

IRISH NATIONAL



development
benefit

Irish National HPH Network

activities objectives
milestones

health promoting hospitals

annual report 96/97

Irish National HPH Network

Full Members

1. James Connolly Memorial Hospital, Dublin
2. St. Vincent's Hospital, Elm Park, Dublin
3. Waterford Regional Hospital, Waterford
4. Wexford General Hospital, Wexford
5. Cavan/Monaghan Group Hospitals
 - 1) Cavan General Hospital
 - 2) Monaghan General Hospital
6. Galway Regional Hospitals
 - 1) University College Hospital, Galway
 - 2) Merlin Park Hospital
7. St. Dymphna's Hospital, Carlow
8. General Hospital, Tullamore
9. Letterkenny General Hospital, Donegal
10. Cork University Hospital Group
 - 1) Cork Regional Hospital
 - 2) St. Finbarr's Hospital, Douglas
 - 3) Erinville Hospital
 - 4) St. Mary's Orthopaedic Hospital
 - 5) Bantry General Hospital
 - 6) Mallow General Hospital
 - 7) Tralee General Hospital
11. National Maternity Hospital
12. Waterford Psychiatric Service
13. Our Lady of Lourdes Hospital, Drogheda

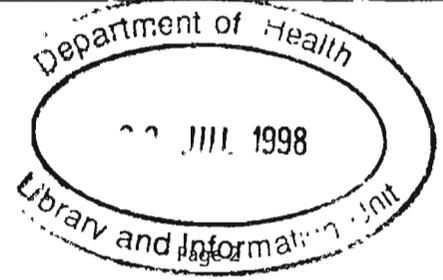
Affiliate Members

1. Sligo General Hospital, Sligo
2. Regional Hospital Limerick, Limerick
3. Mater Misericordiae Hospital, Dublin
4. Federated Dublin Voluntary Hospitals
 - 1) Adelaide Hospital
 - 2) Meath Hospital
 - 3) National Children's Hospital

Associate Members

1. Irish Cancer Society
2. Irish Heart Foundation
3. Dublin Healthy Cities Project
4. Saol Plus
5. Ash Ireland

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Chairman's Report for period October 1995 to March 1997

The Steering Committee of the Irish Health Promoting Hospitals (HPH) Network first met in October 1995. It was established following the inaugural meeting of the HPH Network on the 5th of September, 1995. This latter meeting was attended by representatives from a large number of the country's hospitals and from the eight different health regions.

The objectives of the Steering Committee were aimed at implementing the philosophy of the HPH movement, a movement which is currently spreading in Europe and other parts of the western world. The European HPH movement evolved originally from the WHO Healthy Cities programme. It was initiated by the Ottawa Charter of Health Promotion in 1986, and its philosophy was encompassed in the Budapest Declaration of 1991. The Network was sponsored by WHO, and, in recent times, it has received the support of the European Union.



The Budapest Declaration advocates that hospitals, as well as fulfilling their traditional function of caring for the sick, should also adopt the role of encouraging and teaching patients, visitors, and the local community good health practices. It is proposed that such hospitals should have advisory and educational facilities and services to encourage a healthier community.

The Steering Committee has been meeting every second month since October 1995. The Network's members have been active in implementing our objective, which is to establish a permanent network of hospitals in Ireland committed to the principles contained in the Budapest Declaration. The Committee was responsible for establishing a permanent coordinating centre to link the member hospitals, and to encourage close cooperation between hospitals, the Department of Health, and the voluntary health agencies in matters of health promoting policies and research, and in evaluating the services provided by the participating hospitals. It is planned to formally launch the Network this year.

Our aim is to broaden the membership and to define the criteria which new members must meet.

Regular working party meetings and seminars on specific aspects of health promotion are planned. These are aimed at encouraging inter-hospital communication and participation. Already two seminars have been held in 1996, one on the general implementation of health promoting activities in the hospital setting, and the other on hospital smoking control problems.

The Network has received constant support from the Health Promotion Unit of the Department of Health, which has had an active representative on the Steering Committee since its inception. Financial assistance from the Department has been forthcoming since January 1996, thus relieving the Eastern Health Board of its former financial commitment. The financial affairs of the Network are being supervised by a finance subcommittee. Each member hospital pays an annual stipend, the amount to be determined according to the number of beds in the institution.

The Steering Committee is conscious of the need to maintain close contact with the networks of the other European nations. This contact has been invaluable in furthering the HPH concept. Ireland has been in the van of the international programme since the James Connolly Memorial Hospital first joined as a member of the Pilot Group in 1992. Later, Letterkenny General Hospital and St. Vincent's Hospital joined as associate members. Member hospitals attended the international meeting of the European Network in Derry last year where several presentations were made.

Representatives of the hospitals and organisations which are currently members have participated in the work of the Steering Committee and of the various working party meetings. It is hoped the membership will continue to increase now that the network is established as a nationwide organisation and part of a wider international movement. All hospitals in Ireland, from the smallest district hospital to the largest teaching institution, whether general or specialist in nature, will be encouraged to join.

It would be naive to hope that health promotion will become an integral part of hospital practice overnight. The traditional function of hospitals since their inception has been to care for the sick and disabled. The training of doctors and other health professionals has been based solely on this tradition. Doctors play a major role in determining hospital practices, and the extension of their professional work into health promotion breaks new ground for the great majority of the profession. Clearly, medical education, particularly at undergraduate level, needs drastic changes if the type of health problems we are facing today in developed countries are to be understood and if prevention is to receive the emphasis it deserves.

There is a fundamental logic in bringing about a major change in medical education and medical practice. Fifty years and more ago there was little the practising doctor could do to prevent the diseases of contagion and poverty which were then the prevailing causes of ill health and premature mortality. Today we are faced with fundamentally different public health problems in the guise of the chronic noncommunicating diseases (as defined by WHO), including cancer, coronary heart disease, stroke and other vascular accidents, chronic respiratory disease, and accidents. Most of the causes of these chronic conditions are related to lifestyle and to our environment, and many of these causes have now been identified. Other causes are being gradually unravelled. The number of major factors influencing health in a developed country are few - cigarette smoking, alcohol abuse, unhealthy eating, and a sedentary lifestyle. Nearly all of these factors are amenable to personal control. The opportunities of creating a healthier society through knowledge and education in terms of quality of life and life expectation are therefore immense.

It is inevitable that society will adapt to new knowledge of causation and prevention. The pressure of public opinion and political intervention, combined with the changing function of doctors and other health professionals, will underlie the need for such organisations as the HPH Network.

We can already point to the tremendous influence of health promotion in reducing maternal and infant mortality to positively minuscule levels, and to the extraordinary healthy record of children and adolescents. The current infant mortality rate in Ireland is less than nine per thousand. Virtually all infants are born healthy and the great majority remain so until they reach adulthood. It seems reasonable that the same record of almost universal health can be carried into middle life and old age, if we respond to our increasing knowledge of the causes of the common chronic diseases which afflict the adult population.

Professor Risteárd Mulcahy
Chairman

Health Promoting Hospitals. The concept, aims and objectives

THE CONCEPT

A Health Promoting Hospital (HPH) incorporates the concepts, values and standards of health promotion into its organisational structure and culture by means of a range of projects aimed at bringing about the desired change in orientation. The goal is to promote and facilitate the highest level of positive health and well-being attainable by patients and staff in the hospital setting and by people generally in the wider local community. In so doing, a Health Promoting Hospital also improves the quality of its health care services and extends its responsibilities beyond the narrow borders of clinical services to a wider concept which embraces the social as well as the physical aspects of disease, and to a new and wider mission for the hospital by using its wealth of knowledge, experience and potential influence to actively support health development in its catchment area.

WORLD HEALTH ORGANISATION

This concept is incorporated within the general aim of the Health Promoting Hospitals Network, which is as follows:

To make a profound change in the orientation of hospitals throughout Europe so that, whilst maintaining their commitment to curing disease they will, at the same time, become committed to the promotion of health. Ultimately this means improving the health and well-being of patients and staff and of local communities through the use by hospitals of their unique influence in promoting healthy lifestyles and by enabling people to take responsibility for their own health.

THE CASE FOR HOSPITALS TAKING A MORE ACTIVE ROLE IN HEALTH PROMOTION

Traditionally, hospitals have been organisations offering a range of diagnostic and therapeutic services and technologies, including medical and surgical interventions, as well as nursing services, in response to various critical or chronic illnesses. As a result, hospitals have been predominantly orientated towards illness, rather than health. Their role is often more palliative than curative and their influence on life expectancy in the general population is, at best, limited.

Hospitals have enormous potential to influence the public generally in relation to health matters. They can have a particular influence on the health and well-being of patients and their relatives, their own staff, and the immediate community in which they are located.

**HOSPITALS -
AN UNTAPPED
RESOURCE OF
GREAT
IMPORTANCE**

- Hospitals are important workplaces: 30,000 hospitals in Europe are employers for up to 3% of the European labourforce.
- Hospitals can be hazardous workplaces: They function on a 24-hour, 365 days per year basis. Hazards to health include stress arising from pressures related to the nature of the work and responsibilities involved; they also include exposure to various toxic or infectious biological, chemical or physical agents.
- Hospitals play a central role in the health care system. They set standards for treatment of various forms of illness; they are centres of professional education; they are also important sites for medical research.
- Hospitals generally are held in high esteem by patients and the communities they serve. They have an enormous and unique potential influence in health promotion.
- Modern hospitals have a very high number of patient contacts. In some countries, up to 20% of the population come into contact with hospitals as patients every year, with an even higher number having contact as visitors.

**THE POTENTIAL
FOR HOSPITALS
TO PROMOTE
GOOD HEALTH**

The objectives of a health promoting hospital might be summarised as follows:

1. Provide a healthy environment for patients, visitors and staff.
2. Provide an information service on health matters.
3. Introduce methods of evaluating health activities and treatment methods, and, where appropriate, provide audit facilities.
4. Encourage long-term rehabilitation services and close clinical links with the community health services.
5. Encourage community activities and research projects aimed at improving the health of the local population.

The Development of the Irish HPH Network

The concept of an Irish National HPH Network was the initiative of the Eastern Health Board. Under the terms for participation in the WHO European Pilot HPH Project, James Connolly Memorial Hospital had agreed to influence the spread of the HPH concept in Ireland. This was achieved in April 1995, when the first National HPH Conference was opened in Dublin Castle by Mr. Brian O'Shea, T.D., Minister of State at the Department of Health.

The Irish National HPH Network was founded in September 1995, following an inaugural meeting at which 30 hospitals were represented. By October, the interim Steering Committee had been selected and the first meeting convened. Initial recommendations with regard to the network's participation in WHO's five year project on national/regional networks and criteria for membership were agreed and formally accepted. Membership to the network formally commenced at the end of December 1995.

Initially the membership composition was seven full member hospitals and three affiliate member hospitals. By December 1996, membership had risen to 13 full member hospitals, five affiliate hospitals and three affiliate organisations. In addition, the membership includes a number of group hospitals, thereby bringing the total number of individual hospitals participating to 25. Several other hospitals have indicated an interest in joining the network.

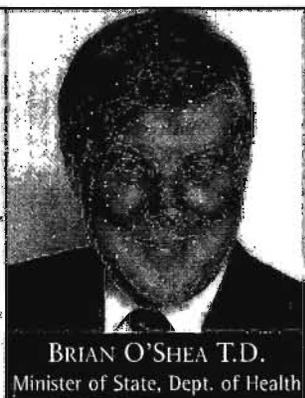
The spirit of the HPH Network urges active cooperation and participation in the progressive process of reorientation of health care services, towards health promotion and health gain.

STRUCTURE

A new national network structure, recommended by the Policy Sub-Group of the Steering Committee, was agreed by the Steering Committee. The new structure encourages widespread involvement and participation in the development of the National HPH Network, while allowing commitment and support for the HPH concept to be demonstrated by all levels of the health care service.

It is proposed that a National HPH Forum should meet annually to agree policy, elect and/or endorse members to a National Executive Committee, exchange experiences, discuss problems, and aid the development of the network. This meeting will coincide with the annual National Conference.

The National Executive Committee will replace the existing interim Steering Committee, and will include five core representatives and seven members elected from the body of the National Forum.



The composition of the National Executive Committee will be as follows:

Core Members - *Coordinating Centre (chairperson, coordinator) Health Promotion Unit, Dept. of Health; Dept. of Public Health Medicine & Epidemiology, UCD; Centre for Health Promotion Studies, UCG.*

Elected Members - *seven members elected by the National Forum; three voluntary hospital representatives and four health board hospital representatives.*

TOTAL COMMITTEE COMPOSITION - 12.

The interim chairperson, Prof. Risteárd Mulcahy elected to the post in 1995, has agreed to stay on in post until such time as a successor can be appointed. The Coordinating Centre will continue to be located at JCM Hospital for the present and Ann O'Riordan will continue to act as the National Coordinator until March 1998, when the position will be advertised nationally. The initiators of the Irish National HPH Network would like to take this opportunity to thank all the out-going members of the interim Steering Committee for their hard work and dedication during 1996/97 to the development of the National HPH Network.

It is proposed that the Executive Committee will meet every three months to monitor progress in relation to the agreed National HPH targets and other matters in relation to the management and development of the Network.

All national HPH hospital members will be balloted, following the inaugural meeting, to elect the seven members to the Executive Committee. Elected members will be asked to serve for a term of two years and may seek re-election for a second term.

**National HPH
Funding:-**

Core funding is provided by the Health Promotion Unit of the Department of Health. This is supplemented by contributions from all hospital HPH network members, both full and affiliate. Contributions are currently based on total bed numbers. However, it is planned to amend this to a system based on a rate per 100 beds, thus, achieving an equitable system for both individual and group hospital members.

Irish National HPH Network

<i>MILESTONES:</i>	Launch of the National HPH Initiative	- April '95.
	Inaugural Meeting of the Nat. Network	- Sept. '95.
	Formation of Nat. Steering Committee	- Oct. '95.
	Agreement to participate in WHO Project	- Oct. '95.
	Open for Members both Full & Affiliate	- Dec. '95.
	HPH Bulletin - (1st Issue) - Distributed	- Mar. '96.
	1st National Workshop	- July '96.
	2nd National Workshop	- Nov. '96.
	Nat. Newsletter - (1st Issue) - published	- Dec. '96.



**NATIONAL
HPH
TARGETS
(1997-1998)**

- Develop a national HPH Database.
- Develop a national information/development manual.
- Procure essential infrastructure to support and develop the National HPH Network.
- Assist hospitals in the implementation of structures and processes to support local HPH development.
- Organise two workshops/seminars a year on specific themes.
- Promote regional meetings, with the support of the Health Promotion Unit, to advance the HPH concept and facilitate national recruitment.
- Publish a national newsletter twice a year.
- Organise a National HPH Conference annually.
- Increase National HPH membership by 20-30% annually.

Benefits from Membership of the Irish Network of Health Promoting Hospitals

Members of the Irish Network of Health Promoting Hospitals will become members of the international network of HPH, and:

- they can use the phrase: "member of the Irish Network of Health Promoting Hospitals: a WHO network" on their Health Promoting Hospital material and use the Health Promoting Hospitals logo;
- they will be able to participate in joint research projects, in the establishment of standards for practice and any other activities the Network might wish to develop;
- they will have access to national and international information and the Health Promoting Hospitals database will facilitate the search for experts and specific activities;
- site visits to other hospitals will be facilitated;
- their 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 receive the Health Promoting Hospitals Newsletter.

Through the Irish Network of Health Promoting Hospitals:

- they will have access to any database which the network may establish. This will facilitate the search for colleagues working in specific activities or with a particular expertise;
- the development of jointly researched projects, and the establishment of standards for practice, design, implementation and evaluation will be facilitated and encouraged through the creation of task forces;
- site visits to other hospitals will be facilitated.

CRITERIA FOR MEMBERSHIP

Two possibilities have been established for membership in the Irish National HPH Network, full and affiliate. Full membership criteria is compatible with that specified in the original WHO Agreement Document for National/Regional Networks. Full membership is only open to hospitals while, affiliate membership is open to organisations involved in promotional activities and professional bodies associated with health care services. Affiliate members are required to sign their endorsement of the principles laid down in the Ottawa Charter and the Budapest Declaration and to contribute to the development of the National HPH Network.

Main Activities for 1997



- Implement a new network structure.
- Organise an official media launch of the network.
- Give more local support to all member hospitals.
- Establish the current level of HPH progress at hospital level and generate project documentation.
- Initiate and promote National Hospital Challenge Day.

*LIST OF
PROJECT
ACTIVITIES
PROPOSED BY
IRISH
NETWORK
MEMBERS*

1. Primary Nursing.
2. Promoting the Healthy Low Back.
3. Lifestyle - The promotion of a Healthy Lifestyle amongst staff.
4. Cardiopulmonary Resuscitation Programme.
5. Stop Smoking Support Services Project.
6. Ergonomic Backcare Programme.
7. Continence Promotion Project.
8. Healthy Eating Hospital Project.
9. Resocialisation Programme.
10. Role of a Department of Preventive Medicine in a Teaching Hospital.
11. Coronary Risk Intervention Strategy Programme.
12. Empowering Patients in the Management of Asthma.
13. Assessment of Low Back Pain among health care personnel.
14. Regular Health Checks for Hospital Staff.
15. Participation in the Happy Heart Lifestyle Challenge - Irish Heart Foundation.

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**LIST OF
PROJECT
ACTIVITIES
PROPOSED BY
IRISH
NETWORK
MEMBERS**

16. Cardiac Rehabilitation Programme.
17. Educational Programme for diabetics.
18. Healthy Eating at Work.
19. Breast Feeding Initiative.
20. Women's Health (in the Workplace).
21. Self-Medication Programme for patients with poor compliance with medicine regime.
22. Fall Prevention in Older People.
23. Support for Patients by Volunteer Service.
24. Lifting and Handling Programme.
25. Breast Feeding Training Programme.
26. Developing a Patient focused/Health oriented catering service for mothers in the Maternity Unit.
27. Promotion of healthier eating choices for in-patient children.
28. Use of the Hospital Radio as a health promotion tool.

main activities



The International Scenario

Already, in some countries, hospitals are successfully changing their image by becoming health centres (and describing themselves as such) devoted as much to primary and secondary prevention of the common chronic diseases as they are to caring for the sick and disabled. It is apparent that hospitals are well qualified to accept this wider role. The eclectic expertise of the medical and administrative staff added to the prestigious place of the hospital in the community, provide it with an influence on the public which cannot be provided by any other source or institution.



The European Health Promoting Hospitals (HPH) Network was first established in 1989 with the support of WHO and as a logical extension of the Healthy Cities Programme. Virtually every European country, East and West, have now joined. It is part of a wider world movement, particularly in North America and Australia. It continues to be sponsored by WHO Europe and has recently received the support of the EU, with promises of financial inducements from Brussels to extend the health promotional concept in the hospital service.

The International Scenario

*NATIONAL
NETWORKS
INITIATED
SO FAR*

Initiated by April 1996

Austria
Bulgaria
Finland
Germany
Hungary
Ireland
Italy/Veneto
Poland
Sweden
United Kingdom: England
United Kingdom: Scotland
United Kingdom: Wales



In Preparation

Belgium
France
Greece
The Netherlands
Portugal
Spain/Catalonia
United Kingdom: Northern Irl.

Existing Networks outside Europe

Australia
Canada

INTERNATIONAL SCENARIO

Currently, the 20 Pilot Hospitals are running programmes in all 4 main areas of health promoting hospitals:

*PATIENT
ORIENTATED
PROGRAMMES*

TOTAL: 87

<i>Specific Areas</i>	Prevention of specific diseases	17
	Quality assurance of medical services	15
	Tobacco	11
	Nutrition	11
	Patient well-being	9
	Counselling in specific situations	5
	New service/health promotion roles	4
	Counselling for health	4
	Alcohol	2
	Cancer	2
	Stress management	2
	Voluntary services	2
	Breast feeding	1
	Others	2

*STAFF
ORIENTATED
PROGRAMMES*

TOTAL: 81

<i>Areas</i>	Complex projects for improvement of working conditions	14
	Tobacco	10
	Nutrition	10
	Prevention of specific diseases/hygiene	7
	Interprofessional communication	6
	Protection against anaesthetic gases	4
	Improvement of psychosocial working conditions	4
	Health screening	3
	Study of health problems in staff	3
	Back care	3
	Stress management	3
	Alcohol	2
	Ergonomic Projects	2
	Childcare	2
	Rehabilitation	1
	Others	7



**COMMUNITY
 ORIENTATED
 PROGRAMMES**

**NUMBER OF
 PROJECTS: 19**

<i>Areas</i>	Co-operation with primary health care and social services	6
	Improving the accessibility of hospital services	6
	Health reporting	2
	Lifestyle education for the public/nutrition	1
	Create healthy alliances	1
	Others	3

**PROGRAMMES
 ORIENTATED AT
 DEVELOPING
 THE HOSPITAL
 ORGANISATION**

**NUMBER OF
 PROJECTS: 53**

<i>Areas</i>	Organisational development in overall Pilot Hospital Projects	19
	Complex organisational development in sub-projects	14
	Hospital hygiene	10
	Hospital waste	7
	(T)QM	3

health promoting hospitals



