**

Within these areas there are a wide variety of projects, which could be implemented for example:

- |   |   |
|---|---|
| <b>Needle Stick Injury</b>  | <b>Quality management and Quality Assurance</b>     |
| <b>Hospital Hand Hygiene</b>  | <b>Improvement of infra-structure</b>               |
| <b>Continuity of care (e.g. Standardise charts)</b>                   | <b>Inter-professional communication</b>             |
| <b>Osteoporosis</b>   | <b>Improving links to the community</b>             |
| <b>Hospital Waste Management</b>                                      | <b>Cardio Pulmonary Resuscitation</b>               |
| <b>Nutrition</b>  | <b>Development of Induction Programmes</b>          |
| <b>Tobacco Dependence Management</b>                                  | <b>Baby Friendly Hospital Initiative</b>            |
| <b>Stress Management</b>  | <b>Diabetes Management</b>                          |
| <b>Continence Promotion</b>   | <b>Alcohol Awareness Programme (Staff/Patients)</b> |
| <b>Physical Activity Programme</b>                                    | <b>The safe use of Glutaraldehyde (cidex)</b>       |
| <b>Cardiac Rehabilitation</b>   |   |
| <b>Ergonomics Approach to the reduction of physical load on staff</b> |   |

## MHB HEALTH PROMOTING HOSPITALS PROJECT

The Midland Health Board has recently appointed a regional co-ordinator to plan, facilitate and communicate the Health Promoting Hospital concept in the Midlands Region, as a three year pilot project.

The philosophy of the World Health Organisation project urges active co-operation and participation in the process of the reorientation of health services towards Health Promotion and Health Gain. This strategy for organisational change assists hospitals to conform to the National Health Strategy 1994 that states:

*"The main theme of the Health Strategy is to re-orientate the Health Services towards a Health Promotion approach based on encouraging people to take responsibility for their own health and on providing the environmental support necessary to achieve this."*

It also fits in well with other initiatives such as the European Quality Initiative as one of the markers that distinguishes good hospitals. In addition to their traditional function of caring for the sick, hospitals through their membership of the Health Promoting Hospitals Network, adopt the role of encouraging and teaching good health practices to patients, staff, visitors and the local community. This idea of promoting positive health and well being in hospitals, and through hospitals to the local community, requires a cultural shift to incorporate health promotion as an intrinsic part of the daily work rather than a radical change in hospital function.

An essential element of the recommended attitudinal and organisational change process will be measurement/evaluation of the effectiveness of the projects and sub-project interventions, in terms of outcome and health gain potential.

Project Management is the recommended approach, which facilitates the collection of information, demonstrates the process of change and identifies the problems encountered and results achieved. In this way models of good practice can be identified, guidelines produced and experiences shared and models of good practices transferred to other settings and hospitals within the Health Service. Projects will be selected on the basis of their relevance to the organisation, their ability to be successfully implemented, and the availability of resources and expertise within the organisation.

**The aim of this Framework document is to present in a clear and concise manner the scope of work for the Health Promoting Hospital Project in the Midland Health Board.**

**Outlined in the document are the following key issues of OWNERSHIP, STAKEHOLDERS, STAKEHOLDER EXPECTATIONS, CONTRACT, CONDITIONS and CONSTRAINTS, PARTNERSHIP, COMMUNICATION and EVALUATION for the project.**



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## 1. Ownership

Each registered hospital will take ownership of the HPHP by establishing a Health Promoting Hospital Committee and selecting at least three **sub-projects** for local implementation.

*The term sub-project refers to an initiative undertaken at local level by the local HPH committee and comes under the umbrella of the regional HPHP.*

The sub-projects selected by individual hospitals will need to reflect the strategic goals of the Midland Health Board. Sub-projects will identify ways of linking the hospital into these strategic goals with reference to the Boards' Service Plans.

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## 2. Stakeholders

The key stakeholders in the HPH are:

- 2.1 The World Health Organisation (WHO).
- 2.2 Irish National Health Promoting Hospitals Network.
- 2.3 Midland Health Board
  - Acute Hospital Services and the Health Promotion Service Dept. of Public Health,
  - Health Promoting Hospitals Co-ordinator,
  - Regional Steering Committee,
  - Fully Registered Hospitals,
  - Associate / Affiliate Members.

### 2.1 World Health Organisation

The Health Promoting Hospitals concept has its origin in the Healthy Cities Movement of the WHO and has been a movement in its own right since 1992.

The WHO basic criteria for hospitals participating in H.P.H. are:

- Acceptance of the principles declared in the "**Ottawa Charter on Health Promotion**".
- Acceptance of the **Budapest Declaration** "Content and Aims for Health Promoting Hospitals" and endorsement of the **Vienna Recommendations (Appendix 1)**.

The Health Promoting Hospitals is a '*setting based approach*' to health promotion. This initiative moves health promotion emphasis away from the traditional "problem based approach" to a "settings based approach". This refers to the provision of health promotion initiatives where people live, study or work, for example, in the school, workplace or community, as well as in the **health services**. Key features of this approach include **the need for consultation, the formulation of an intervention in the context of the setting, evaluation, and an aspiration to integrate the project into the setting.**

### What the Midland Health Board expects of the World Health Organisation

As a member of the Irish Network of Health Promoting Hospitals.

- They will become members of the International Network of HPH.
- Participating hospitals will have direct access to the international HPH database using a password which will facilitate the search for experts and specific activities.
- They will receive the Health Promoting Hospitals Newsletter.
- They will be able to use the Health Promoting Hospitals Logo.

- They will be able to use the phrase “member of the Irish Network of Health Promoting Hospitals: a WHO Network” on their Health Promoting Hospitals materials;
- The registration fee for any International Conference of Health Promoting Hospitals will be reduced.
- They can submit articles for publication in the Health Promoting Hospitals Newsletter
- They will be able to participate in joint research projects, establishment of standards for practice and any other activities the Network might wish to develop.
- Site visits to other hospitals will be facilitated.

### **What the World Health Organisation expects of the Midland Health Board.**

- Endorse the Ottawa Charter for Health Promotion, the Budapest Declaration and the Vienna Recommendations (**Appendix 1**).
- Formally obtain agreement from staff and management in each participating Midland Health Board Hospital to their becoming a member.
- Finance is own activities.
- Support the initiation and development of at least three subprojects on health promotion in each of the participating hospital during the project time.
- Present an annual report to the National Network on the regions progress including development information and outcomes in participating hospitals.
- Participate and contribute to the development of the National and European Networks, including participation at the international conferences on Health Promoting Hospitals.
- Support the collection of the annual international coordinating fee of US \$100 from all participating hospitals.
- Non-Smoking Policy in participating hospitals will be a requirement.

## ***2.2 Irish National Health Promoting Hospitals Network***

The Irish National Health Promoting Hospital (HPH) Network, based at James Connolly Memorial Hospital, Dublin has been in existence since 1996. Since the official launch of the National Network in 1997 membership has grown from 13 to 53 hospital members.

*"The aim of the movement is to stimulate and influence hospitals to undertake, in addition to their responsibility for the provision of clinical and curative services, an active role in the promotion of positive health and well being in the hospital and through the hospital to the wider community." The role of the National HPH Network is provide hospitals with a framework through which information and experiences can be shared, models of good practice identified and both advocate for and facilitate the implementation of best practice nationally in the hospital setting.*

*At the core of the Network is the National HPH Co-ordinating Centre. The Centre is part funded by means of a annual grant from the Health Promotion Unit, Department of Health and Children and an annual contribution fee from network member hospitals. The National Co-ordinating Centre has a number of specific functions:*

- *Secretariat and documentation centre of the national network, including co-ordination and administrative support to the network.*
- *Focal point between the National Network, WHO/European Centre for Integrated Health Care Services.*
- *Spearhead the recruitment for new members to the network.*
- *Maintain a database on participating hospitals and their activities.*

### **What the National Network expects of the Midland Health Board HPH**

- Commitment and active involvement in the development of the network.
- Recruitment of Midland Health Board hospitals to the network, in line with established HPH philosophy and agreed membership criteria.
- Regular contributions and updating of regional data on the national database.
- Encourage and facilitate the sharing of experiences regionally, nationally and internationally.
- Participation in the documentation, evaluation and transfer of models of good practice within the network.
- Hospitals will be active participants in the European Smoke Free Hospital Network.

## **2.3 Midland Health Board**

### **2.3.1 Acute Hospital Services and Health Promotion Service Department of Public Health**

This project is co-funded by Acute Hospital Services and the Health Promotion Service Department of Public Health. The acute hospital service expect that hospitals through their participation in HPHP will broaden the range of services provided by developing organisational strategies that go beyond the provision of high quality curative services.

HPHP focuses on health promotion interventions that are targeted at organisational (policy and service delivery) and cultural (attitudinal and norms) change.

Healthcare workers are the largest single category of employees in the country. As such, it is imperative that the health service take a leadership role in the area of lifestyle improvement by means of "**settings based**" interventions. Dedicated programmes around a range of issues such as smoking, diet and exercise can be implemented using this "**settings based**" approach that targets staff, patients, visitors and the local community.

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**What the Acute Hospital services expects of HPH**

- Provide hospitals with a framework, which can actively support the re-orientation of the health sector towards better health gain, equity and cost effectiveness.
- Lifestyle projects built into hospital service plans.
- The sharing of project information between the Boards hospitals which facilitates the identification and implementation of models of good practice.
- Teamwork through projects at local and regional level.
- That participating hospitals will comply with the Regional Smoke Free Policy and contribute to the development of the National Smoke Free Network.

**What the Health Promotion Service expects of HPH**

- A partnership developed between the Health Promotion and the Acute Hospital Services.
- Meaningful increase of Health Promotion activities at hospital level.
- Health Promotion focus incorporated at all levels of service delivery (built into culture).
- A co-ordinated partnership approach between hospitals in the Midland Health Board.
- Structured link between hospitals within Midland Health Board and the National HPH Network through the Regional co-ordinator.
- Development of projects in line with hospital and regional service plans.
- That participating hospitals will comply with the Regional Smoke Free Policy and contribute to the development of the National Smoke Free Network.

***2.3.2 Health Promoting Hospitals Co-ordinator***

The co-ordinator, appointed in February 1999 is working a three year contract and reports to the General Manager Acute Hospital Services. Details of the role of the co-ordinator are outlined in **Appendix 2**

**What the co-ordinator expects of HPH**

- A Health Promoting Hospitals Committee in each hospital.
  - A Team Leader identified in each participating hospital.
  - A training programme provided for staff in partnership with Health Promotion service around health promotion and HPH principles.
  - Guidance / expertise from Regional Steering Committee and National Network.
-

- Projects identified by staff on the ground in line with the strategic goals of the Midland Health Board.
- Ownership taken by individual hospitals of Health Promoting Hospitals concept demonstrated by completed projects which are flagged in the Service Plans for the hospital.

### **2.3.3. Regional Steering Committee**

A multi-disciplinary, multi professional steering group has been formed to agree the initiatives in relation to health promoting hospitals in line with national and regional recommendations. Details of the Regional Steering Committee are outlined in **Appendix 3**.

#### **What the regional steering committee expects of HPH**

- Reports on all matters relating to projects within each hospital
- Report on national/international projects/trends.
- Input into sub-project selection and the steering of the overall HPH in the Board.
- Input to selection of projects for presentation at national and international conferences.
- Support of regional management for the overall HPH in the Board.

### **2.3.4 Fully Registered Hospitals**

The WHO continually argues that hospitals / health services can contribute substantially to the health and welfare of populations by adopting the Health Promoting Hospitals approach into their settings and services.

#### **What member Hospitals expect of H.P.H.**

- A steering committee in each hospital which will be supported by local /regional management.
  - Staff consultation in all matters of HPH at local level and across all disciplines.
  - Resources allocated at hospital level for selected projects and at regional level where appropriate.
  - A training programme provided for staff around health promotion, HPH principles, and project management
  - Assistance provided in the evaluation of projects and the presentation of results.
  - Sharing of information between hospitals.
  - Support from Regional Co-ordinator and Regional Steering Committee.
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- The opportunity to present projects regionally, nationally and internationally (the selection process will be through the regional / national steering committees).
  - Improved communication within and between hospitals.
  - Multidisciplinary teamwork for overall hospital project and individual sub-projects.

### *2.3.5 Associate and Affiliate Membership*

**Associate membership** applies to any organisation that endorses the fundamental principles of the H.P.H movement (**Appendix 1**).

**Affiliate membership** applies to any hospital or organisation, which endorses the fundamental principles of the HPH movement (**Appendix 1**) and are in the process of becoming a fully registered member.

#### **What Associate and Affiliate members expect of H.P.H.**

- Opportunities to share information and models of good practice.
  - Provide opportunity links to member hospitals where appropriate.
  - Active involvement in regional national and international presentations.
-

## 3. Contract, Conditions and Constraints

### 3.1 Contract

Each registered hospital must comply with the membership **criteria as outlined by the WHO European Project. (Appendix 1)**. They must also participate in partnership with:-

- The National Network
- The Regional Steering Group
- Develop sub-projects that dovetail with the Midland Health Board Service Plans
- Develop projects through Project Management with identified indicators and outcome measurements.

The Boards contract with hospitals will be to support the overall development of the HPH initiative through training and allocation of resources as deemed appropriate. Support the development and transfer of sub-projects within the Board, based on their outcomes and evaluation measurements. It will be the policy of the Regional HPH project to support the sharing of projects both within and outside the board.

### 3.2 Conditions

This project is developed both internationally and nationally along Project Management principles, the recommended tool for health promotion implementation. This approach also reflects the recent management direction advocated by the Midland Health Board.

#### *Key Elements of Project Management*

- *Clear aims and objectives with staff consultation and management commitment.*
- *Multidisciplinary team with good communication common vision and open discussion.*
- *Required resources identified.*
- *Specific measurable outcomes.*

All hospital staff will be encouraged to participate in identifying areas where health-promoting projects might be effective. Sub-projects will be sanctioned by the local steering committee in each hospital. However larger projects which have resource implications will be submitted for consideration by the Regional Steering Committee. All sub-projects must be registered with the National Health Promoting Hospitals Network. Sub-projects will receive the support and assistance of the regional co-ordinator and be monitored regularly by the regional steering committee.

Each project for presentation outside of the Board will be ratified by the regional steering committee. Assistance will be provided in the evaluation of sub-projects and the presentation of results.

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### 3.3 Constraints

Developing teamwork and ownership of HPH through partnership within hospitals and creating the desired culture change will be a challenge which will require dedicated efforts by all staff. This will impact on resources as the HPH project grows e.g.

1. The identification of an effective training programme for all staff in the hospital setting,
2. Developing communication strategies to facilitate teamwork which recognises the hospitals capacity to promote health for patients, staff, and the wider community.

## 4. Partnership

*"Partnerships offer mutual benefit for health through sharing of expertise, skills and resources. Each partnership must be transparent and accountable and be based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to." (The Jakarta Declaration on Leading Health Promotion into the 21st Century.)*

Health Promoting Hospitals is built on the concept of partnership. An integral part of this project will be a partnership between different disciplines in each hospital creating teamwork. There has already been a partnership developed between the Health Promotion Service and the Acute Hospital Services in order to develop the HPH project.

Health Promoting Hospitals will develop partnerships with other Board-wide initiatives such as the Midland Health Board Regional School of Nursing, Mental Health Community Centres, Workplace Health Promoting Project, Occupational Health Project, Quality Assurance and Professional Development Initiatives. It is also envisaged that each participating hospital will be encouraged to actively participate in all regional, and national, health promotion campaigns.

In line with Health Promotion Hospitals philosophy the Midland Health Board HPH project will seek to secure and strengthen community support and explore the potential for creating new partnerships.

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## 5. HPHP Communication

Efforts will be concentrated on creating good communication systems within hospitals and between local / regional committees.

Project communication will be the key to success and consultation with all disciplines in relation to sub-projects will be crucial. In order to facilitate networking it is hoped to develop a regional one page Health Promoting Hospitals Newsletter for participating hospitals / health services. The number of issues per year is to be decided by the Steering Committee.

Projects and activities will be presented in the Midland Health Board magazine - MHB News  
There will also be communications to the local media where appropriate, in consultation with the Communications Officer.

## 6. Evaluation

*Evaluation can be defined as the systematic and scientific process of determining the extent to which an action or set of actions was successful in the achievement of predetermined objectives.*

Intrinsic to the Health Promoting Hospital project and sub-projects undertaken will be evaluation. Evaluation will be carried out according to the type of the project/ sub-project undertaken.

**In 2002 the stated expectations of the key stakeholders will be reviewed in terms of how far they have been met.**

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*APPENDIX 1*



## WORLD HEALTH ORGANISATION

### OTTAWA CHARTER ON HEALTH PROMOTION (1986)

### BUDAPEST DECLARATION ON HEALTH PROMOTING HOSPITALS (1991)

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**The Ottawa Charter on Health Promotion** provides the framework for action, while the Budapest Declaration on Health Promoting Hospitals outlines the characteristics (contents and aims ) of the HPH concept.

**The Health Promoting Hospital mission** is to develop a corporate identity that embraces the aims of health promotion and demonstrates a healthy structure and culture within the hospital.

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## **Criteria for Hospitals participating in “Health Promoting Hospitals - National & International Networks”**

### **BASIC RECOMMENDATIONS**

- 1 Acceptance of the principles declared in the “Ottawa Charter on Health Promotion”.
- 2 Acceptance of the Budapest Declaration “Content and Aims for Health Promoting Hospitals”.

### **Acceptance of the criteria of the WHO project on “Health Promoting Hospitals: Regional and National Networks”**

### **SPECIFIC RECOMMENDATIONS**

- 1 Obtain the formal, agreement of the hospital and management to become a willing member.
- 2 Willingness to develop an appropriate organisational structure and process, supported by project management to realise the aims of the Health Promoting Hospital.
- 3 Willingness to cooperate and ensure financial support for its own activities.
- 4 Readiness to develop, run and share at least three innovative programmes on health promotion during time of the project.
- 5 Willingness, if required, to participate in at least two national task forces on the development of programme/activities.
- 6 Readiness to present an annual report on the nominated programmes, including objectives, time frame and expected outcomes.
- 7 Participation in the development of the National Network by participating in national and international conferences on Health Promoting Hospitals.
- 8 Willingness to contribute to the national and international coordination of the Health Promoting Hospitals Project.
- 9 Prospective running period of the WHO-Project on Regional and National Networks is five years.

## **Budapest Declaration on Health Promoting Hospitals**

### **Content and Aims for Hospitals participating in Health Promoting Hospitals and International Networks.**

Beyond the assurance of good quality medical services and health care, a Health Promoting Hospital should:

- 1 Provide opportunities throughout the hospital to develop health-oriented perspectives, objectives and structure.
- 2 Develop a common corporate identity within the hospital which embraces the aims of the Health Promoting Hospital.
- 3 Raise awareness of the impact of the environment of the hospital on the health of the patients, staff and community. The physical environment of the hospital buildings should support, maintain and improve the healing process.
- 4 Encourage an active and participatory role for patients according to their specific health potentials.
- 5 Encourage participatory, healthgain orientated procedures throughout the hospital.
- 6 Create healthy working conditions for all hospital staff.
- 7 Strive to mak the Health Promoting Hospital a model for healthy services and workplaces.
- 8 Maintain and promote collaboration between community based health promotion initiatives and local
- 9 Improve comimmi ation and collaboration with existing social and health services in the community.
- 10 Improve the range of support given to patients and their relatives by the hospital through community based social and health services and/or volunteer-groups and organisations.
- 11 Identify and acknowledge specific target groups (e.g. age, duration of illness etc.) within the hospital and their specific health needs.
- 12 Acknowledge differences in value sets, needs and cultural conditions for individuals and population groups.
- 13 Create supportive, humane and stimulating living environments within the hospital especially for long term and chronic patients.
- 14 Improve the health promoting quality and the variety of food services in hospitals for patients and personnel.
- 15 Enhance the provision and quality of information, communication and educational programmes and skill training for patients and relatives.
- 16 Enhance the provision and quality of educational programmes and skill training for staff.
- 17 Develop an epidemiological data base in the hospital specially related to the prevention of illness and injury and communicate this information to public policy makers and to other institutions in the community.

# Ottawa Charter for Health Promotion

**The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.**

**This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialised countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma Ata, the World Health Organisation's Targets for all document, and the recent debate at the World Health Assembly on intersectoral action for health.**

## Health Promotion

Health Promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.

## Prerequisites for Health

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

## Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

## Enable

Health Promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

## Mediate

The prerequisites and prospects for health sector alone. More importantly, health promotion demands coordinated

action by all concerned: by governments, by health and other social and economic sectors, by non governmental and voluntary organisations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between different interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

## Health Promotion Action means:

### Build Healthy Public Policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organisational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

### Create Supportive Environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a social-ecological approach to health. The over guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance-to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasised as a global responsibility.

Changing the patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organises work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanisation - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

## Strengthen Community Action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance selfhelp and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

## Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and their own environments, and to make choices conducive to health. Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

## Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health

professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research, as well as changes in professional education and training. This must lead to a change of attitude and organisation of health services, which refocuses on the total needs of the individual as a whole person.

## Moving into the Future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

# Commitment to Health Promotion

The participants in this conference pledge:

- To move into the area of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors
- To counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- To respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- To acknowledge people as the main health resource; to support and enable them to keep themselves their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- To reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves;
- To recognise health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The conference urges all concerned to join them in their commitment to a strong public health alliance.

## Call for International Action

**The Conference calls on the World Health Organisation and other international organisations to advocate the promotion of health in all appropriate forms and to support countries in setting up strategies and programmes for health promotion. The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organisations, governments, the World Health Organisation and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.**

# The Vienna Recommendations on Health Promoting Hospitals

The Vienna Recommendations were adopted at the 3rd Workshop of National/Regional Health Promoting Hospitals Network Coordinators, Vienna, 16 April 1997.

## INTRODUCTION

The new developments in the health promoting hospital (HPH) project, the changes in health policy and the health care reforms in Europe created a need to review the framework in which the project is based. The shift from the HPH pilot project (based on the framework defined in the Budapest Declaration on Health Promoting Hospitals) to a broader network supported mainly by national and regional networks and the Ljubljana Charter on Reforming Health Care provide the background for the new phase of the HPH project. The Ljubljana Charter was issued in June 1996 with the approval of the health ministers, or their representatives, of the Member States of the WHO European Region. The Charter addresses health care reforms in the specific context of Europe and is centred on the principle that health care should first and foremost lead to better health and quality of life for people.

Hospitals play a central role in the health care system. As centres that practice modern medicine, conduct research and education, and accumulate knowledge and experience, they can influence professional practice in other institutions and social groups.

Hospitals are institutions through which a large number of people pass; they can reach a large sector of the population. In some countries, up to 20% of the population come into contact with hospitals as patients every year, with an even larger number of visitors. In some cities the hospital is the largest employer; 30 000 hospitals in Europe employ 3% of the total workforce.

Hospitals can be hazardous workplaces. Hazards to health include not only exposure to various toxic or infectious chemical or physical agents but also stress arising from pressures related to the nature of the work and responsibilities involved.

Hospitals are producers of large amount of waste. They can contribute to the reduction of environmental pollution and, as consumers of large amounts of products, they can favour healthy products and environmental safety.

Traditionally, hospitals have offered a wide range of diagnostic and therapeutic services, including medical and surgical interventions, in response to acute or chronic diseases. As a result, hospitals focus mainly on illness and

curative care, not health. Today, hospitals show a growing concern for patients' lives before and after their hospital stays; they show an increasing awareness of their relationships to other parts of the health field and to the community as a whole. Although hospitals have been only marginally concerned with health promotion and disease prevention, they have an enormous potential in these fields. Realizing this potential could optimize their use of resources, directing them not only to curative care but to health in its broader sense.

The growing need and new possibilities for treatment and care on the one hand and tight public budgets on the other hand create a situation in which health care providers and hospitals in particular have to increase their efficiency in using their resources. At the same time, the development of medical and information technology opens innovative options for health care services. As a consequence, substantial changes in the hospital as an organization are on the way, as are shifts in hospitals' responsibilities within the health care sector. A clear orientation towards health gain should contribute to services that better meet the needs of clients and consumers and to the rational use of resources.

The Vienna recommendations take account of the needs of health care reforms and the need for hospitals to be more concerned with health. They are divided into *Fundamental Principles, Strategies for Implementation and Participation in the HPH Network*.

## FUNDAMENTAL PRINCIPLES

Within the framework of the health for all strategy, the Ottawa Charter for Health Promotion, the Ljubljana Charter for Reforming Health Care and the Budapest Declaration on Health Promoting Hospitals, a health promoting hospital should:

1. promote human dignity, equity and solidarity, and professional ethics, acknowledging differences in the needs, values and cultures of different population groups;
2. be oriented towards quality improvement, the wellbeing of patients, relatives and staff, protection of the environment and realization of the potential to become learning organizations;
3. focus on health with a holistic approach and not only on curative services;
4. be centred on people providing health services in the best way possible to patients and their relatives, to facilitate the healing process and contribute to the empowerment of patients;
5. use resources efficiently and cost-effectively, and allocate resources on the basis of contribution to health



improvement; and

6. form as close links as possible with other levels of the health care system and the community.

### STRATEGIES FOR IMPLEMENTATION

The HPH project provides opportunities throughout the hospital to develop health-oriented perspectives, objectives and structures. This means in particular:

1. fostering participation and creating commitment by:
  - encouraging participatory, health-gain-oriented procedures throughout the hospital, including the active involvement of all professional groups and building alliances with other professionals outside the hospital;
  - encouraging an active and participatory role for patients according to their specific health potential, fostering patients' rights, improving patients' wellbeing and creating health promoting hospital environments for patients and relatives;
  - creating healthy working conditions for all hospital staff, including the reduction of hospital hazards, as well as psychosocial risk factors;
  - enhancing the commitment of hospital management to health gain, including the principles of health in the daily decision-making processes;
2. improving communication, information and education by:
  - improving communication within and the culture of the hospital so that they contribute to the quality of life for hospital staff (communication styles used by hospital staff should encourage interprofessional co-operation and mutual acceptance);
  - improving the communication between the hospital staff and the patients so that it is guided by respect and humane values;
  - enhancing the provision and quality of information, communication and educational programmes and skill training for patients and their relatives;
  - integrating the principles of the health promoting hospital into the hospital's routine through developing a common corporate identity within the hospital;
  - improving the hospital's communication and co-operation with social and health services in the community, community-based health promotion initiatives and volunteer groups and organizations, and thus helping to optimize the links between different providers and actors in the health care sector;
  - developing information systems that measure outcomes

as well as serving administrative purposes;

3. using methods and techniques from organizational development and project management:
  - to change and reorient existing hospital routines to make the hospital a learning organization;
  - to train and educate personnel in areas relevant for health promotion, such as education, communication, psychosocial skills and management;
  - to train project leaders in project management and communication skills;
4. learning from experience:
  - exchanges of experience with implementing health promoting hospitals projects at the national and international should be promoted so that participating hospitals can learn from different approaches to problem solving;
  - health promoting hospitals should commit themselves to regional, national and international exchange and communication.

### PARTICIPATION IN THE WHO HEALTH PROMOTING HOSPITALS NETWORK

Hospitals that want to belong to the WHO Health Promoting Hospitals Network:

1. should endorse the fundamental principles and strategies for implementation of the Vienna Recommendations;
2. should belong to the national/regional network in the countries where such a networks exist (hospitals in countries without such networks should apply directly to the international coordinating institution);
3. should comply with the rules and regulations established at the international and national/regional levels by the members of the international network, the World Health Organization and the international coordinating institution.

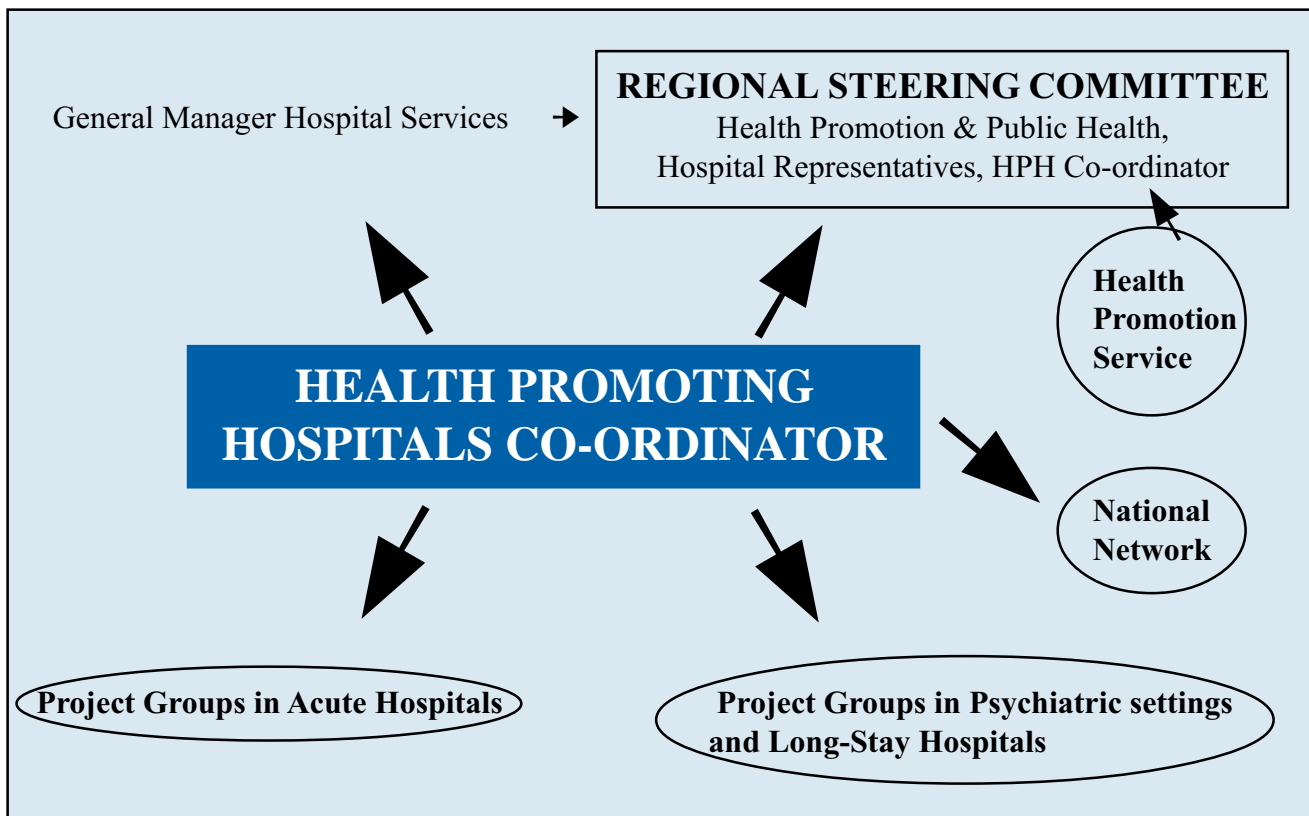
### THERE WILL BE THREE TYPES OF MEMBERSHIP:

- members of the national/regional networks
- individual members from countries where no national/regional network exists
- members of thematic networks.



*APPENDIX 2*

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## Principal Duties

This is not an exhaustive listing of the duties of the post. It is intended for the guidance of the person assigned to this position.

### 1. HPH Annual Projects

*Under hospital based projects the HPH co-ordinator will:*

- Set aims, target and plans for new and existing sub-projects on an annual basis. Review sub-projects in association with the hospital project groups involved and the steering committee.
- Liaise with sub-project leaders and assist with sub-project development
- Facilitate internal communication of sub-project results and experiences of good practice
- Assist with the formation of new sub-project groups

### 2. Communication

*The Health Promotion Project Worker will:*

- Ensure that the HPH Forum and other appropriate officers are kept advised of all matters, as they relate to the HPH Project.
- Communicate the principles of the HPH concept within the Health Board and provide updates to staff through MHB newsletter or a HPH bulletin.

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- In conjunction with individual hospitals, plan and organise displays and promotions for national HP campaigns, e.g. National Healthy Eating Week, etc.
  - In conjunction with individual hospitals support the development of local information displays for the public in the hospital and ensure the continuity of the information available.
  - Communicate with local media in relation to publicity of activities where appropriate and increase local awareness and publicity with regard to the progress of the HPH Project

### *3. Facilitation of Hospital Staff Health Promotion Activities*

*The Health Promotion Project Worker will*

- Assist in the co-ordination of staff training programmes, in line with training objectives for health promotion, for example, brief intervention training, smoking cessation.
- Develop and organise HP activities for staff in conjunction with the health promotion service that will contribute to a greater awareness of lifestyle issues and behaviour in the promotion of health
- Act as an information resource person to staff on health promotion topics in conjunction with the health promotion service
- Act as the hospital contact person for distribution of health education materials and posters.

### *4. Project Management Development*

*The HPH co-ordinator will*

- Assist in the development of other Health Promotion Service / Department of Public Health initiatives where a project management approach is of value.

### *5. Evaluation*

*The Health Promotion Project Worker will*

- liaise with External Evaluator on matters relating to the evaluation of sub-projects and the HPH Project as a whole.
  - provide relevant documentation on the HPH project, as required.
  - assist with the implementation, and documentation of all evaluation procedures.
  - assist with the distribution and collection of evaluation data.
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## *6. Administrative Duties*

- a) Secretary to the HPH Forum, with responsibility for -
  - organisation of meetings
  - preparation and distribution of minutes
  - preparation of sub reports and the Annual HPH Project Report
  - deal with any matters arising from minutes
  
- b) Responsible for the ordering of Health Information materials for hospitals.
  
- c) Other administrative duties as necessary.

**To carry out any other duties as required by the Forum Committee, General Manager of Chief Executive Officer, Midland Health Board.**

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*APPENDIX 3*

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## **MIDLAND HEALTH BOARD - STEERING COMMITTEE FOR HEALTH PROMOTING HOSPITALS**

Ms. June Boulger, Workplace Health Promoting Co-ordinator.

Ms. Carmel Brennan, Research Officer, Department of Public Health.

Ms. Kate Brickley, Health Promoting Hospitals, Co-Ordinator.

Mr. John Bulfin, General Manager, Acute Hospital Services.

Ms. Alice Burke, Matron, General Hospital, Portlaoise.

Dr. John Connaughton, Consultant Physician, General Hospital Portlaoise

Ms. Pauline Coughlin, A/Principal Tutor, Midlands Regional School of Nursing.

Dr. Davida De La Harpe, Specialist in Public Health Medicine.

Ms Margaret Dunne, Catering Manager, Laois Hospitals.

Ms. Sharon Foley, Health Promotion Officer.

Ms. Corina Glennon, Community Nutritionist.

Ms. Mairead Hogan Matron Longford/Westmeath General Hospital.

Ms. Patricia Lane, Matron, St. Vincent's Hospital, Mountmellick.

Mr. Roy Lane, Matron, General Hospital, Tullamore.

Ms. Orlaith O'Brien, Matron, St. Vincent's Hospital, Athlone.

Ms. Catherine Samuels, Occupational Health Specialist.

Mr. Richard Walsh, Project Specialist, Mental Health.

### *Joined October 2000*

Catherine O'Keeffe, A/Matron, St. Vincent's Hospital, Mountmellick.

Ms. Margaret Feeney, Matron, St. Mary's Hospital, Mullingar.

Maria Leahy, Tobacco Control Co-ordinator.

Tom Jones, A/Chief Nursing Officer, St. Loman's Hospital, Mullingar.

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## **MIDLAND HEALTH BOARD MISSION STATEMENT**

The Midland Health Board exists to improve the health (health gain and quality of life, social gain) of the people living in Counties Laois, Offaly, Longford, and Westmeath by: -

- promoting healthy lifestyles
- preventing, diagnosing and treating ill health.
- caring for those suffering from long term illness and disabilities
- providing social services to individuals and families at risk.

## **HEALTH PROMOTING HOSPITALS MISSION STATEMENT, MIDLAND HEALTH BOARD**

Hospitals exist in order to:

Diagnose and cure illness, care for the sick, prevent future disease and promote wellbeing of patients, staff and the community.

- Producing Health Gain by reducing preventable disease and promoting health.
- Providing a quality service through participation and empowerment of staff, patients, visitors and the community in a healthy environment.
- Creating ownership and participation of projects at organisational, local and individual level.

Hospital health promotion is much more than giving people information about health - there has to be a concerted effort to ensure that all aspects of the hospital empower and encourage people to be as healthy as they can.

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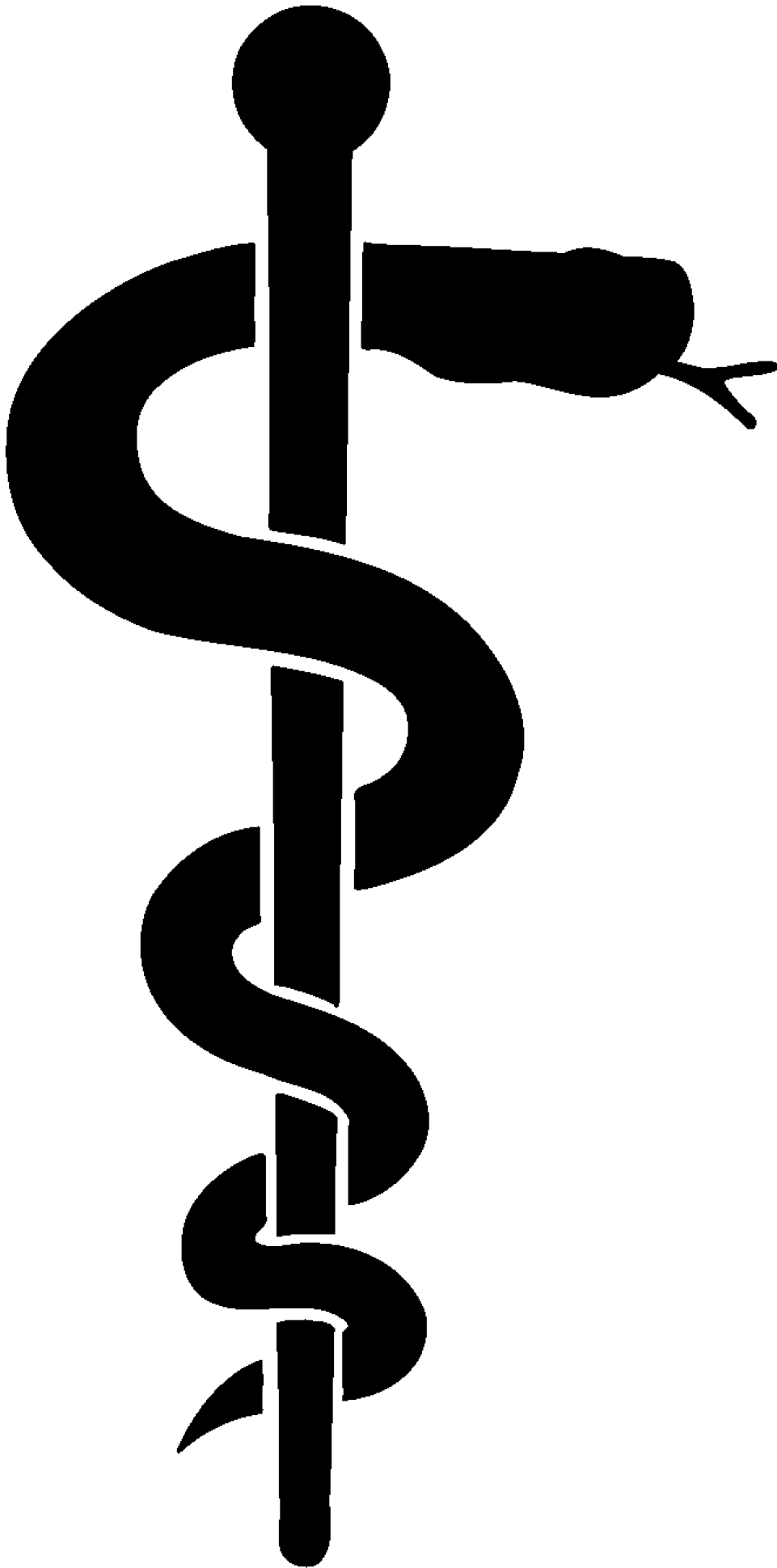
## **TERMS OF REFERENCE**

- To support and facilitate the integration of Health Promoting Hospital culture into Midland Health Board Hospitals.
  - To support the development, implementation and communication of health promotion sub-projects.
  - To act as a resource to sub-project committees in monitoring/evaluation.
  - To approve annual plans and reports (national / regional) with respect to objectives, times frames, and evaluation.
  - To maintain and strengthen links with other hospitals and the national co-ordinating centre.
  - To participate in the selection of projects for presentation at national and international conferences.
  - To foster partnerships between all stakeholders through communication.
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## **PHILOSOPHY OF MIDLAND HEALTH BOARD STEERING GROUP**

- We, the Steering Group of Health Promoting Hospitals, believe that Midland Health Board hospitals must be committed to producing health gain by reducing preventable disease and promoting health.
  - We believe that Health Promoting Hospitals should be part of the culture of each hospital.
  - We aspire to Health Promotion being taken into account in every decision and every process.
  - We accept that hospitals are shop windows of Midland Health Board values and therefore must lead by example.
  - We seek to promote health in a holistic manner involving patients, relatives, staff and the wider community through a multidisciplinary approach.
  - We accept that it is necessary to develop a strategy in order to implement this change.
  - We will endeavour to support the sub-committees by acting as a resource to them and those who seek to promote health.
  - We will participate in Health Promoting Hospital events nationally and internationally.
  - We believe that health promotion is much more than giving people information about health - we will endeavour to make a concerted effort to ensure that all aspects of M.H.B. hospitals empower and encourage people to be as healthy as they can.
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Midland Health Board  
HEALTH PROMOTING HOSPITALS

