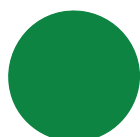




CLINICAL HEALTH PROMOTION

Research & Best Practice for patients, staff and community

The 19th International Conference on Health Promoting Hospitals & Health Services



Improving Health Gain Orientation in all Services: Better Cooperation for Continuity in Care

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Turku, Finland
Abstract Book



Editorial Office, WHO Collaborating Centre
for Evidence-Based Health Promotion
in Hospitals & Health Services
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The Official Journal of the
International Network of
Health Promoting Hospitals
and Health Services

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Editorial

Dear conference visitors and readers,

We are glad that the abstract book of the annual HPH conference can, for the first time this year, be presented as a supplement of the newly founded official journal of the international HPH network, "Clinical Health Promotion – Research and best practice for patients, staff and community".

We do hope that this format will give even better visibility and recognition to the conference and to the substantial work of the many people working on HPH around the globe. Hopefully, besides publishing in the Virtual Proceedings (www.hphconferences.org/turku2011), the launch of the scientific journal will motivate many presenters to further develop their presentations and to submit – and get accepted – contributions to the journal, so that the quality, visibility and credibility of HPH will be further strengthened.

For the HPH conference 2011, 10 presentations were invited for 4 plenary sessions.

With 478 contributions, the Call for Papers yielded an especially high response from authors, attracting papers from all 5 continents: submitters come from Europe (24 countries), Asia (7 countries), the Americas (3 countries), Africa (1 country), and Australia. As every year, the Scientific Committee of the conference did a tremendous job in screening the papers. Finally, 397 contributions (78%) were accepted for a presentation at the conference. Of these,

- 106 papers will be presented in oral presentations in 32 paper sessions and workshops;
- 63 papers have been accepted for the 16 oral mini sessions;
- 205 posters will be presented in 2 poster sessions.

Thanks go to all those who contributed to the programme development: the plenary speakers, the abstract submitters, the members of the Scientific Committee, the session chairs and of course the local hosts who invited the conference to go to Turku, Finland this year. We wish you all a lot of interesting presentations and fruitful discussions during the conference.

Jürgen M. Pelikan (chair, Scientific Committee)
Christina Dietscher (contact, Scientific Committee)

Scientific Committee

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Scope and Purpose

It is for three reasons that the Scientific Committee has decided to focus the international HPH conference 2011 on "health gain orientation in all services": Firstly, because the reorientation of health services towards health promotion and health gain, as demanded by WHO's Ottawa Charter in 1986, has yet to be brought about. Secondly, Finland, the host country of the HPH conference 2011, had a strong focus on "health in all policies" during its EU presidency in 2006 – with important developments the conference will be able to draw upon. And, last but not least, because better health gain is one of the main goals of the HPH network.

Looking back into the Ottawa Charter, the document called on health systems to "contribute to the pursuit of health", to move "beyond its responsibility for providing clinical and curative services" and to "open channels between the health sector and broader social, political, economic and physical environmental components." But how can this be achieved?

As some possible solutions to increasing health gain orientation in health services and systems, the conference will, in line with core HPH strategies and standards, propose to increase continuity and cooperation both within single health service organizations, between different service providers, and between healthcare organizations and other settings. These themes will be introduced in four thematic plenary sessions, and wrapped up in a closing session:

What can be understood by better health gain and salutogenesis?

A consequent reorientation of health services cannot be brought about without changing the outcome expectations towards health services and systems. The conference will therefore discuss questions like the following:

- Whose health gain – patients, staff, communities – can and should be improved in and by Health Promoting Health Services?
- How do different stakeholders – health planners, hospitals, community providers, health professionals and patients – understand health gain and salutogenesis?
- How can better health gain be measured – what examples of indicators are there, and how could they improve current clinical outcome measurement?

How can better health gain orientation within hospitals / health services be improved?

Health gain for patients in hospitals / health services depends on the quality of core and support services and on the support patients receive for their personal disease management and lifestyle development (information, training, and counseling). Against this background, the conference will present and discuss

- models / examples of improving patient assessment and information and the necessary cooperation between professional groups in hospitals / health services in the provision of core and support services;
- models / examples of cooperation with patients / patient organisations / relatives / relative organisations;
- preconditions for good internal cooperation within the hospital / health service (e.g. specific organizational structures; cooperation with quality management).

How can better health gain be improved by strengthening continuity of care in healthcare systems?

Health gain cannot be fully achieved in incomplete and fragmented healthcare systems. In this sense, continuity of care is an important contributor to health gain. But continuity obviously also poses numerous challenges to health services and systems. The conference will therefore put a focus on diagnosing

problems, on identifying potential solutions, and on presenting examples of good practice:

- What are the reasons for the difficulties observed in continuous care?
- What are the roles of health systems (e.g. financing schemes, new public management), and which factors can health services influence themselves?
- What are potential solutions to the problems observed – on the part of health systems and on the part of health services?
- What models and examples of good practice (e.g. communities of practice, fair and equitable access to care) are there?

How can cooperation between health services and other settings contribute to better health gain? And what can be the contribution to ecological sustainability and environmental friendliness?

According to the Ottawa Charter, the reorientation of health services is also about links between health services and broader social, political, economic and physical environmental components. This includes collaboration with other settings, but also tackles issues like ecological sustainability and environmental friendliness. Questions in this area will include:

- In which areas can cooperation between health services and other settings (schools, the workplace, ...) make a difference for health gain – and
- what is needed to enable such cooperation? How can health services contribute to sustainable development?



**The Main Conference
Programme on June 1, 2011**

18.00-18.30
Conference Opening

18.30-19.30
Plenary 1

19:30
Welcome Reception

**The Main Conference
Programme on June 2, 2011**

08.00
Onsite Registration

09.00-10.30
Plenary 2

10.30-11.00
Coffee, tea, refreshments

11.00-12.30
Oral sessions 1

12.30-13.30
Lunch

13.30-14.00
Poster Sessions 1

13.30-14.00
Oral Mini Presentations 1

14.00-15.30
Oral Sessions 2

15.30-16.00
Coffee, tea, refreshments

16.00-17.30
Plenary 3

20.00
Conference Dinner

**The Main Conference
Programme on June 3, 2011**

09.00-10.30
Plenary 4

10.30-11.00
Coffee, tea, refreshments

11.00-12.30
Oral Sessions 3

12.30-13.30
Lunch

13.30-14.00
Poster Sessions 2

13.30-14.00
Oral Mini Presentations 2

14.00-15.30
Oral Sessions 4

15.30-16.00
Coffee, tea, refreshments

16.00-17.00
Plenary 5

17.00-17.30
Conference summary and closing

17.30
Farewell refreshments

Plenary 1: Improving Health Gain and Salutogenesis: Introduction to the Conference Theme

The Public Health Priorities of Who/Europe and Possible Collaboration With Hph

JAKAB Zsuzsanna

Europe faces multiple health challenges. Besides current improvements, major health inequalities remain both within and between countries. Notably, there are life expectancy differences of about 20 years for males and 12 years for females between the countries with the highest and the lowest levels in the Region. Health experience also stratifies profoundly by socio-economic experience and advantage. Evidence shows that these inequalities should be mostly avoidable by reasonable means. Action is needed because of the significant human and economic costs associated with pronounced health inequalities. Both public health as a discipline and public health services have also faced unprecedented problems and lack of political vision and commitment to develop.

To respond to these challenges, WHO regional Committee for Europe adopted the Resolution "Addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region" (EUR/RC60/R5)2 at RC 60 in Moscow in September 2010, and, thus, endorsed the Regional Director's proposal to formulate a new European health policy, now called Health2020.

Health 2020 will reflect a renewed commitment to public health – with considerable emphasis on prevention – while at the same time advocating for stronger health systems and the appropriate development of national health policies and strategies. Actions will be taken to strengthen public health capacities and services at all levels of the health system, with the objective to scale up prevention of diseases, health promotion and improvement. All health care services providers, both at primary, secondary and tertiary level of care, have a crucial role to play in improving health. In that respect, WHO/Europe considers the International Network of Health Promoting Hospitals and Health Services an important partner for implementing the European Health Policy Health 2020. An improved collaboration between HPH and WHO can contribute to increasing the share of preventive services to the citizens and to improving their health and quality of life.

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Current Eu Public Health Activities for Improving Health Gain Orientation

HÜBEL Michael

This presentation sets out the main bases for the Commission's current approach to health in the European Union – focusing in particular on the health promotion and prevention within the new EU Health Strategy. There is an increasing role for Europe in tackling fundamental issues of health and in particular health promotion and disease prevention. Most competence for action in the field of health is held by Member States, but the EU has the responsibility, set out in the Treaty, to undertake certain actions which complement the work done by Member States, for example in relation to cross border health threats, patient mobility, and reducing health inequalities.

The EU Strategy aims to set clear objectives to guide future work on health at the European level, and to put in place an implementation mechanism to achieve those objectives, working in partnership with Member States, international organisa-

tions and stakeholders. Population ageing, resulting from low birth rates and increasing longevity, is now well established. By 2050 the number of people in the EU aged 65+ will grow by 70%. The 80+ age group will grow by 170%. These changes are likely to raise demand for healthcare while also decreasing the working population. This could push up healthcare spending by 1 to 2% of GDP in Member States by 2050.

On average this would amount to about a 25% increase in healthcare spending as a share of GDP. However, Commission projections show that if people can remain healthy as they live longer, the rise in healthcare spending due to ageing would be halved. Healthy ageing must be supported by actions to promote health and prevent disease throughout the lifespan by tackling key issues including poor nutrition, physical activity, alcohol, drugs and tobacco consumption, environmental risks, traffic accidents, and accidents in the home. Improving the health of children, adults of working age and older people will help create a healthy, productive population and support healthy ageing now and in the future. Similarly, healthy ageing is supported by taking action to promote healthy lifestyles and reduce harmful behaviours, and to prevent and treat specific diseases, including genetic disorders.

The development of geriatric medicine needs to be actively promoted, with a focus on individualised care. Palliative care and better understanding of neurodegenerative diseases such as Alzheimer's are also important needs to address. Furthermore, chronic diseases are diseases of long duration and generally slow progression; they include cardiovascular disease, cancer, mental health/disorders, diabetes mellitus, chronic respiratory disease, and most musculoskeletal conditions. To move forward at European level, a reflection process on chronic disease could be considered, initiated by the European Commission and engaging with Member States and stakeholders and which would provide input into a future strategy on Chronic Disease.

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Introduction to Salutogenesis

LINDSTRÖM Bengt

Although Aaron Antonovsky's second book on Salutogenesis held the title "Unravelling the mystery of health", the concept of salutogenesis in itself for many has remained a mystery. Conceptually, salutogenesis simply means the movement towards the healthy end of the health continuum. Salutogenesis is an umbrella concept encompassing many theories for health that are based on health as a resource or asset for life. Today we stand with good scientific evidence on the effectiveness of the salutogenic approach according to Antonovsky.

People, communities and systems that adapt this develop populations that not only live longer but are more prone to choose positive health behaviours; encountering illness or acute or chronic illness such as the main NCDs (diabetes, cancer CVD, chronic lung disease and mental disorders) they manage the situation better, they endure stress better, further perceive they have a better health, good quality of life and mental health. Thus it forms a good theory base for health promotion and a complement to classic biomedicine and public health directing health towards life and resources for the good life instead of only studying risks and causes of disease. This presentation will end with a demonstration of how the salutogenic system theory works from the individual over group to society aspects using a live example.

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Plenary 2: How can better health gain within hospitals / health services be achieved?

The Role of Health Systems and Service in Promoting Equitable Population Health Gain

BAUM Fran

This keynote address will examine the role of health systems and health services in promoting population health in an equitable manner. It will examine the pressures on health systems, and the hospitals and community health services that are part of it, to focus exclusively on curing and treating disease to the exclusion of any consideration of either disease prevention or a more positive health promotion.

The address will draw on the work of the Commission on the Social Determinants of Health to argue that health systems have a central role in advocating for action on the social determinants of health and leading other sectors to consider the health impacts of their actions. The role of health systems as stewards of the population's health will also be considered including the role they can play in providing data and knowledge on the ways in which health is distributed across the population. The paper will examine the proposal by Popay et al (2010) that all too often health policies will recognise the importance of the social determinants of health but then policy strategies revert to a "lifestyle drift" whereby the action promoted is direct towards persuading individuals to change their lifestyle rather than more systematic structural change to the underlying conditions that determine health. The paper will conclude with a consideration of the health in all policies approach which is being implemented by the South Australian government and led from its Department of Health.

References

Popay, J., Whitehead, M. & Hunter, D.J. (2010) 'Injustice is killing people on a large scale - but what is to be done about it?'. *Journal of Public Health*, 32, 148-9.

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The Swedish Smoke-Free Operation-Campaign

MODIN Göran

Every month, more studies are published, contributing to the already strong evidence of the effects of pre-surgical smoking cessation on the reduction of risks for post-surgical complications. Thus, the time to act has come!

The Swedish Orthopaedic Association took an important step towards safer surgery about two and a half years ago. The chairman and head of the orthopaedic department in Norrlands University Hospital made a breaking decision – smoking patients should not be operated on unless they quit smoking prior to surgery.

What happened afterwards? Today Sweden is trying to implement a routine for all hospitals to provide smoking patients professional help to quit smoking prior to surgery. The web-site www.anonsmokingoperation.se offers information for both patients and staff on how this can be achieved in practise.

About 35 hospitals have already joined the campaign, and the number of participating hospitals is increasing continuously.

What difficulties have been encountered, and what can be learnt from the Swedish campaign? Is it ethical? How do the patients react? Can you refuse to operate on a patient? Does this work on all kinds of surgery?

Göran Modin, chairman of the patient safety committee of the Swedish Orthopaedic Association and also medical director at Uppsala University Hospital in Sweden, will try to answer these questions and will also encourage other countries to follow the Swedish example.

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Plenary 3: How can better health gain be achieved by strengthening continuity of care in healthcare systems?

Realizing Health Gain in a Regional Population by Reorganizing and Integrating Health Care Towards Continuity of Care

HILDEBRANDT Helmut

Health scientists, convinced of the potentials of health promotion and salutogenesis, joined forces with a network of physicians (general practitioners and specialists) and founded a company. This company ("Gesundes Kinzigtal GmbH" = GK) derives its income mainly out of the health gain and the total-cost-of-care savings achieved for the sickness funds (health insurance) with whom GK has contracts. A method has been developed to measure the health gain produced relating to the mean costs for patients in Germany. The work started in 2006 and since 2009 the share of the savings for GK was higher than the production costs for GK, so that the company is earning money and could prove that the salutogenesis approach and the higher quality of care is successful in reducing total costs of care.

Gesundes Kinzigtal is considered in Germany as an outstanding experiment on the reorganization of care and care delivery in the sense of integration and management of care. Extensive evaluation has been made, some results of it will be shown as well as the examples of the work that has been done. The founders of Gesundes Kinzigtal see their work as an ongoing process of change and improving the health of the population of Kinzigtal (around 60,000 inhabitants) and are in the process of cloning the approach and translating it to other regions in Germany.

More Information can be found on:

www.optimedis.de
www.gesundes-kinzigtal.de
www.ekiv.org/de/pdf/Hildebrandt-et-al_2010_Gesundes-Kinzigtal-Integrated-Care.pdf
www.ekiv.org

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Alcohol Interventions - Collaboration Between Hospitals and Other Service Providers

NESVÅG Sverre Martin

The fifth HPH standard for implementing health promotion in hospitals defines continuity and cooperation as a key factor in a successful implementation strategy. One important aspect is to ensure that health promoting interventions during hospitalization are followed up in a proper way after discharge. "Alcohol interventions" is a term that covers a wide range of interventions with different purposes each based on different types of alcohol use risks. This variation also requires different methods for collaborating with other service providers in primary health and social care and in the specialized alcohol treatment services.

While the other four HPH standards focus mostly on the internal hospital strategies, the variety of alcohol use health risks clearly points to the need for developing collaborating strategies also for policy development, identification and assessment, interventions, more healthy alcohol habits among employees and healthier alcohol workplace cultures. In this presentation, these issues will be discussed based on experiences and research at the Stavanger University Hospital and the HPH Task Force on Alcohol and Alcohol Interventions.

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How The Creation of a Single Large Provincial Health Service Provider Canada Improve Continuity, Collaboration and Health Gain

TOPOROWSKI Heather

Alberta Health Services is a provincial health authority which was created in 2008 when 12 separate health service organizations joined; 9 regional health authorities and 3 provincial bodies (AADAC, Mental Health and the Cancer Board). In addition, Alberta Health Services and primary care physicians partner to carry out collaborative planning for service delivery based on local health service needs. These Primary Care Networks (PCNs) serve as an important mechanism to provide local health services by physicians and inter-professional teams. The integration of service delivery has resulted in improvements at the system level, and also a number of innovations which result in improved access, quality, equity, and continuity for patients. Examples from primary healthcare and chronic disease prevention and management will show the impact of cross sector collaboration and integration.

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Plenary 4: How can hospitals, other health services and other settings cooperate to achieve better health gain? What can healthcare contribute to ecological sustainability & environment-friendliness?

How can Collaboration Between Hospitals and Primary Care Strengthen Health Promotion in Primary Care?

TOUNTAS Yannis

Health Promotion targets lifestyle determinants of health, as well as the physical and social environment. This effort is most effective when the focus is on settings, where people live, work and study. Thus, the first European Health Promoting Networks were oriented towards Cities and Schools. Hospitals were soon to follow, since they are services with significant human and material resources, but also because they are the point of contact with hospitalized individuals, who usually need to promote their impaired health.

In such an effort, Primary Health Care (PHC) Services play a significant role, because they operate in the community, being in contact with the public in a continuous and systematic way and because many of the health determinants are shaped in the community level. The Alma Ata conference (1978) recognized the major role of PHC in Health Promotion by describing it as "the key to achieving Health for All by the year 2000" and by setting community participation, empowerment and continuity of care as goals for all primary care systems in the world. In several countries, Primary Health Centers and General Practitioners already offer Health Promotion and Education services. Despite the fact that the high burden of disease due to tobacco, alcohol, unhealthy diet and physical inactivity indicates that there are much more to be done, there is strong evidence of effectiveness in several of these interventions.

This contribution can be significantly enhanced through a strong partnership between Health Promoting Hospitals (HPH) and PHC Services for two main reasons. First of all, during the past twenty years, HPH has accumulated considerable know-how and experience which can be utilized in the PHC setting. Also, hospitals – especially HPH- provide many of their services outside their walls, in close cooperation with the community and the PHC Services. Home Care is a classic example, but this synergy is also effective in improving the quality of care for patients with chronic diseases, reducing health inequalities, creating supportive environments, strengthening community actions, etc.

For all these reasons, cooperation between HPH and PHC Services is of major importance for the development and growth of Health Promotion.

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Hospitals / Health Services and Schools: Cooperation in Establishing and Sustaining Health Promotion Initiatives – What Works?

MASIELLO Matthew

Introduction

As various national and international organizations offer recommendations on the health promotion mission and programmatic activities of "healthy schools", "healthy communities" and "health promoting hospitals" these groups are often at a loss on how best to collaborate as well as address their respective health issues. Health care reform and the challenging worldwide economy places additional responsibility and burden on schools, hospitals and communities to develop innovative approaches to promote health and prevent disease.

Method

This plenary session will comment on the public health approach in developing cooperative efforts between local and regional schools and the hospitals and health services in their respective region. Epidemiological tools and other resources that were successful in Europe and in a ten year, United States based effort, will be used as a reference point.

Comments

The plenary session will provide the audience with information on how best to develop enhance and, not lessen, a health promotion relationship between schools, hospitals and health services.

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Regenerative Healthcare Design for Healthy Ecosystems and Communities

GUENTHER Robin

Can the healthcare built environment create conditions for improved health for humans and ecosystems? Can hospital buildings move beyond doing "less harm" to "no harm" and ultimately to "heal"? Around the world, a new typology for healthcare design is emerging that recognizes that constructed human systems must co-evolve with natural systems to restore and regenerate health on a community and global scale. In the coming decades, healthcare settings must become both more resilient in the face of extreme weather events and in many instances provide essential public health services.

This session will define the theoretical precepts of regenerative healthcare design and provide examples of practical applications of those precepts in the US and beyond in order to stimulate critical dialogue about the future direction of healthcare settings.

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Session 1-1: Health promotion for children and adolescents in hospitals and health services

Making Serbian Hospitals Child - Friendly

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Introduction

With support from the Ministry of Health, Partnerstvo za zdravlje, a Serbian NGO, is implementing the project "Hospital – a friend to children and families" to introduce child- and family-centered care to pediatric wards in Serbia. The initiative aims to reduce unnecessary stress and pain in hospitalized children by educating healthcare workers and non-medical workers about child rights, development, pain management, hospital play, preparation/coping and communication. The initiative is based on an assessment of current conditions in Serbian pediatric wards

Purpose/Methods

A 5-day trainer course based on The Child- Centered Health Care Trainer Manual (Schwethelm, Capello, Brylske, & Munn, 2010) was conducted in May 2010 for multidisciplinary teams from 6 Serbian and two Macedonian children hospitals to provide them with knowledge, skills and materials to train others in child-/family-centered care. In Phase II, the trainer teams are assisted in a hospital-by-hospital implementation. To facilitate learning, the complex course has been broken down into 6-8 four-hour sessions and inter-session exercises.

Results

Implementation started 11/2010 in Nis with nurses/teachers. By June, 30 courses for nurses/teachers will be completed; training pre- and post-test results will be available, as well as key informant interviews from each participating hospital. Reactions to the first 4 training modules by nurse/teacher participants have been very positive: participants were delighted with the training methods (combination of presentations, group work, interactive learning, inter-session assignments and video materials). Practice and skills-building is emphasized, and discussions of the assignments motivate the participants.

Conclusions

Lessons-learned show that transforming all the facts and theory of child- and family-centered care into real life application in every-day language and shorter units over a time period, can help participants to better understand child rights, and child- and family-centered care concepts. This results in better implementation, and a stronger partnership between hospitals and the NGO. It is hoped that involvement of pediatric workers on the "frontlines" will also increase the interest and involvement of physicians in the medium term.

Comments

Our goal is to increase commitment to hospitalized children's rights by educating the medical and non-medical staff in 6 hospitals that participated in the original trainer course; organizing working groups to develop materials to prepare children of various ages and their families for hospitalization and common procedures; establishing feedback mechanisms to assure that needs of families for information, communication and involvement in their child's care are met; and making the process sustainable and replicable in other regions and hospitals.

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Evaluating Compliance with the Rights of Children and Young People in Australasian Healthcare Services

MURPHY Joyce, BINNS Virginia

Introduction

Healthcare professionals in Australia and New Zealand are committed to the principle of respect for the rights of children and young people who use healthcare services and have undertaken to evaluate current performance in relation to respecting those rights. Accordingly, in 2010, 15 facilities that care for children and young people across Australia and New Zealand conducted a self-assessment exercise.

Purpose/Methods

The self-assessment process was coordinated by Children's Hospitals Australasia (CHA), a peak body supporting children's hospitals and paediatric units to achieve excellence in care. CHA member organisations were invited to participate and 11 members representing 15 healthcare facilities accepted. Participants used the Self-assessment Model and Tool (SEMT) developed by the international Health Promoting Hospitals Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (HPH-CA). Completed self-assessments were submitted to CHA for data collation.

Results

Overall, the highest ratings by healthcare facilities were in protecting children and young people from all forms of violence, however in this area, tertiary paediatric hospitals often rated themselves more harshly than general hospitals and community health facilities. The lowest assessments across all facilities were in the rights to information and participation. The way in which healthcare facilities supported the rights of children and young people varied quite significantly from organisation to organisation.

Conclusions

Overall, participants found the self-assessment process useful for raising awareness of children's and young people's rights in healthcare services and are keen to expand the scope of the work, through CHA and the HPH-CA. Suggestions to enhance/broaden the process and the SEMT are being explored in collaboration with international colleagues on the HPH-CA.

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Health Promotion Plan for Development of Children

LIN Chi-Wen, LEE I-Chun, WANG Yi-Hsuan

Introduction

Early intervention for developmental delay of children emphasis on early screening, multi-disciplinary team work and continuity of care. However, the incidence of children with developmental delay is lower than the predicted incidence of WHO in Taichung County, Taiwan. The children who live in remote areas with fewer medical resources lack the services for the developmental assessment and early intervention of medical resources. This situation influences the early intervention for children with high risk of developmental delay.

Purpose/Methods

Purposes : (1) To construct the community care network by the hospital and the public health centers and improve the screening rate of children with developmental delay. (2) To educate parents about the developmental delay and to construct the continuity care by hospital, public health center and family. Method: We hold children developmental screening services and parents education with eight public health centers including



aboriginal villages in Taichung County, Taiwan from April to November in 2010.

Results

The amount of children with suspected or confirmed developmental delay diagnosis is 100. This plan increases the 9~12% of predicted incidence of children with developmental delay per year in Taichung county, Taiwan. The Parental awareness about children developmental delay increases 25% degree between pre-education and post-education.

Conclusions

This plan can improve the benefits of child developmental care by providing the assessment services network with public health centers and parents education.

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How Canada Promote a Culture of Children's Rights in Hospital? A Comparison of the Efficacy of a Peer Accreditation Program and the Use of Self-Assessment Tools

STRABLA Daniela, SPIAZZI Raffaele, GUARNACCIA Sebastiano

Introduction

The Children's Hospital of Brescia in 2004 adopted the Charter of Rights AOPI (Italian Association of Pediatric Hospitals) and participated in its accreditation program (2007). Being suspended at the time the assessment activities by AOPI, in order to monitor the level of implementation of children's rights in hospital and keeping attention to the issue, the hospital has activated a working group that conducted a self-evaluation study of the respect of children's rights, using the tool proposed by HPH-CA Task Force

Purpose/Methods

Three years after the accreditation visit AOPI, it was conducted through the self-evaluation tool HPH-CA an analysis of the respect of children's rights in our hospital, searching for best practices, procedures for monitoring, evaluation and implementation of rights according to the methodology HPH-CA. The hospital revalued in particular both critical areas that the accreditation assessment reported as in need of intervention and the areas of excellence to evaluate the effectiveness of the accreditation system as a tool for promoting improved

Results

The data of our research show that, to ensure the maintenance of respect of the children's rights in hospital, the self-evaluation tool proposed by HPH-CA Task Force is more effective than the one used by AOPI, both for use as tool to verify compliance to the children's rights in hospital and as "educational instrument" of involvement and awareness of the working group and operators

Conclusions

The ease of use of a self-evaluation tool, such as that proposed by HPH-CA for monitoring and implementation of children's rights in hospital, makes the instrument more effective than peer accreditation, allowing health operators of children's hospitals and general hospitals, more easily become aware of how to ensure the respect of children's rights in their workplace

Comments

Future prospects concerning the promotion of a culture of respect of children's rights, either by shooting in a more simplified way of peer accreditation, either through the extension of the comparison also to the general hospitals, both through the

involvement and the participation of society in different fields, from the legislative and law, associations of families, to schools and the media.

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Recognition and Respect of Children's Rights in Hospitals

FLØTTEN Kjersti J.Ø., SCHRØDER Judith, HAUGSTVEDT Karen Therese Sulheim

Introduction

Our Hospital was introduced to the Self Evaluation Model and Tool (SEMT) through participation in the Task Force on Health Promotion for Children and Adolescents in and by Hospitals. The secretariat of the Norwegian HPH network, located at the Centre for Health Promotion at our hospital, then initiated cooperation with the Children's clinic to carry out a self evaluation about 'recognition and respect of children's rights in hospitals'. The aim of this presentation is to share our experiences and findings.

Purpose/Methods

We developed a qualitative project where our main goal was to gain knowledge about 1) how medical staff and parents perceive children's rights, 2) what relevance they believe these rights have for the hospital, and 3) how they perceive the children's clinic is making an effort to fulfil them. Our purpose was to highlight examples of good practice and make suggestions for possible areas of improvement. We performed semi-structured qualitative interviews with staff and parents guided by the SEMT.

Results

At present we are analysing our data. The preliminary results indicate that the method created room to reflect on children's rights. The participants acknowledged that there are still areas that need improvement. For example, a more holistic approach to children's participation and further improvement in pain management. Interestingly, we have experienced feedback from medical staff telling us that they have already incorporated these reflections in their daily work.

Conclusions

This project proved to be useful when it comes to raising awareness among medical staff and parents about recognition and respect of children's rights in hospitals. Furthermore they identified areas they would like to have increased awareness of and changes they wanted to make. Moreover, the SEMT was a valuable tool from which to develop such a project.

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Session 1-2: Health promotion for older persons - Prevention, homecare, long term care

The 5-Year Evaluation on Effectiveness of Senior Preventive Study in Raahe Area Population

KARJULA Marja-Liisa, SALO Liisa, HONKALA Virpi

Introduction

Ageing population and increasing chronic diseases are challenging worldwide. In order to evaluate the future needs of ageing people in Raahe area, every year since 2004 all 65 years old citizens are invited to participate in Senior Preventive Study conducted by registered nurses. The effectiveness of this kind of study was evaluated during 2009 – 2010 as all 70 years old people were interviewed and examined by the same protocol.

Purpose/Methods

The study visit includes thorough interview, health examination with certain laboratory tests as well as determination of capacity and social conditions such as friends, hobbies and living conditions. Medication, sleeping habits, memory and mood as well as past working history and ability to cope with changes are asked. Eventually the results, both resource and risk points are determined by using a computer program designed for the study.

These points are explained to each participant during a nearly two hour session and together the participant and the nurse plan how to tackle the risk factors. When applicable, a visit to the diabetes nurse, doctor, physiotherapist or any other health professional is arranged for the participant. In the effectiveness study the age class 2009 consisted of people, who did not have the intervention 5 years earlier and the age class 2010 of those, who had the first intervention at the age of 65 in 2004.

Results

More than 80 % of the age class have attended the study yearly. In the effectiveness study there were altogether 486 participants, who represent 82 % of respective 70 year age classes. The intervention group showed statistically significant improvements in taking care of vision and dental health problems, smoking cessation, getting tetanus-vaccination and increasing use of information technology and e.g. bank card. Within five years the amount of overweight, foot and balance problems, medication, loneliness and lack of hobbies had increased. However, those participants, who in 2004 had the least resource points, showed altogether higher (2.26) resource points and only 1 point increase in risk points in 2009, the positive result being statistically significant.

When compared to the non-intervention group, the intervention group of 70 years was in better condition related to vision, PEF-value, blood glucose percentage, mobility, chronic disease care, tetanus vaccination and foot balance. The intervention group also used computer technology more often. According to the statistics, they were not significantly worse in any of the intervention components. When determined by resource points, there was a 0.79 point difference between the groups – the difference being slightly higher in male than female population. The difference is statistically fairly significant.

Conclusions

The response from the participants has been very positive. Based on values of individuality, security, empowerment and self-determination the check-up has proven to be well functioning. The general overview of the groups showed more activity and homogeneity in the intervention group. Senior Preventive Study seems to benefit most those people, whose resource points are lower and risk points higher, but a study covering the whole age class gives benefit equally to all participants.

Comments

During this study it was also examined whether people with abundant medication and frequent use of health care services could be left out in the future. However, it was shown that also those people benefited from the intervention so that after five years not one of them was doing worse when measured with resource points. This study also showed that Senior Preventive Study alone is not enough in reducing risk for diabetes even though in some cases earlier undetected diabetes was found in persons having generally quite low risk points.

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Singapore's Able Studio - Enabling Ageing-In-Place

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Introduction

Singapore is experiencing the fastest rate of ageing in the world. Functional decline and frailty resulting from ageing, inactive lifestyles and disease will increase the burden and costs of late-life care. The ABLE Studio is the first-of-its-kind hospital-initiated person-centred one-stop solution centre for community-based geriatric care. It combines retail with social business, and brings together the collective thinking of health-care professionals, retailers, educators and designers working with patients, and care-givers to co-create practical and affordable solutions, using a whole-person approach.

Purpose/Methods

In developing the ABLE Studio concept, we brought together professional perspectives and layman insights on day-to-day challenges and needs to derive appropriate, practical and affordable products, information and training. The purposes were to: (1) promote and maintain functional independence and ageing-in-place; and (2) overcome care problems and increase caregiver confidence in selfcare and home-based nursing procedures for the dependent elderly. The Studio was conceived as part of a holistic approach to solve the healthcare needs continuum of the community.

Results

Launched in September 2010, the ABLE Studio captured the interests of social and educational agencies, resulting in several collaborations at the national level. The first initiative, a health-social collaboration, is the Functional Home exhibit at the 50-Plus 2011 Expo (1-3 April 2011), showcasing ageing-in-place and coordinated elderly care services. The second initiative is a health tie-up with educational agencies to design and evaluate age-friendly products. Other collaborations in specific community care are in the pipeline, backed by strong government commitment and funding.

Conclusions

The ABLE Studio has become a significant inter-sectoral collaborating platform between healthcare, social and education agencies to explore solutions and innovations for greater empowerment and enablement of older adults and caregivers, to sustain the independence required to age and function confidently in the community. This strengthens our existing support framework beyond just hospital care and enables our seniors to attain a higher quality of life.

Comments

Moving forward, the ABLE Studio website will be launched in March 2011 as a virtual arena for greater outreach and interaction in the public space.

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Improved Collaboration to Maintain Older People at Home

TRIVERS Joe

Introduction

The project aims to improve cooperation between hospitals and other agencies in community settings in order to increase provision of social services & reduce the number of elderly population being admitted to institutional care.

Purpose/Methods

A collaborative cross border steering group has been established in order to enable older people to have a comprehensive response to their individual needs. Terms of reference have been agreed to reflect project principles including partnership working, sustainability and health gain. Roles and responsibilities have been agreed. Methods include; daily telephone health checks, locally based support workers, local luncheon and garden clubs, local day care provision, telecare & teleconference systems, surveillance and safety alarms. An evaluation framework has been established.

Results

This project is not completed yet. The expected results include:

- Reduction in number of elderly admissions to institutional care
- Increase & redesign of social services delivery in rural areas
- Provision of 160 telecare packages for elderly clients each year (3 years in total)
- Enhanced support for families and carers
- Improved accessibility to local services
- Reduced need to travel from rural areas for services resulting in ecological benefits

Conclusions

This project will build partnerships, increase capacity & enhance social networks within rural communities. The hospital setting will work in partnership with various agencies including the public, private and voluntary sectors in order to maintain older people at home & within their own communities for longer. This innovative collaborative approach will promote sustainability and health gain by empowering older people & their carers to participate more fully in the design & delivery of their own care.

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Health Promotion Of Hospitalized Elderly By Nurses

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Introduction

An increase of the elderly population is anticipated. It has become an important part of one's life to maintain one's independence and quality of life as long as possible, for ethical and economical reasons. According to the WHO hospitals are the appropriate venues for health promotion which is confirmed in the literature. Publications indicate that health promotion has no legitimate role in professional nursing and that a single conceptual framework for such a role description is required.

Purpose/Methods

This Delphi study is to establish a consensus about the role of nurses in elderly health promotion in acute hospital setting. The panel consisted of 29 members representative of nursing such as nurses from the acute hospital setting, nursing experts, district nurses, Public Health nurses, nurse managers, hospital

directors, nurse researchers and educators. The results of the first round questionnaire of open-ended questions were used as the content of the structured questionnaires of the 2nd and 3rd round.

Results

The consensus is defined by an 80% agreement among the panel members in relation to the following question. What are attitudes, skills and knowledge fundamental to performing the role of health promotion for the elderly, and what would be the resources and concomitant barriers in the acute hospital setting?

- Knowledge: health behaviour models, gerontology, chronic disease
- Attitudes: participation, empowerment
- Skills: communication, project management
- Resources: motivation, additional qualifications
- Barriers: short hospitalisation stays, lack of opportunities, non-recognition of significance of health promotion

Conclusions

The study participants, who are health professionals of Switzerland, have agreed that health promotion of the elderly in hospitals is currently justified and cost-efficient. A number of required competencies, behaviours and skills of nurses in health promotion have been identified. They stressed, however, that there is a lack of a culture of health promotion in daily nursing practice. And there has been no consensus reached on the importance and significance in general of health promotion in hospitals.

Comments

Review of the results has determined that interventions are needed urgently to increase the significance and knowledge of health promotion for the elderly among health professionals. Furthermore that future research on complementary perspectives to expand our knowledge of nurses' role in health promotion in the acute hospital setting is needed. An additional objective of future research is to promote the transfer of knowledge of these results into daily nursing practice.

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Development Of Residential Long Term Care (Ltc) Into Health Promoting Settings – An Austrian Pilot Project Building Upon Hph Strategies

CICHOCKI Martin, WAGREICH Tanja, ZEIDLER Doris, KRAJIC Karl

Introduction

In an ageing society with growing relevance of chronic conditions and functional impairment, Long Term Care gets increasing attention. Residential care exerts major health impact on users, staff and relatives and thus is interesting for the settings approach. Increasing user orientation of these organisations with focus on autonomy of residents seems a key issue for improving health gain for all groups involved. It is the aim of a pilot project in Vienna to test this assumption and to explore strategies for implementation of comprehensive health promotion within residential care.

Purpose/Methods

Over a period of two years (2011-2012), three residential housing institutions with approximately 1000 residents will participate in a project to develop towards a health promoting setting. A needs assessment will be conducted targeting all stakeholders - users (patients and relatives), staff and management of the institution - using questionnaire, interview and focus group

techniques. Specific interventions for residents (mobility intervention), staff (health circles) and management (strategy development) will be specified and introduced accordingly.

Results

The pilot project will compare perceived needs and current health promotion status of the organisation, measured by an instrument based on HPH strategies. The project will combine process and outcome evaluation of specific interventions. Scientific findings will be published and translated into recommendations for the practical implementation of health promotion strategies within LTC settings.

Conclusions

LTC is a new setting for health promotion. Residential homes are primarily places for living and not intervention units. Many of these organisations still come close to the model of "total institutions", controlling crucial factors relevant for (healthy) reproduction especially for vulnerable groups like frail elderly. Increasing user orientation is expected to have a major influence on health of residents but also on well-being among staff and relatives.

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"Contrast to Restraints and Bad Practices": A Project to Contrast Mechanical, Pharmacological and Environmental Restraints for the Elderly

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Introduction

The number of "very old people" is increasing and this trend affects the whole EU. It is expected that by 2050 older people in Europe increase by 170%. The third and fourth age are characterized by complexity and fragility. Often the answer offered to the elderly are institutionalization (18.7% in Italy are frail and 2.7% are hosted in institutions) where there is risk of mechanical, pharmacological and environmental restraints. We need to ensure respect for their rights.

Aims

- Bring out the hidden spread phenomenon
- Inform that the restraint is not a medical act
- Giving voice to senior citizens
- Involve community agencies
- Training activities
- Implement organizational changes to multi-disciplinary, multi-professional, inter-agencies measures

Methods:

- Investigation and monitoring
- Denounce the phenomenon / congress
- Establishment of a conference committee
- Definition of an integration corporate shared view
- Training
- Involving different situations and realities
- Involving public opinion
- Various publications

Results

- Establishment of a Commission
- Emergence of the phenomenon locally, regionally and nationally

- Public awareness and local agencies
- Implementation of innovative approaches in the fields of healthcare
- Training events
- Drafting of a reference text
- Elimination of various forms of restraint in residential facilities
- Involvement of Professional Orders
- Involvement of the Magistracy and local law enforcement.
- Interviews and published articles
- Participation in conferences and internal studies
- Teaching degree courses

Conclusions

Eliminate bad care practices and restraint in all its forms is a battle duty. It needs a cultural and professional revolution. A key result is the acknowledgement that restriction cannot be prescribed. The project is active in the residential care facilities in Trieste. Many families and many operators do not ask to contain the elderly anymore. Many organizations ask us how. The discussion is open to national and international debate.

Comments

The spread of the project covered the Hospital, the University, the Municipality of Trieste and numerous private homes. Were involved general practitioners, some judges, the pensioners' unions, local media and the community at large. All material available has been widely as possible in order to involve, inform and encourage a culture of good practice. Today the challenge is to broaden the contamination throughout the country and the European community.

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Session 1-3: Smoke-free hospitals - Educational and organisational approaches

Smokers Non Ready to Quit: Thera- peutic Education Sessions Better Than Motivation Session

DAUTZENBERG Bertrand, DAUTZENBERG Marie-Dominique, ZALESKI-ZAMENHOF Margaret, DELRIEU Agnes, OSMAN Joseph

Introduction

Tobacco dependence is mainly a chronic relapsing disease acquired by a behavior during adolescent period. If a good motivation is always welcome, smoking cessation had to be initiated in all smoker nevertheless they are or not motivated to quit. After having tested in situation of preoperative surgery, we assess the replacement at workplace of motivational session by therapeutic educational sessions because the standard of accrual after awareness session is 20% of smokers based on a two years experience.

Purpose/Methods

In a company of 600 employees, the management wishes to provide assistance to smokers before a total ban in the factory. In agreement with the management, will focus on learning to stop and not on motivation to allow the smoker to acquire knowledge. A collective awareness has been demonstrated by measures of CO then the lecture focused on addiction treatment and validated. Individual therapeutic information is offered to all smokers without taking into account the motivation to quit.

Results

Of 600 employees of the stud180 are smokers (30%). 130 are coming to awareness sessions (72%). The 130 have requested a measurement of CO late in the session (100%). 120 attended the educational therapy session (92%) At the end of educational therapy session it was proposed to follow up smokers to stop in 6 face-to-face sessions. 110 smokers were enrolled (92%), 98 immediately and 12 later. The smoking cessation sessions were conducted by 4 tobacco specialists with usual success rate.

Conclusions

Proposing therapeutic education instead of motivational interview in smoker who don't initially request to stop to smoke increase dramatically the number of patient making an attempt to quit (from 20% to 85%). Motivation is useful to help smoking cessation but is not a prerequisite. Health professionals have to initiate smoking cessation in all tobacco dependant smokers nevertheless level of motivation to quit.

Comments

If motivation appears an important prerequisite for adolescents and non dependant smokers, all smokers who are suffering of the tobacco dependence disease have to be treated by health professional as any patient with chronic disease. Smoking cessation had to be the decision of health professional and not only the choice of the patient.

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Effects of Workplace Smoking Ban on Job Satisfaction of Staff at Dis- trict Public Hospitals in South Korea

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Introduction

In South Korea, adult smoking rate was 25.3% in 2007, which was higher than average OECD Countries (23.6%). In hospital, smoking of staff should be more seriously considered, because it has greatly related to quality of care for patients and low quality of life of staff. Smoking may causes increasing burden of disease, sick leave, and poor working environment to staff at hospitals. Also, staff experienced smoking cessation failure has been reported to decrease physical condition and quality of life. Many hospitals have been conducted smoking ban, and it showed effective reduction of smoking of staff.

Purpose/Methods

This correlational study aims to identify the effects of workplace smoking ban on job satisfaction of staff at district public hospitals in South Korea. The respondents were total 3,173 staff at 31 district public hospitals in South Korea. The questionnaire of job satisfaction consisted of 11 items (Cronbach' alpha=0.97), and they divided into 4 factors which were communication (Cronbach' alpha=0.94), appraisal and compensation (Cronbach' alpha=0.95), working environment (Cronbach' alpha=0.93), and contribution to community (Cronbach' alpha=0.87). Differences of job satisfaction of staff between hospitals conducting smoking ban and none were compared. Among groups conducting smoking ban, differences of job satisfaction of staff between pre-smoking ban and post-smoking ban were compared. Data were analyzed using chi-square test and t-test.

Results

No differences of general characteristics (gender, age, disciplines) of respondents found between two groups conducting smoking ban and none. According to job satisfaction of staff between two groups, there were significant differences in satisfaction of management strategies & vision ($t=3.659$, $p=0.000$), communication & cooperation of staff ($t=2.705$, $p=0.007$), sharing information ($t=1.925$, $p=0.050$), adequate appraisal according ability & outcomes ($t=2.147$, $p=0.032$), welfare system for staff ($t=2.000$, $p=0.046$), and quality of providing services ($t=2.290$, $p=0.020$). Among groups conducting smoking ban, job satisfaction of staff have significantly increased post-smoking ban comparing pre-smoking ban ($p=0.000$).

Conclusions

Smoking is well-known cause of mortality. This study identified the effects of workplace smoking ban on job satisfaction of staff at 31 district public hospitals in South Korea. In this study, job satisfaction of staff working at public hospitals has been significantly increased after workplace smoking ban. In hospital, smoking of staff should be more seriously considered, because it has greatly related to quality of life of staff.

Comments

We think that workplace smoking ban contributes to create healthy workplace. In order to increase effects of workplace smoking ban, staff should willingly join in it. It hopes that job satisfaction and quality of life of staff working at hospitals enhance through smoking ban.

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Impact of One Education Session on Physicians' Self Reported Motivation to and Clinical Practice in Preopera- tive Smoking Cessation Counseling

MANDEL Hanna

Introduction

Smoking is known to increase the frequency of postoperative complications and preoperative smoking cessation reduces the risk of postoperative complications by half. Patients' chances

for successful smoking cessation increase if physicians regularly bring up smoking habits and offer smoking cessation counseling. However, patients who are directed to a professional smoking cessation counselor have the best odds. Södersjukhuset has been working actively with this together with the physicians. Physicians working at Danderyds sjukhus have not received this information from the hospital.

Purpose/Methods

This study aims to offer information regarding the benefits of preoperative smoking cessation to physicians at Danderyds sjukhus and analyze its effect on motivation and clinical practice. The method used was 60 minute educational session. Two different questionnaires were used before, immediately after and three weeks after the educational session. The same questionnaires were distributed to physicians at Södersjukhuset. At Danderyds sjukhus, the physicians were split into one observation- and one control group.

Results

The results show a statistically significant increase in the physicians' self-reported motivation to actively work for pre-operative smoking cessation ($p=0.016$) after the educational session and the proportion of patients smoking who were given smoking cessation counseling increased ($p=0.002$). After the intervention there was no longer any difference in motivation between the physicians at Södersjukhuset and Danderyds sjukhus.

Conclusions

In this study one educational session at Danderyds sjukhus resulted in higher motivation among physicians to work for preoperative smoking cessation and the physicians' clinical practice changed towards more actively working for preoperative smoking cessation.

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The Effects of a Policy of Tobacco

SANDER Jenny

Introduction

The employees of the Social Service Committee in the Region Gotland were exposed to tobacco at workplace and had a high percentage of smokers in 2008. Several studies have shown that workplaces are important arenas for tobacco prevention as well as other health promotion initiatives. The WHO and Swedish law demands protection from the exposure of tobacco smoke at workplaces. The Swedish government also has decided to reduce the inequities in health by efforts of smoking cessation to certain groups.

Purpose/Methods

The purpose of the study was to evaluate the effect of a policy of tobacco that was implemented in the Region Gotland in 2008. The 1731 employees at the unit of Social Service Committee were given a survey. It was completed in 2008 and in 2010 with a 50 percent rate of response. The analysis with SPSS led to a report to the board of Social Service Committee.

Results

The policy both affected the habits of smoking and the habits of taking moist snuff. One of four amongst the men quit smoking and one of ten amongst the women. Those who continued smoking reduced their dose and everyone smoked less than 20 cigarettes in the follow-up study in 2010. The exposure of tobacco smoke was not affected though. The Social Service Committee made an economic gain of 1.3 million Euro a year, due to the effects of the policy.

Conclusions

A policy of tobacco was effective in reducing the habits of smoking and the habits of taking moist snuff at workplace. It was not effective in reducing exposure to tobacco smoke.

Comments

The study affirmed international results in the effect of a tobacco policy at workplace. The study made it apparent that it is necessary to work with the users of Social Service Committee to have an effect on the employees' exposure of tobacco smoke. This kind of action would also increase equity in health. As a result of the study it became increased cooperation between Health and Medical Care Committee and Social Service Committee in tobacco-prevention.

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Hospital Doctors' Smoking Habits, Training, Attitudes and Practices in Cancer Patients' Smoking Cessation

LINA Micaela, MAZZA Roberto, BOFFI Roberto, INVERNIZZI Giovanni, BORREANI Claudia, PIEROTTI Marco

Introduction

Guidelines recommend all physicians to ask their patients their smoking status and to offer minimal cessation advice. Regarding to cancer patients these recommendations are even more helpful for survival, treatments' efficacy and QoL. In spite of this in Italy cancer institutions and their clinicians pay little attention to smoking cessation and to the care of the hospitalized smokers.

In National Cancer Institute of Milan the provision of NRT and varenicline improved clinicians' commitment to help cancer patients to quit but it was not sufficient. So we decided to examine hospital doctors' smoking habits, training and self-reported clinical practice.

Purpose/Methods

A web-based software allowed us to send a questionnaire by e-mail and to get it back once completed keeping answers' anonymity. Doctors that did not respond received a reminder after two weeks till at most three attempts per physician. All physicians working at the national Cancer Institute of Milan (INT) were eligible for the survey on condition that they had regular contact with patients in their work. Doctors were invited to take part in the survey regardless their age, gender, where they received their medical training and the ward of work.

Results

The mailed questionnaire was sent to 285 clinicians and the final response rate was 74.73%. Some of our findings:

Among responders 14.08% were smokers, 23.47% former smokers and 62.44% never smokers. 23.3% of never smokers and 12% of former smokers were regularly exposed to second-hand smoke. Only 23.54% of physicians received a proposal of training in smoking cessation and just 20.83% of them were trained. Physicians declares not to observe smoking cessation guidelines because of lack of time (22.07%), fear to increase patient stress (17.37%) and lack of skills (11.74%). Among all responders 42.72% of clinicians want to be trained in tobacco treatment.

86.38% of physicians ask patients their smoking status; 31.92% asks their willing to quit and 50.23% offers minimal advice. 13.33% of smoker physicians declare that their smoking habits influence clinical practice with smoker patients. 93.90% of physicians know the National Cancer Institute's Anti Smoking Centre and 69% of them referred almost a smoker patient. 66.20% of physicians know the smoking cessation service for smoker cancer inpatients and 54.29% of them asked for it almost once in their ward.



Conclusions

Findings suggest lack of smoking cessation training in our physicians and their poor knowledge and use of tobacco treatment services available in the hospital. For the majority of smoker hospital doctors their habit doesn't influence their clinical practice but it's reasonable to wonder if this data expresses a conscious distinction among professional practice and personal life style or not.

Comments

Smokers deserve to meet health professionals able to assist them in smoking cessation but also to cope with withdrawal symptoms and with clear, useful and not moralistic information about the impact of smoking on their health condition. We need more training and effective smoking cessation support also for health personnel.

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Session 1-4: Salutogenesis and health gain

The Effects of The Salutogenic Approach to Health

LINDSTRÖM Bengt

Introduction

Salutogenesis is an umbrella concept encompassing many theories for health that are based on health as a resource or asset for life. Thus it forms a good theory base for health promotion and a complement to classic biomedicine and public health directing health towards life and resources for the good life instead of only studying risks and causes of disease.

Purpose/Methods

Systematic analytic review of global salutogenic research 1993-2010 to find out what the effectiveness of the salutogenic approach is

Results

Today we stand with good scientific evidence on the effectiveness of the salutogenic approach according to Antonovsky. People, communities and systems that adapt this develop populations that not only live longer but are more prone to choose positive health behaviours; encountering illness or acute or chronic illness such as the main NCDs (diabetes, cancer CVD, chronic lung disease and mental disorders) they manage the situation better, they endure stress better, further perceive they have a better health, good quality of life and mental health.

Conclusions

Salutogenesis is a worth while investment in health with a strong indication of improving the health capacity of the population, the wellbeing and reducing costs for health care.

Comments

This presentation is a complement to the keynote on June 1st exploring the details further.

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A Global Perspective - The Integrating And Merging Of Professional Practice For Health Gain

JOHNSON Maureen

Introduction

The author was funded through the Victorian Quality Council (Australia), as part of the Travelling Fellowship program, to explore consumer health literacy with a particular focus on health care services and their capacity to embrace the practice of enhancing or promoting health literacy. The journey will begin in April 2011 and the author has made contact with a range of hospitals and organisations that support health care services to consider the health literacy needs of their consumers or clients.

Purpose/Methods

Contact has been made with organisations in the US, Canada, England, Amsterdam, Maastricht and Finland. Literacy organisations, upstream programs such as Skilled for Life in the UK, primary care facilities, universities, researchers, academics and indeed hospital staff, from patient information providers to executive staff, have responded positively. The primary aim will be to explore the ways in which health literacy is interpreted; what is the perceived role of hospitals and what practical programs are in place and transferable?

Results

The results will dependent on the outcome of interviews along the way. The HPH conference comes close to the end of the journey. A collation of findings from the Fellowship will already be underway and the author can provide a range of anecdotes and case studies that will illustrate the many and varied models for integrating and merging practice across the various professional areas. This will include the author's perceptions of the political and social contexts of health literacy in different settings.

Conclusions

The author hypothesises that some of the more successful programs will come of strong collaborations between health services and other professional domains, particularly literacy and adult learning professionals. The nature of those relationships; facilitators and barriers, incentives for collaboration, the drivers for success will all be explored in the presentation.

Comments

Maureen Johnson manages a consumer health information program with a strong health literacy focus at the Royal Women's Hospital in Melbourne.

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The Part And The Whole In Medicine HÜLLEMANN Klaus

Introduction

Disease is the part. Illness is the whole, the whole ill human being. Somatic therapies or psychotherapies are more or less different tools, which must be used professionally. But the part must fit the total organism where it lives, works, plays and loves. Medicine is the science with most specialties in a common house. The roof of the house is ethics. The hospital mirrors the degree of humanity in society.

Purpose/Methods

Where do we come from and where are we going? Throughout history, no other charitable institution has been exposed to so many and such a variety of influences as the hospital. At the end of the last millennium started a paradigm shift from the hospital as an ethical based institution to the hospital as an economical based institution, budgetary decisions started to rank above medical or ethical decision-making. Modern medicine has reached several limits besides the financial limits. Vignettes will show that.

Results

Hospitals are entering a new era. Hospitals with a new thinking can survive and the new thinking is a complex thinking, which enclose the biological model of medicine, the psychosocial aspect and even the spiritual aspect. The theoretical background of the new thinking is Engel's bio-psychosocial model, Antonovsky's shift from pathogenesis to salutogenesis, and my own (Hüllemann's) onionskin model, which takes Engel's model with mankind with its spiritual capabilities and necessity for transcendence on a wider meaning.

Conclusions

Health in the Ottawa Charter is shorthand for world ethics. For me as a clinician truth should be concrete! That means not to go into raptures but treat patients (and others) well and view the Part and the Whole in Medicine, which is a plea for love, hope, and happiness.

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Session 1-5: Health promotion and quality management & Studies on HPH implementation

Cahps Surveys: Health Care Quality from the Patients' Perspective

ZEMA Carla

Introduction

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care.

Purpose/Methods

Ambulatory care surveys ask enrollees and patients about their experiences with ambulatory care delivered by health plans, medical groups, individual clinicians, and mental health providers. These products include item sets designed to gather information about the experiences of specific segments of the population. Facility surveys ask patients about their experiences with care and services delivered in institutions such as hospitals, dialysis centers, and nursing homes.

Results

Health care organizations, public and private purchasers, consumers, and researchers use CAHPS results to (1) assess the patient-centeredness of care; (2) compare and report on performance; and (3) improve quality of care.

Conclusions

Over the past 10 years, the CAHPS Consortium has established a set of principles to guide the development of CAHPS surveys and related tools. These principles include identifying and supporting the consumer's or patient's information needs, conducting thorough scientific testing, ensuring comparability of data, maintaining an open development process, and keeping products in the public domain. The CAHPS Survey User Network supports users in the use of CAHPS Surveys including the National CAHPS Benchmarking Database.

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Health Promotion and Quality Management Structures as Capacities for Health Promotion Implementation in Hph Member Hospitals.

RÖTHLIN Florian, SCHMIED Hermann, PELIKAN Jürgen M.

Introduction

The organisational structures and management forms that exist within hospitals are regarded as important capacities for the implementation and continuation of health promotion (Pelikan et al., 2005:63-65). As a consequence, the HPH Network facilitates the development of organisational health promotion structures and use of quality management. With the "Standards for Health Promotion in Hospitals" self-assessment tool (Groene, Jorgensen & Garcia-Barbero, 2004), the HPH Network developed a genuine tool that integrates health promotion measures and quality management processes. However, there are only little empirical data on how the development of health promotion structures or the application of quality management systems influence the ways health promotion is implemented in hospitals.

Purpose/Methods

Data from the "Project on a Retrospective Internationally Comparative Evaluation study on HPH" (PRICES-HPH) are used for

statistical analyses. PRICES is a quantitative study of HPH member hospitals. 158 valid questionnaires (37% response-rate) provide the basis for further analyses. Parts of the survey instrument comprise questions on organisational health promotion structures, like health promotion committees, teams or units, as well as questions on the quality management systems in use in the hospitals. Furthermore, respondents gave information on the health promotion implementation routine of their hospitals by differentiating between various implementation approaches, e.g. the "occasional project" or the establishment "of an own health promotion management system".

Results

The presentation comprises empirical evidence concerning the interrelation of health promotion implementation with diverse organisational capacities like quality systems and health promotion structures. The central questions that are investigated are: Which structural capacities are developed within HPH hospitals and how are they interrelated? What impact do specific health promotion structures have on the implementation of health promotion in hospitals? And: What impact do quality management systems have on the implementation of health promotion in hospitals?

Conclusions

For the first time, the PRICES-HPH study produces empirical data on organisational structures and their influence on health promotion implementation routines in HPH hospitals. Therefore, it provides an empirical contribution to central hospital health promotion discourses like capacity-building and implementation strategies.

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Create a Healthy Environment and Culture of Hospital: The Assessment of Hospital Employees' Perceptions of Organizational Health-Culture

LIN Ching-Wang, LIN Yea-Wen, HUANG Hsiao-Ling, TUNG Shu-Chin, LIN Szu-Hai

Introduction

The organizational health-culture might affect the employees' health values and health behavior, and it might contribute to the implementation of health promoting hospitals. This study assessed the employees' current and expectation perceptions of organizational health-culture in a Taiwanese hospital to understand the consistency of employees' awareness and values about the health culture within the organization. The results will provide information for managers and supervisors as a reference to assist the effective management.

Purpose/Methods

Using stratified random sampling procedure, the survey data were collected by self-administered questionnaires from 300 full-time employees working in the hospital, a total of 251 valid samples were collected. The structured questionnaire was compiled according to The Lifegain Health Culture Audit (Go-

laszewski, et. al., 2008), containing a total of six cultural dimensions.

Results

The results showed: (1) For the employee's current perceptions of organizational health culture, the standardized score of six dimensions ranged from 70 to 78, belonging to upper middle level; for the employees' expectation perceptions, the standardized score of six dimensions were all higher than 80. The results of paired t-test showed that six dimensions have statistically significant difference between the employee's current and expectation perceptions, and the scores of expectation perceptions were higher than current perceptions, especially the "healthy fun" and "organizational support" for the largest difference. (2) The variation in the employees' perceptions of organizational health-culture by personal characteristics, the "marital status" and "position" were statistically significant differences.

Conclusions

The organizational health-culture is an organization's shared health norms, values and beliefs of members that affect employee's physical, psychological and social dimensions of health. Therefore, hospitals should pay attention to shaping organizational health-culture.

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Implementing Health Promotion Standards in Hospitals: Is it Reality?

MISEVICIENE Irena

Introduction

Health promotion standards (HPS) and indicators is one of HPH strategy priorities. The evaluation of health personnel awareness of HPS and its attitude to the possibility to implement HPS into practice is very important for qualitative growth of HPH network. Coordinating centre of Lithuanian HPH network performed a survey of physicians and nurses from three network hospitals with different specialization and size, i.e. one University hospital (more than 2000 beds), one regional hospital (less than 1000 beds) and one hospital from rural place (less than 200 beds).

Aim and objectives

To assess the awareness of physicians and nurses of five HPS and to evaluate their opinion about possibilities to implement HPS into daily practice, to compare administrators and non administrators attitudes towards the HP measures implementation in hospital.

Methods and material

The survey of all physicians and nurses from clinical departments was performed in three selected hospitals using the anonymous questionnaire. The questionnaire was constructed by coordinating centre according to the WHO document "Implementing health promotion in hospitals. Manual and self assessment forms". Totally 1012 physicians and nurses filled in the questionnaires; the overall response rate was 85 %.

Results

Only half (47%) of physicians and nurses knew, that the hospital is member of National HPH network, but nearly all administrators (chiefs of departments and members of hospital administration), knew this fact, i.e. 88% physicians administrators and 95% nurses administrators. Only every fourth physician (25%) and every fifth (22%) nurse answered that HP measures for patients are provided in hospitals. More administrators - physicians and nurses, respectively 50% and 32%, thought that HP activities are carried out. The situation was very different in those clinical departments, where the HP projects, related with HPH movement are going on. In that departments all physicians and nurses said, that HP measures are carried out in hospital. Concerning five HPS, there were not so big differences among opinions of physicians and nurses about the statement: "It is realistic to implement five HPS in hospital", but only every fifth physician and nurse agreed with that statement.

Nearly twice more administrators (physicians and nurses) were more optimistic about the statement. It was interesting to know what the obstacles of HP measures implementation are and what additionally is needed for better provision of preventive activities in hospital. Majority of physicians and nurses, respectively 62% and 64%, said that it is shortage of knowledge, and only every fifth thought, that they need command from administration or it is necessary to have additional personnel. Every tenth physician and every fourth nurse said, that HP activities should be paid additionally.

Conclusions

Coordinating centre of HPH network hospitals and local coordinators in hospitals should spent more time for marketing of HP strategies in hospitals and special attention should be paid for dissemination of information related with implementation of HPS.

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Effectiveness of Discharge-Coordinator Intervention in Patients With Chronic Obstructive Pulmonary Disease: Evaluation of Study Process

FARKAS Jerneja, KADIVEC Sasa, KOSNIK Mitja, LAINSCAK Mitja

Introduction

Different approaches have been developed for the effective management of chronic disease burden. They include prevention and early disease detection, introduction of new health care provider qualifications and settings, disease management programs and integrated care models. The latter emphasize the role of transitional care and discharge coordinator, which links patient management with care in home environment. Additionally, discharge coordinator provides continuity of post-discharge care and better information flow to the patient, relatives and other health and social care workers.

Purpose/Methods

All consecutive admissions will be reviewed for new COPD or exacerbation of COPD as the first diagnosis. Exclusion criteria are diagnosis of cognitive impairment, unstable or terminal disease other than COPD, inability of phone contacts, withdrawal of written informed consent before discharge or death during hospitalization. Patients will be randomized in 1:1 fashion to intervention group, where discharge coordinator will be included in their management, and control group, where patients will be managed in accordance with good clinical practice.

Results

By 31st December 2010, 127 patients were enrolled. Patients (38 women and 89 men) were on average 70 ± 10 years old and were mostly (87%) classified to III. or IV. stage of Global Initiative for Chronic Obstructive Lung Disease (GOLD). Majority of them were married (66%), and lived at home (99%) with their partner or relatives (84%).

Conclusions

Previous research suggests inclusion of discharge coordinator in the management of patients with COPD. The effectiveness of each intervention of discharge coordinator, however, should be tested in an appropriately designed study. To date, an expected third of sample size has been enrolled to our randomized controlled trial. Patient characteristics resemble clinical practice population in which such a study is warranted.

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Session 1-6: Workshop: Health gains in the work- place

Health Gains in the Workplace

CÔTÉ Louis

- Brand new practical guide published by the International HPH Network
- How to implement a successful strategy
- Certification and accreditation: What are the advantages and the options?
- How can a health institution promote:
 - Wellness
 - Health and safety
 - Healthy lifestyles
- How can social inequalities in health be tackled?
- How to make green choices?
- A tour of projects going on in the HPH Network and elsewhere

The workshop will be facilitated by Louis Côté and members of the HPH Working Group on Healthy Workplace.

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The Model of Weeks for Joy of Living

**HALLMAN-KEISKOSKI Maria, PERÄNEN
Nina, HASU Riitta Liisa**

Introduction

As a member of HPH network since year 1988, our health care district wanted to concentrate more on employees' health promotion and empowerment. It is one of the main issues in the Districts Health Promotion action programme for the years 2009-2013. Mental well-being is the main content of the programme, of course added to healthy lifestyle. Health workplace committee pointed out the need of new tools for employees' health promotion. Health promotion contact persons from different units of the health care district first created the idea of a Week for JOY of living.

Purpose/Methods

The idea is to offer hospital employees the possibility to use their skills, abilities and knowledge for the joy of others. Different units of the hospital are invited to do some action for collective well-being. In addition some special things are planned to activate individuals and also different units were challenged to join the action, which covers altogether 4200 employees. Planning is made to be very easy and the outcomes organized with no extra money. The unit of health promotion and prevention takes care of coordination and the management board of the district confirms the programme for weeks.

Results

- Group opportunities, e.g. empowering photos, "power of colours"-workshop, dancing lessons InBody body composition analysis and personal feedback
- The Market of JOY of living with presentation points: culture-, sports-, travelling etc.
- Possibilities for free or inexpensive access to theatre, concerts and art exhibition
- Playful competitions e.g. "The Art Toilet" or "JOY of Work-

place"-photographs

- The members of the hospital management board meeting the employees in an open café.

Conclusions

The model was first implemented for one week time in November 2009. The employees suggested to carry it out for one more week later on. The Model is established as good praxis of employees' health promotion and empowerment. At the moment it is integrated in the yearly strategy. The process of creating this new Model confirms that it is possible to make new health promoting actions for employees without extra money and resource even in the hospital context.

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Session 1-7: Workshop: Pain Management in non communicative patients

Pain Management In Non Communi- cative Patients

TASSO Simone

Pain measurement in non communicative patients can be considered the "last frontier" of pain management. In fact the common pain scales are based on "verbal communication" and staff needs to ask some questions to their patients for reporting their pain level. Common scales are not usable when patients cannot communicate (e.g. patients with dementia). How can staff estimate the pain level in these patients?

Answering this question appears important today and more in the future due to the increasing number of these patients. Elderly is increasing and dementia prevalence increases rapidly with age: it doubles every five years after age 60, affecting only 1% of people aged 60-64 but 30%-50% of those older than 85. Dementia is becoming a very frequent problem of many current health systems where older people are highly increasing. Moreover, despite several wrong believes, it is clear that pain thresholds are not altered in this kind of patients.

This means that demented individuals experience the same pain sensations as non-demented individuals, but fail to interpret such sensations as painful. These patients live awful situations, perceiving pain without having the ability to tell it. These situations should end, adopting coherent instruments to report pain level also in these patients, to be used routinely in hospitals, health services, retirement homes and home care. It is necessary to involve actively staff, families patients and their associations and other important community stakeholders.

A first step of the workshop is to present the instrument adopted to report the pain level in these patients: NOPPAIN (Non-Communicative Patient's Pain Assessment Instrument). It is a nursing assistant instrument which focuses on observation of specific pain behaviors while doing common tasks.

The tool has four main sections: 1) care conditions under which pain behaviours are observed such as bathing, dressing, transfers; 2) number of pain behaviours present (pain words, pain noises, pain faces, bracing, rubbing and restlessness) and their intensity; 3) Overall intensity using a six point Likert Scale; 4) Total score by summing together 1+2+3. During the workshop will be presented the template used by the tool and also some significant images from the video used for training the staff. This part of the workshop is addressed to nurses and doctors.

The second step of the workshop is to present the experience of the HPH Italian Veneto Region Network for involving several parts of its community: patients families and their associations, social services, municipalities, retirement homes. This part of the workshop is addressed to health management.

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Session 1-8: Symposium on Smoking Cessation

Smoking Cessation Intervention in Specific Groups

KROGERUS Sinikka, TØNNESEN Hanne (Chairs)

In this symposium we will be dealing with smoking cessation intervention in specific groups of patients. One such group are the socially marginalized, defined as those with little or no formal education, who are unemployed or living on welfare payments. Other groups we will look at are psychiatric patients, surgical patients etc.

Aside from the presentations dealing with individual groups, we will also look into some general tools for documentation and follow-up and on compliance and quit rates. The symposium will conclude with a discussion among the participants and speakers.

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Documentation and Follow-Up – A Decade with Monitoring Smoking Cessation Programmes

RASMUSSEN Mette, TØNNESEN Hanne

Background

Systematic monitoring of the effect is recommended nationally and internationally to assess and improve the quality of established smoking cessation intervention (SCI) programmes. In 2011 this has been done for a decade in Denmark through the national Danish Smoking Cessation Database (SCDB-DK). The SCDB meets the criteria and needs for external monitoring and evaluation.

Aim

To evaluate the quality of smoking cessation programmes in relation to five general indicators:

- Compliance (adherence to programme),
- Quit-rate at end of programme,
- Follow-up rate at six months,
- Quit rate at six months (continuous quit rate)
- Patient satisfaction.

Methods

The SCI Units document their activities through the SCDB-DK. They submit data on intervention, smoking profile and socio-demographic characteristics, in addition to data regarding the indicators. The SCDB-DK compares results based on indicators and quality criteria.

Data is registered online. The SCI Units can extract data on their own results online and benchmark with other Units. A national report is published every year, including the publication of results from each Unit.

Results from the SCI Units are published on our website, which is open to all visitors.

Results

SCI Units throughout Denmark use the SCDB. The Units are located at general practitioners, hospital, pharmacies, municipalities etc. Over 67,000 smokers are registered.

Indicators: At the conference we will present results over the last 10 years.

Conclusion

SCDB-DK serves as documentation and monitoring for effect of the health promotion activities within the field of smoking cessation intervention.

The results are used to improve quality of smoking cessation programmes and for each SCI Unit to benchmark their work.

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Smoking Cessation Intervention in Marginalised Groups

NEUMANN Tim, RASMUSSEN Mette, TØNNESEN Hanne

Introduction

A social gradient has been described for smoking patients. It is possible to implement successfully smoking cessation intervention services (SCI) in deprived areas, but followed by lower cessation rates.

Aim

It is therefore of interest to know which programs are most effective for the marginalized smokers.

Methods

For clinical purposes it is necessary to address factors that are influenceable (e.g. program, setting) and related to outcome in contrast to variables that might be prognostic, but not changeable, e.g. such as age, or gender. The Danish Smoking Cessation Databank (SCDB) offers a unique opportunity to address these questions. This clinical quality databank combines comprehensive information from the SCI intervention units, the intervention and individual smokers including follow-up 6 months from more than 50,000 patients. It reflects a considerable diversity of settings, programs and organizations as well as patients.

Results and Discussion

The analysis is ongoing and the results will be presented and discussed at the conference.

Smoking Cessation Intervention For Surgical Patients

TØNNESEN Hanne, ADAMI Johanna

Background

Smoking cessation is generally recommended to surgical patients, and the operative period has been described as a special teachable moment. Nevertheless, today, the question is still, what is the most effective smoking cessation programme to recommend for surgical patients.

Aim

To evaluate the quit rates on short and long term after smoking cessation intervention programmes in the preoperative period

Methods

Literature review of RCTs on smoking cessation intervention in the surgical settings. [1]

Results

Eight studies were identified with high research quality and follow-up for quit-rate on short or long-term. The studies were heterogenic in several ways. The definition of abstinence

ranged from 24 hours to 8 weeks, the duration of intervention differed from minutes to months and the programmes from brief intervention (BI) to intensive gold standard programmes (GSP). The quit rates ranged from 23-78% in the intervention groups and 2-64% in the control groups. The studies based on only 24 hours abstinence showed the highest quit rates and those evaluating BI the lowest.

Due to the heterogeneity it was not possible to pool the data in a common Meta-analysis, but sub-group analyses showed significantly increased quit rates for both GSP and BI at the time of surgery. However, the RR was much higher for the GSP: 10.76 (CI 4.55 - 25.46) versus 1.41 (1.22 to 1.63). At one year follow-up only the GSP retained a significant effect RR 2.96 (1.57 to 5.55).

Conclusion

The studies on smoking cessation intervention in the period prior to surgery are very heterogenic; however, based on the existing evidence GSP should be recommended due to the highest quit rates on short and long-term [2].

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Impact of Compliance on the Quit Rates in Smoking Cessation Intervention

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Background

In the general clinical routine, a patient compliance between 75-100 % is often judged as completed the treatment. This routine was also accepted for undergoing smoking cessation interventions in Denmark. However, there is no clear evidence supporting that routine.

Objective

The primary objective was to evaluate if smokers completing at least 75% of the smoking cessation intervention had a higher quit rates after 6 months than smokers participating in a minimum part of the program. Secondly to investigate whether there would be a better compliance level than the 75% compliance level.

Patients

21,924 smokers who participated in the evidence-based intensive smoking cessation intervention in Denmark that called 6-weeks Gold Standard Program (GSP) between 2006 and 2009.

Methods

Patients participating in (GSP) in Denmark were registered in the national-wide smoking cessation database and followed up for smoking cessation after informed consent. (GSP) includes five educational sessions over 6-weeks and nicotine replacement therapy. Patients were subsequently randomised into two groups in order to be able to investigate and re-confirm study objectives along with obtained results on two separated groups of smokers. Sensitivity analyses were done for patients lost to follow-up.

Results

Patients who completed at least 75% of the pre-planned sessions had triple quit rates in comparison to patients with lower compliance. Moreover, patients completed the whole program had almost double quit rates compared to patients who completed only 75% of the program. Furthermore, the sensitivity analysis had similar results. Additionally, baseline characteristics were similar between patients with missing and available follow-up data, and between both datasets.

Conclusion

In conclusion, the clinical judgment of 75% compliance is proven to be effective for the intensive smoking cessation program; however 100% compliance leads to even better quit rates.

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Session 2-1: Preventing addictions, promoting healthy lifestyles and sexual health

National Guidelines for Evidence Based Lifestyle Interventions in Clinical Practice

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ELGSTRAND Maria

Introduction

Among Swedes 16-84 years 13% are smokers, 14% have a hazardous use of alcohol, 35% are insufficiently physically active and 20% have an unhealthy diet. The National Board of Health and Welfare develops guidelines for a broad range of diseases. Several of these guidelines stress that life style interventions are important, but do not specify which methods are best suited. The methods used today vary and are not sufficiently evidence based. Therefore, the NBHW has developed guidelines for disease prevention.

Purpose/Methods

These guidelines include interventions for reducing smoking, hazardous use of alcohol, insufficient physical activity and unhealthy diet. The first step in the process was a review of the scientific literature, based on pre-specified conditions and interventions. 31500 articles were analyzed on the basis of efficacy, strength of evidence and cost-effectiveness. In a second step, a group of experienced clinicians prioritized the interventions from 1 to 10. In a third step, healthcare providers were invited to comment on a first draft.

Results

Recommendations were expressed as 'should', 'may', 'do not'. The recommendation for hazardous use of alcohol was counselling, and for insufficient physical activity it was repeated counselling combined with exercise on prescription. For smoking and unhealthy diet, more extensive theory based counselling was recommended. Interventions for smoking cessation before elective surgery, during pregnancy and lactation, and for patients with a smoking related illness received the highest priority. All of the interventions that were effective were also cost-effective.

Conclusions

National Guidelines aim to support priority setting, planning and development of local health care programs in the county councils. Preliminary guidelines have now been discussed with health care providers on the regional level, whose reviews were generally positive. When implementing these guidelines, health care staff will need training and more time for preventive work. Analysis suggests, however, that these efforts at the same time can reduce medical costs, and that in the long run costs will be offset by savings.

Comments

In parallel with developing guidelines, national indicators for monitoring and evaluation were also developed. The indicators include both process measures on lifestyle interventions and outcome measures on life style change. The latter can also serve to identify patients in greatest need of support. Work is underway to integrate the indicators in ordinary data records, and to form consensus on how the guidelines should be used in clinical practice. This implementation will be done in collaboration with the Swedish HPH network.

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Engaging Professionals, Researchers, and Stakeholders on The Path Towards Health Gain Orientation in

Substance Abuse Services. A Case Study

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Introduction

Shortcomings concerning co-operation, communication and co-ordination have been reported in most European countries (Vanderplasschen et al., 2002). Preliminary research identified major issues related to the quality and the effectiveness of the services for substance abuse patients in Romania. The most striking of them are the lack of cooperation and coordination between the services involved in prevention, treatment and posttreatment, mainly due to the prevalence of patterns of criminalisation and to the incoherence of the public policies in the field.

Purpose/Methods

This study aims at identifying and describing the pathways through which professionals, researchers and of the main stakeholders may be integrated in a health gain model approach regarding substance abuse and addiction in the area of Cluj, Romania. It consists in structured interviews and focus groups centered on what the participants consider to be the optimal way of dealing with drug abuse and addiction and on the perceived need for a better health gain orientation.

Results

The paper contributes to the understanding of how ethics makes evolving the interconnected professional practices and underlines the fact that the prevalence of patterns of criminalisation creates obstacles in advancing a health gain orientation in substance abuse and drug addiction. Also, it suggests practical ways for engaging various professionals, researchers, and stakeholders in promoting a health gain perspective in medical and social services for substance abuse patients and drug addicts.

Conclusions

This study identify and describe the pathways through which professionals, researchers, and stakeholders in substance abuse services can provide continuous care throughout: (1) the sharing the knowledge and the collection of relevant information; (2) the change of the medical practice in accordance with the principles of health gain orientation (3); the coordination of the decision making in a network of the medical and social services; (4) the outline of corresponding policies and strategies.

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The Effect of an Interdisciplinary Alcohol Cessation Intervention

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Introduction

The effect of alcohol interventions seems to be related to the intensity and continuity of the interventions. In this study the investigators will assess the effect of a interdisciplinary "booster session" in primary care, given to patients who were admitted to hospitals with alcohol related conditions, and who were given Brief Intervention (BI) before discharge. The booster session is based on a motivational interview.

Purpose/Methods

The study is a randomized clinical trial, and aims to recruit 60 patients in three arms, treatment as usual, BI and BI followed by the interdisciplinary booster session. Patients admitted to Stavanger University Hospital or Haukeland University Hospital with an alcohol contributed condition may be recruited. Candi-

dates for secondary healthcare related to alcohol misuse will be excluded. BI will be given before discharge. The interdisciplinary "booster" session will be given two weeks after discharge, and will be given in the facility of the primary care physician, facilitated by both the physician and a liaison alcohol nurse from Stavanger University Hospital. The interventions are based on motivational interview technique.

The primary outcome will be assessed using the Alcohol Use Disorder Identification Test-C, six months after discharge. The outcome assessor will be blinded for the intervention. All outcomes will be collected by telephone interview. The study aims to start recruiting candidates in January 2011, and will stop recruiting in December 2012 at the latest. The study was approved by the Norwegian national ethical committee in August 2011.

Results

This is a protocol, and there are no results. The primary outcome measure is:

- Alcohol Use Disorder Identification -C score at six months

Secondary Outcome Measures include:

- Timeline followback
- Readmissions to a hospital for an alcohol related and/or a non-alcohol related condition
- Quality of Life SF 12

Conclusions

Preliminary results will be presented at the 19th international conference of health promoting hospitals and health services.

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Reducing the Damage to Third Parties in Treatment of Addiction

HELLMAN Anders

Introduction

Growing up in a family with high consumption alcohol and / or drug-taking parents puts the children at risk for adverse after-effects, in the immediate, as well as in the long term perspective. This includes an increased risk of developing alcoholism when adult. Norway now requires all health professionals to seek parental consent, to inform children of their parents illness, make inquiries about the situation of the children, assess the situation, and refer the child in case of a diagnosis.

Purpose/Methods

Rogaland A-senter wishes to increase the overall quality of the early interventions mentioned above, particularly within:

- Treatment planning
- Identification procedures
- Assessing children's safety
- Child care authorities reports
- Length of time until care authorities are contacted
- Internal referral to family therapy
- Facilitation of children's visits at the institution
- Helping parents protect their children from experiencing intoxication, chaos and traumatisation

The education and organisation of Rogaland A-senter reflect these goals as well. Our institution is involved in the development of methods and cooperation with other agencies to this effect.

Results

In 2009 we registered 226 children of patients in treatment at Rogaland A-senter. 60 % of the patients in the outpatient clinic have full custody or part time custody of their children. Corresponding numbers for inpatients and detox wards are 40% og 16.6 % respectively. Child care services are in touch with 34.4%

of the families. Repeated measurements indicate that some of the identification variables are influenced by training.

Conclusions

The attention spent on children and relatives of alcohol and drug abusers is important, as in our case 60% of our outpatients live with them. Normally these children are not admitted to hospitals themselves, but still benefit from, or suffer the consequences of our clinical decisions. Early intervention focused on children with parents undergoing treatment of addiction seems a promising arena of early intervention in this regard.

Comments

There may be need for a check-list to avoid damage for children and relatives of patients in hospital

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Developing the Operational Model of Promoting Sexual Health

PETÄJÄ Hanna

Introduction

The aim of this developmental project was to create an operational model of promoting sexual health for the Department of Gynaecology in Turku University Hospital. The purpose of this model is to promote gynaecological patients' sexual health as a part of holistic patient education, strengthen the nurses' competency in addressing patients' sexuality concerns and promote the availability of sexual counselling and therapy. The developmental project is a sub-project in Kymppi-project coordinated by the Turku University of Applied Sciences, which is a regional R&D project that develops maternity welfare services.

Purpose/Methods

The project included an applied study, which aim was to examine the challenges of promoting sexual health in nursing. This study identified gynaecological nurses' (N = 49) sexuality attitudes and beliefs, the barriers and conducive issues of addressing sexuality as a part of patient education, and the nurses' needs for further education in the area of promoting sexual health. The results of the study were utilized in the developing on the operational model of promoting sexual health.

Results

The number one barrier to addressing patient sexuality concerns was the failure to make time. Other high-ranking barriers included the nurses' perceptions that patients do not expect nurses to address their sexuality concerns and the lack of comfort in addressing sexuality. However, nurses feel that giving a patient permission to talk about sexual concerns is a nursing responsibility. Nurses felt that the patients' initiative makes addressing sexuality easier. Nurses expressed the need for further education about addressing sexuality as a part of patient education and knowledge about the affects of illnesses and their treatment to patients' sexual health.

Conclusions

As a result of this project the operational model of promoting sexual health was created for the Department of Gynaecology in Turku University Hospital. The model includes the values and vision of promoting sexual health. The model contains the definition of how to address sexuality as a part of holistic nursing practice and definition of sexual education process in nursing. The model also includes the nurses' competency profile for the basis of promoting sexual health. The model represents the strategic challenges and the plan of action for development of sexual health promotion. As a part of the operational model the evidence based patient guide about hysterectomy and sexuality and brochure about sexual counselling was created. The model also includes the evaluation of effectiveness of the model.

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Session 2-2: Staff surveys & Work related risks

Factors Associated with Job Satisfaction Among Doctors from Belo Horizonte, Brazil

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Introduction

Job satisfaction has proved to be an important factor both for physician's wellness as well as for adequate performance of the health-care systems. It may be affected by working and non-work conditions. The aim of this study was to search the factors associated with job satisfaction among doctors from public health system of Belo Horizonte, Brazil.

Purpose/Methods

We used a cross sectional design. Out of a universe of 1981 doctors, a proportionate random sample of 266 physicians was drawn by city region and level of health attention to participate in the survey. Job satisfaction, demographic characteristics, working conditions and health status were searched. Poisson regression analysis was used to explore the association between the independent variables and job satisfaction. A precision of 5% ($p < 0.05$) and a 95% confidence interval were considered.

Results

Only three doctors declined on participate of the study; 232 doctors adequately filled the questionnaire (Response rate: 87.2%). Among the respondents, 150 (64.94%) were determined to be "satisfied" with their jobs. Under multivariate analysis, Job satisfaction was found to be negatively associated with a perception of inadequacy between efforts and payment ($p < 0.001$), working on an emergency unit ($p = 0.013$) and to be experiencing minor mental problems ($p < 0.001$).

Conclusions

A low percentage of doctors stated that they are satisfied with their jobs. Although different personal and life characteristics might have an effect on job satisfaction, it was verified that working conditions are associated with job satisfaction among this doctors' sample. Therefore, attempts to improve working conditions may be a central strategy to enhance physicians' job satisfaction.

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The Health and Well-Being Survey for Hospital Staff

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Introduction

This research aims to holistically evaluate the state of occupational health within the staff of Central Finland Health Care District through examining their perceptions regarding personal well-being and health orientation. The focus of this study is to generate information about the factors promoting and threatening occupational health and to distinguish possible connections. This research is part of the HPH-Standard 1 health promotion action program designed for Central Finland hospitals for years 2009-2013.

Purpose/Methods

The primary data of this research was collected through a survey to the staff of Central Finland Health Care District in May 2010. The respondent rate of the survey was 55 % (N=1968).

The questionnaire included 114 questions of which 77 were analyzed in this research. Statistical analysis of the data was carried through cross tabulation and logistic regression analysis were used.

Results

The main results of the study showed that working ability was perceived as better than personal health. Emotional, mental and social well-being was perceived as satisfactory within a range of 53%-84%. Symptoms of depression appeared amongst 14% of the respondents and 15%-43% suffered from sleep related problems. According to FIT-index 51% of the respondents were physically active, 40% somewhat active and 9% inactive. 78% considered themselves as healthy eaters. The BMI revealed 46% of the respondents as overweight and 4% obese.

Conclusions

The research results provide unique information regarding well-being and health orientation of the hospital staff and enlighten the connections between them. The results can be utilized in designing, developing and monitoring of health promotion as well as in directing the health promotion activities towards the requiring sectors.

Comments

The oral presentation will cover the main results of the research.

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Hepatitis B Vaccination Among Health Care Workers in Belo Horizonte, Minas Gerais State, Brazil

AVILA ASSUNÇÃO Ada, RIBEIRO Rafael, MARIA DE ARAÚJO Tânia

Introduction

Hepatitis B virus (HBV) infection is a global health problem. Health care workers (HCW) constitute a high risk group for acquiring infection from bloodborne pathogens due to occupational contact with infected body fluid.

The aim of this paper is to describe the prevalence of complete-series vaccination for hepatitis B and to verify the factors associated with complete-series vaccination according to socio-demographic and occupational characteristics of workers in the municipal health system in Belo Horizonte, Minas Gerais State, Brazil.

Purpose/Methods

This is cross sectional study. Out of a 13,602 health care workers universe, a proportionate random sample of 1,808 individuals was selected. Data on sociodemographic characteristics, job-tasks informations, working conditions, lifestyle and health status were collected in self-administered questionnaires. Univariate ($p < 0.20$) and multivariate ($p < 0.05$) statistical analysis were conducted using Poisson regression.

Results

A total of 1,780 workers returned valid answers (response rate: 98.4%); 1,525 (84.3%) individuals referred to be vaccinated for hepatitis B; 1141 (82.92%) declared a three doses scheme, out of those who answered the number of doses received. Multivariate analysis showed that complete vaccination was negatively associated with precarious employment contract and working on non-skilled functions and current smoking

Conclusions

Temporary health care workers and those who smoke were less likely to refer having a complete vaccination scheme for hepatic

tis B. The role of temporary jobs should be assessed more specifically.

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A Strategy to Improve Obesity Issues Among Staffs in a Private Hospital in Taiwan

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Introduction

Obesity has been a major risk factor of metabolic syndrome, and other chronic diseases. Series of events on weight management is effective for staffs in a private hospital in Taiwan.

Purpose/Methods

Weight management programs including weight loss and reduction of waist circumference had been practiced within a private hospital in Taiwan. The programs were designed as competition for staffs who attended the programs. Various of impetus way, including personalized exercise prescription, nutrition and movement recording, personal nutrition consultation, group exercise classes, group nutrition classes, were applied as intervention. Creating a facebook account and blog as an interactive platform was very useful to enhance motivation for attendees.

Results

60 staffs dividing to 15 teams attended in the 8-week weight loss competition in 2009. The weight-losses for the first three teams were 25.3 kg, 24.8kg, and 17.3kg. The most weight-loss for individual was 11kg during the 8-week program. 56 staffs dividing to 14 teams attended in the 8-week wrist circumference reduction competition in 2010. The wrist circumference reductions for the first three teams were 37.5 cm, 35.5cm, and 33.0 cm. The most wrist circumference reduction for individual was 20 cm during the 8-week program.

Conclusions

Weight management program plays a very important role on health promotion for staffs in a hospital. Competitions along with personalized nutrition and exercise programs and activities may have implications for weight loss and management.

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Organisational Wellbeing In the Health Service: The Play-Off Between Efficiency and Work-Family Balance

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Introduction

The presentation illustrates the results of a two-year project in which new modes of organisation were trialed in the Provincial Health Authority (APSS) of Trento, Italy, with the aim of enabling employees to find the ideal work-family balance. Within a health authority, organisational wellbeing is an important tool in

human resources management. During the last few years, the APSS has introduced a number of programs to support employees and raise staff's awareness levels, in the conviction that responsiveness to workers' needs is a means of improving the satisfaction of the public and users, and increasing productivity.

Purpose/Methods

In addition to the human resources development project intended to enhance staff's skill levels, projects were also implemented to support staff caring for children or disabled or elderly family members, such as the workplace nursery and the «Per.La - working hour personalisation and teleworking project». This study analyses the extent to which Per.La affected the wellbeing of the employees involved, while simultaneously assessing the positive effects on the organisation and the service delivered to the public. Per.La involved non shift-working administrative, technical and health care staff in a number of sectors: 214 people, 111 of them (20 men and 91 women) with care-related needs, belonging to a total of 25 services.

Results

After one year of the trial, 99.1% of participants declared themselves to be satisfied with the results: the project improved their motivation and enthusiasm for their jobs (95%) and improved their management of their working time (81.5%) and personal time (91%). Compared to the previous year, the authority witnessed a decrease of 8.4% in parental leave and time off for children's illnesses, and 8.5% in leave for family reasons. 31% of participants were part time workers (90.9% women) and of these, 49% increased their number of contract hours or returned to full time work, generating a theoretical 11,264 extra working hours during the trial period. The hours of absence of Per.La staff were also found to be fewer than those of other non-shift workers (average of 11 minutes more worked per day).

Conclusions

Per.La was effective in recovering employee time by introducing flexibility tools that offer an alternative to part time working and reducing the use of other contractual mechanisms. The executives involved were able to negotiate working hours and reorganise work within their services: in some services, the application of a spread of hours allowed opening times to be extended, on a daily basis or during particularly busy periods. People felt themselves valued as individuals and were encouraged to invest in their professional growth, take on more responsibility and develop their team working skills. The experiment proved that inflexible organisation of hours and work is not necessary for the achievement of organisational targets.

Comments

APSS: the only health authority in the Province of Trento, with a catchment area with a population of over 500,000 and about 8,000 employees and associated professionals.

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Session 2-3: Migrant-friendly and culturally competent hospitals

Improving Health Gain for Diverse Populations: A Hospital Experience, and a Look at Health Care Reform in The United States

BETANCOURT Joseph

Introduction

Racial/ethnic disparities in health and health care have been well documented in the US. There are many root causes, including minorities suffering disproportionately from negative social determinants of health, less access to health care and differential treatment within the health care system. The Institute of Medicine Report "Unequal Treatment", released in 2002, called upon the health care system to be more responsive to this crisis and aggressively identify and address racial/ethnic disparities in health and health care.

Purpose/Methods

This presentation will focus on the response of one of the top hospitals in the US, Massachusetts General Hospital (MGH). It will provide details, via case study format, of what MGH has done to address disparities in health and health care. It will also highlight how health care reform in Massachusetts, and now more broadly in the US, will support efforts to address disparities, improve continuity of care (through the medical home and accountable care organization concepts), and achieve equity.

Results

We will present:

- 1. Key strategies and policies for race/ethnicity data collection
- 2. The annual "disparities dashboard" that is used to monitor and track disparities across the hospital
- 3. Strategies used for cross-cultural education of health care professionals
- 4. Results from a culturally competent diabetes chronic disease management program that is embedded with public health principles, and has improved quality and reduced disparities significantly
- 5. Key principles of health care reform in the US looking to the future

Conclusions

If we are to improve health gain for diverse populations, we must consider strategies that allow us to collect data to track health and health care outcomes, as well as develop culturally competent approaches to improve quality of care for all, eliminate disparities, and achieve equity. Health care reform, both in Massachusetts and now in the entire US, will support health gain as well as continuity of care through these efforts.

Comments

Physicians, nurses, and administrators will all benefit from this workshop as participants will receive an overview of racial/ethnic disparities in health care, along with root causes and strategies to address them, with a particular focus on broad organizational strategies. Policymakers will also have the opportunity to learn more about health care reform, both in Massachusetts and the US, and how these efforts will promote health gain and continuity of care through initiatives that support medical homes and accountable care organizations.

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Support Oriented Strategies in Imaging Department: Specific Actions for Specific Needs and Groups Going to Healthier High-Tech Network.

RUFFINI Livia, BELLETTI Alice, SANGALLI Patrizia, PEZZANI Athos, CANALI Catia, CIDDA Carla, AMADASI Giuliano, GALBULLI Luca, CURTI Matteo

Introduction

Imaging Departments (ID) are nodal structures in hospital organization but also for the community receiving out-patients. In our Department diagnostic procedures for hospital patients and outpatients represent 68% (169977) and 32% (80292) of the activity, respectively. It's common experience that patient support innovation (counselling, information, training, etc.) are usually directed to clinical units, considering that ID activity is related only to efficiency, reducing waiting list for procedures, technical competence, especially in high-tech department (MRI, PET, CT, SPECT, hybrid technology, etc).

Purpose/Methods

Aim of the intervention is to illustrate strategy of our ID planned for 2010-2011 based on four strands:

- Domiciliary radiology for frail and elderly people (ongoing; programme is to do selected basic diagnostic procedures at patient home).
- Migrants and ethnic minorities support (about 10.000 people enter our Department every year).
- Non-profit organizations involvement (visiting ID, sharing the ID guide to facilitate access, organizing meetings for the European Year of Volunteering 2011).
- Dialogue with general practitioners (GPs).

Results

- Networking with GPs to guarantee appropriate use of technology (dedicated call-center for consulting and urgent examinations to avoid futile hospital admittance).
- Editing ID guide for patients and health workers simplifying ID access, knowledge of available technology, radiation safety, etc.
- Meetings with ethnic minorities to understand needs, difficulties and to plan dedicated interventions (translation of relevant information, staff meetings with migrants community to improve cultural competence and, finally, availability of multicultural counselling driving ethnic minorities into the ID).

Conclusions

Planning process of described interventions has involved all the Department professionals creating a collaborative workplace. Ongoing projects for frail, elderly people and ethnic minorities have attracted community attention and participation to the ID work. Involvement of non-profit organizations has opened Department activity to patients and their relatives inducing collaboration with ID staff to problem solving and people caring. Relationship with general practitioners appears as the key to increase appropriate use of technology. All together the actions are creating healthier diagnostic network.

Comments

ID is usually considered as a "technology box": the work in progress, targeting people care as goal of Department strategy, may empower staff members for management of patient needs. Projects for frail people and ethnic minorities appears hard to perform, but they may improve service quality: multicultural relationship reduces conflicts between staff and migrants and it improves diagnostic procedure quality, facilitating ID access and patient collaboration; domiciliary radiology increases pa-

tient comfort in unease situations reducing costs compared to hospital admittance.

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Support Services for Vulnerable Patients By a Multidisciplinary Team in an Emergency Department

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Introduction

It is recognized that individuals with poor social determinants of health are more likely to receive improper healthcare. Frequent Users (FUs) of Emergency Departments (ED) (defined as more than four visits in the last 12 months) represent a subgroup of vulnerable patients presenting specific medical and social needs. They usually account for high healthcare costs by overusing the healthcare system. In 2008-2009, FUs accounted for 5% of our ED patients and 14% of all our ED visits.

Purpose/Methods

We conducted a prospective cohort of patients admitted to our ED with vulnerabilities in ≥ 3 specific domains (somatic or mental diseases, risk behaviors, social determinants of health, and healthcare use). Patients were either directly identified by a multidisciplinary team (two nurses, one social worker and one physician) or referred to that team by the ED teams during opening hours from September 1st to December 14th 2010.

Results

75 patients were included (65% males), aged 43 years (SD 15); 59% were migrants. They had 7 visits (interquartile range 2-10) in the previous 12 months. The most frequently affected domains were: 76% somatic, 65% psychiatric, 80% risk behaviors, 93% social and 86% healthcare use issues. Each case required 155 minutes (interquartile range 78-262) dedicated to assess their outpatient network (98%), to set up an ambulatory medical follow-up (64%) or a meeting with social services (37%).

Conclusions

Vulnerability affects patients in more than one domain. Consultation in an ED offers immediate access to medical care, but EDs are dedicated more to short-term, acute inpatient care. Vulnerable patients have needs too complex to be effectively addressed in the time-pressured ED setting, and require a different type of management.

Comments

Interventions aimed at improving ED-FUs management have demonstrated positive outcomes in terms of reducing ED use and costs, improving their medical and social outcomes. Taking care of a growing number of vulnerable patients becomes an institutional challenge, requiring specific evaluation and orientation measures as well as numerous specialized skills. In that regard, support services by a multidisciplinary team may help guiding the patients through the care process and help the teams in the ED addressing the complexity of that subpopulation.

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Hiv Cross-Border Patients Challenges In Southern Africa

LO Lucia, YU Joseph, WU Joseph

Introduction

HIV cross-border patients (CBPs) confront big challenge of access sustainable Antiretroviral (ARV) treatment in the resources limited countries. Southern Africa is the most affect region bears an enormous burden of HIV epidemics and AIDS related deaths, also experiences high levels of population movement in the region. Pingtung Christian Hospital started its overseas missions in Malawi since 2002 and has been devoting itself to mitigate the impacts of HIV epidemics and CBPs challenge in the region.

Purpose/Methods

In response to the challenges confronted by HIV cross-border patients in southern Africa, Pingtung Christian Hospital, in collaboration with Luke International Norway and Mzuzu University in Malawi, organized a regional forum in order to raise the awareness of equal access to care and continuity of care for HIV CBPs in the region since 2009. Participants were invited from Health Authorities of Member States, Academic Institutions and International Organizations in the region of Southern African Development Community (SADC).

Results

Representatives attended at the 2010 forum in Johannesburg, South Africa coming from ten Member States in the SADC region, which were Botswana, DRC, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe, and two regional organizations- International Organization for Migration (IOM) and SADC Secretariat. During the three-day meeting, participants shared experiences and progress to date, addressed the challenges faced by HIV cross-border patients in the region, and finally charted a plan of actions in response to the issue.

Conclusions

HIV CBPs in SADC region confront difficulties in access to sustainable HIV treatment due to various reasons, especially when they are new migrants without access to the ARV treatment and healthcare services as nationals in host countries. Bilateral/multilateral discussions, harmonization and collaborations should be continued and strengthened across the Member States in the SADC region to achieve the universal access of ARV and continuity of care for patients living with HIV/AIDS in the region of Southern Africa.

Comments

The SADC secretariat should take the coordinating role to lobby the international resources and technical supports to tackle the HIV CBPs challenges. The member state governments, regional and international organization who are implementing HIV care and treatment programs should also be aware of the challenges and start the relative cross border initiatives.

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Session 2-4: Patient safety and quality of care

Structuring a Project of Participatory Care to Become a "Surgical Patient Friendly Hospital"

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Introduction

Ferrara University Hospital: 860 beds, 31% surgical beds; about 16,200 surgical interventions per year (46% of total admissions). Legal disputes, complaints and demands of patients, staff and Primary care have highlighted the need to change the approach to the management of surgical patients. Under WHO "Safe Surgery Saves Lives", we planned to engage the Hospital Network of Health Promoters to enable effective actions and positive change to reduce risks and increase patient participation, to become a "Surgical patient Friendly Hospital".

Purpose/Methods

Improving quality of surgery through the dissemination of safety recommendations, standards and tools designed to strengthen the surgical phases preoperative, intraoperative and postoperative.

Target

Network of Health Promoters, staff, patients and care-givers, Primary care professionals

- Mapping and analysis of surgical pathway
- Critical review of actions and tools for each stage, to support changes in the surgical process and system, and in individuals
- Information and training about the contents of the Project
- Impact audit and critical review.

Results

Reorient Hospital organization, in order to focus on the needs of stakeholders and create a real partnership between services and users.

Specific objectives

- Patient pathway and different care settings (outpatient, inpatient, operating room)
- Prevention and treatment of complications
- Computer record of process data and clinical outcome for the measurement and evaluation
- Critical revision and updating of the clinical documentation for health professionals
- Processing of specific information and education sheets for patients and care-givers

Conclusions

There is a need for multidimensional interventions to transform the setting in which individuals are included and for multidimensional approach directed towards promoting safety, clinical competence, and active participation of the patient. People returns to be more important than the disease and becomes a co-creator of his care. Healthcare facilities lose their exclusive power over health and must interface with the rest of the Community. We want build an alliance between all Actors involved to create a real "Friendly Hospital".

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Psychological Management of the Day Surgery Hernioplasty Patient

BARBERIS Serena

Introduction

A surgical operation is a traumatic condition implying spending time outside the familiar context and facing disease and its consequences. Hospitalization and surgery-related psychological distress includes a group of factors: a) disease representations, specifically when fear is involved; b) surgical and anaesthesia procedures representations, specifically in patients who suffer lack of control; c) worries regarding after-surgery quality of life; d) the acceptance of a certain degree of passiveness related to hospitalization. The emotional condition, specifically expressed in multiple forms of anxiety, stems from the uncertainty about one's future.

Purpose/Methods

Being a relatively simple surgical procedure, inguinal hernioplasty was chosen to test the efficacy of a interdisciplinary method of psychological management with the purpose of a) measuring anxiety and depression in a sample of patients enrolled for this procedure and b) investigating coping strategies spontaneously used by these patients once the diagnosis and the date of surgery are confirmed.

A clinical interview and three psychodiagnostic tests (STAY-X, STAY-Y, COPE-NVI) were administered to 35 patients while in pre-hospitalization. Group meetings (for surgery staff supervision and formation) were held and, finally, tests results were returned to the patients within an individual psychological-clinical session.

Results

All patients reported decrease in anxiety, distress and depression regarding hospitalization thus increasing compliance with clinical information; the frequency and intensity of inappropriate and risky compulsive behaviors decreased thus favoring easier consultation conditions; the levels of anxiety, distress and depression within the living environment (family) decreased and trust in the chosen healthcare facility improved. Healthcare operators reported decrease of stressing situations, improvement of working conditions and an altogether improvement of emotional and relational skills managing patients.

Conclusions

This innovative project addresses two main issues: 1) using patient-specific coping strategies and 2) reorganizing support to the day-surgery patient in order to meet specific individual needs rather than rearranging the patients' conditions in order to meet the procedure's organization. The purpose is to ensure that this first aspect becomes prevalent in the Hospital culture.

Comments

This approach suggests that considering the patients' expressed needs may require a personalized approach vs. the application of standardized surgery admission protocols. Preliminary results encourage a wider distribution including longer and more complex surgical patients, where benefits from an innovative and personalized approach to psychological distress could substantially improve prognosis.

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“No Pain” to Promote Good Health in Women After Surgery in Ferrara University Hospital (Emilia-Romagna Region, Italy)

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Introduction

A systematic and adequate management of postoperative pain is an important guarantee for high quality of care for women. In Italy, particularly in Emilia Romagna, this is a primary aim. In order to comply with the recommendations of the task force on pain “Pain Free Hospital and Land” of the teaching Hospital in Ferrara, the department of Gynecology monitors regularly the intensity and treatment of pain in women who undergo surgery using a form called “Treating pain together”.

Purpose/Methods

To evaluate the prevalence and intensity of pain in hospitalized women who undergo surgery for benign gynecologic disease, using a dedicated form; the efficacy of pain therapy protocols; the adherence of operators to the form.

156 women who received hysterectomy and/or adnexectomy were investigated according to the type of surgical access (transversal laparotomy TL, longitudinal laparotomy LL, vaginal VAG), anesthesia, pain therapy. Pain was monitored three times a day during the first three days (0, 1, 2) after surgery using NRS.

Results

Analgesics were given in addition to a scheduled analgesic scheme every time the pain exceeded the NRS=3 threshold. The prevalence of pain (NRS>3) on day 0 was respectively 15%, 19% and 21% for TL, LL and VAG, lower than in other studies. LT and LL had a higher prevalence on days 1 and 2. The intensity of pain was moderate-severe for VAG only on day 0 but it significantly decreased during the following days. All women were satisfied.

Conclusions

Pain control is important to promote safe surgery. With an improvement of pain therapy on day 0 we could consider the VAG approach definitely better than the two kinds of laparotomies, both in terms of pain and length of the hospital stay. The use of a form to describe systematically the different aspects of pain is a useful tool to assess this parameter, considered as a vital sign. An organized network and multidisciplinary cooperation reached the “No Pain” goal.

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Health Policies to Contrast Pain in Ferrara University Hospital (Emilia-Romagna Region, Italy)

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Introduction

To the Regional Health Care of Emilia-Romagna (Italy) the contrast to hospital pain means not only a matter of duty but also an example of good clinical practice, up to date with scientific health knowledge and capable to reduce social costs and consequences due to pain. The recent National Law n.38/2010 confirms what has been chosen in recent years by means of the ‘Pain Free Hospital and Land’ programme, convincing health care operators to develop optimized clinical practices with good results.

Purpose/Methods

- To evaluate the results of the hospital educational programmes on pain, through a “one day prevalence survey” in hospitalized people
- To compare these results with those of the previous years

The teaching hospital in Ferrara (AOUFE) has recorded the pain level of 618 patients in May 2010 with the aim of continuing to reduce the prevalence of ‘severe’ pain using NRS, from which four pain score ranges (no pain: 0, slight: 1-3; moderate: 4-7; severe: 8-10) are defined.

Results

In the AOUFE “severe pain” prevalence has been decreasing about 0,7% every year along the period 2004-2009; the prevalence of the “no pain” score has been increasing by 1,4% /year in the same years. The findings have been investigated also by gender for the three areas: surgery, general medicine and oncology, distinguishing, in addition, in-patients from out-patients. On the other hand our results confirm the well known effect by which women have significantly higher levels of pain ($p < 0.002$) particularly if old-aged.

Conclusions

Pain represents one of the major health issues at global level. The control of pain is efficacious in the clinical outcome to obtain a significant improvement in life quality. The results indicate that the diffusion of the culture of attention to pain and to people’s sufferings, the sensitization of health care personnel about pain evaluation and control can improve humanization of care. Future developments attain to education and information of health personnel and patients according to HPH policies.

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Session 2-5: Experiences on HPH implementation

Becoming a Health Promoting Hospital – Implementation Strategies at Stavanger University Hospital

ENOKSEN Espen Andreas, NERHEIM Inger Kari, NESVÅG Sverre Martin

Introduction

In becoming a Health Promotion Hospital Stavanger University Hospital have chosen implementation strategies where we acknowledge that the capability, the motivation and the opportunity for health promoting activities varies within the hospital. In our implementation strategy we arrange for a positive spillover effect from one treatment unit to another, trying to make health promoting activities "contagious", and in this way becoming a Health Promoting Hospital over and over again.

Purpose/Methods

By actively using the Standards for Health promoting in Hospitals we are ensuring a joint check list in the implementation process. We have focused strongly on identifying the need for health promoting activities and on obtaining good work descriptions in different settings. The health promotion work should be evidence-based and we encourage research activities affiliated to the activities in order to expand the knowledge base for health promotion in hospitals. We integrate health promotion in strategic planning related to coordination, cooperation and quality work. And we strive to be an active member in both the national and international network of HPH.

Results

We have developed what we call a "program community" consisting of more than 100 people working actively with SUH becoming a Health Promotion Hospital. We have identified the need for health-promoting activities aimed at hospital patients. This has been done both in the somatic and psychiatric division of the hospital. The results from the somatic division have been published in the European Journal of Public Health (2010). Brief alcohol intervention to patients has been dramatically improved. And as a result of our work in this field we are leading the International HPH Task Force on Alcohol and Alcohol Interventions. In various divisions of our complex organization, health promoting activities are being described and related to the five core standards for Health Promoting in Hospitals.

Conclusions

One might say that we are building our Health Promoting Hospital brick by brick using the five core standards as tools in this joint (ad)venture. Health promotion in hospitals often tends to depend on enthusiasts. By building an inclusive program community, it makes the work less vulnerable. Being inclusive and focusing on implementation as a continuous process, we can exploit opportunities for strengthening Health Promotion in Hospitals when opportunities present themselves. It also means that the work is not static, but open to changes.

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The Rha of Aosta Valley as Health Promoter: A Way Forward to Build Skills.

VILLANI Giuseppe

Introduction

With regard to health promotion, the Regional Health Authority (RHA) of Aosta Valley found that the disparate nature or lack of theoretical and methodological references is combined with the infrequency of initiatives. Thus, a need was highlighted to take action on healthcare professionals training by setting up an operational project together with a competent public structure and to implement a training course based on a preliminary participants' training needs analysis.

Purpose/Methods

Such learning path aims at enhancing the acquisition of a health promotion culture within the RHA by building skills, so to reorient local health services towards a salutogenesis-based policy, and at linking up all players in the Aosta Valley area, looking towards empowerment of individuals and groups.

Results

- Critical analysis of theoretical, methodological and operational approaches by benchmarking between currently used models and the best experience at national and international levels
- Making healthcare professionals more literate in theoretical and planning models as well as in efficacy evidence available for actions to be taken
- Critical review of programmes currently implemented by the RHA, by detecting strengths, critical problems and hypothetical improvements to develop sustainable best practices
- Sharing of strategic health communication models

Conclusions

The whole learning path will be assessed by taking into account the training planning and provision process, participants learning level and the impact of the training course against the specific working environments involved. Suitable individual and group assessment tools will be selected, adjusted and used on a case-by-case basis. The final report will mainly focus on the different assessment stages.

Comments

The learning path will be useful for professionals coming from different backgrounds (physicians, nurses, healthcare assistants, educators, social workers, teachers and administrative staff) and organizations (the RHA, social services, schools, the non-profit sector) to apply in everyday situations what they learn and to reflect on the main steps to be taken to improve their integration.

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Using The Bottom-Up Approach to Integrate the Hph Concept at the Muhc: An Example of Best Practice to Promote Cooperation for Continuity of Care.

SOUNAN Charles, LYNCH Ann, NOEL Marie-France, PORTER Arthur T., STE-MARIE Micheline

Introduction

As one of the most comprehensive university health centres in North America, the McGill University Health Centre (MUHC) has evolved to become a HPH since 2007. Among several options available to integrate the HPH concept to the organization and its culture, the MUHC chose the bottom-up approach. This approach highlights the importance of getting early buy-in from grassroots, the community and partners, and also allows the

organization to be proactive by identifying potential major challenges and begin to look at solutions.

Purpose/Methods

Four years after the integration process begun at the MUHC, the organization boasts in some of its achievements: inventory list of health promotion activities, community awareness & education; redesign of the organizational committees' health promotion perspective, grants obtained to implement on-site health promotion strategies; membership on the HPH Children & Adolescents taskforce.

Results

The aforementioned testifies of the positive impact of the bottom-up strategy utilized at the MUHC. It has afforded the organization successful cooperation between services, hospitals, community partners and stakeholders.

Conclusions

This presentation will address the key elements of the bottom-up approach, identify its strengths and weaknesses, and most importantly describe the MUHC experience in creating a health promoting hospital.

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Auditing Initiatives and Organisational Capacity for Health Promotion at f Major Metropolitan Teaching Hospital In Melbourne, Australia

FAWKES Sally, SILBURN Kate, CARUANA Sonia, LEGGAT Sandra

Introduction

In 2005, an initiative was set up to evaluate and undertake a needs analysis of a major hospital's plan to restructure and integrate all its 'wellness' services. For many years, the hospital had been recognised as a sector-wide leader in setting up services such as a women's health information service and support initiatives for indigenous patients. However, there had not been a systematic approach to scoping and evaluating activities.

Purpose/Methods

The project aimed to explore, for the first time, the health promotion work the organisation undertakes within the hospital and elsewhere, such as in association with community-based health services and professional organisations. A multi-disciplinary steering committee formed to guide the project, ensure representation of views and promote awareness about the project. To gather data, a comprehensive survey tool was developed by a working group involving staff and university-based consultants; several senior staff and leaders of community organisations were interviewed to explore their perceptions of health promotion as a field of practice for clinical institutions and their experiences of health promotion at the hospital; and in-depth case studies were developed of four long-standing health promotion programs.

Results

This project 'named' the scope of hospital health promotion, which ranged from ensuring that newborns whose mothers are unable to hold and nurse them receive the care they need to providing programs in schools to prevent violence against women to advocating for legislative and social change to benefit the health and wellbeing of vulnerable groups. The project also revealed that organisational commitment to and capacity for planning, implementation, evaluation and reporting on health promotion work varied in strength and its ability to support effective practice.

Conclusions

The project elevated two major issues. Firstly, the importance of recognising, valuing and supporting existing efforts to promote health. These involve a diverse range of professional groups including medical practitioners and specialists and community organisations. Secondly, the need for the hospital to assess and invest in health promotion capacity (governance commitment, organisational partnerships, policy and procedures, staff development, knowledge management, resources) to strengthen the effectiveness of existing and new work.

Comments

This presentation will set out the context for the project and how it was developed and implemented. The tools and methodology for the project will be described in detail, as there are few reliable sources of advice about how to undertake such organisational audits. It will offer critical insights into it what was revealed about the hospital's commitment and approach to improving health and equity and preventing ill-health.

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**Session 2-6:
Workshop: Health gain in psychiatric
services**

**Health Gain in Psychiatric Services -
How to Achieve Better Health for the
Psychiatric Patients?**

BERGER Hartmut, PAUL Rainer

Health promotion in psychiatric services is and has been the target of the Taskforce on health promoting psychiatric services. So we know, what psychiatric patients might help to promote their health, but we still have to proof, what the best models of intervention in psychiatric services might be. In this workshop outstanding models of good practice of health promotion in psychiatric health care will be presented (e.g. psycho-education, continuity of care, social support) and the question of realization and evaluation of these models will be discussed. Main topic will be the question, how to empower psychiatric patients to master their disturbances, so that a more self controlled daily life will be possible.

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Session 2-7: Workshop:Tobacco-Free United

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Ensh Process and Tools. Discussion and Experiences for Achieving a Comprehensive Tobacco-Control Strategy

MARTINEZ Cristina, O'RIORDAN Ann, RUS-
TLER Christa, FLEITMANN Sibylle

Introduction

According to the Ottawa Charter - Health Care Services need to actively promote the health and well-being of their clients and workforce. Tobacco use kills more than 5 million people worldwide per year and 650.000 of them are passive smokers (WHO.). Despite this knowledge, tobacco control remains poorly implemented within the health care services in many countries. This is surprising particularly as sustained evidence-base programs are known to reduce smoking rates, tobacco-related deaths and disease caused by tobacco use.

ENSH-Global Network of Tobacco Free Health Care Services (ENSH-Global) encourages greater involvement by health professionals in tobacco control and promotes continuous quality improvement using a health promotion approach while facilitating learning and the sharing of best practice. The ENSH-Global workshop format will offer key presentations and round table discussion to involve the audience.

Purpose

The workshop purpose is to demonstrate how the ENSH concept can be implemented effectively in all health settings and within different legislative frameworks. It does this by promote a comprehensive tobacco control policy within health organization that curbs tobacco use and obtains health gain outcomes.

Results

Key points for discussion with workshop participants:

- How the ENSH concept can be implemented effectively in all healthcare settings and within different legislative frameworks.
- Round table discussion will engage participants in exploring the elements of a comprehensive tobacco control programs. These include: implementation of tobacco-free policies, the promotion and provision of tobacco cessation, staff training and education and the inclusion of initiatives to prevent initiation.
- And, final the practical processes that national/regional networks and health care services can implement that will assists their members to work towards becoming nominated members of the ENSH-Global Gold Level Forum.

Outcomes

Workshop participants will learn how to use the ENSH materials and tools, gain knowledge about how to put tobacco free policies into practice and have an opportunity to exchange knowledge, practices and results on implementing tobacco free initiatives in different healthcare settings, from acute university hospitals to chronic and long term residences.

Comments

This workshop should be seen as the first of three linked session. Two submitted as workshops for presentation within the conference program and the third as an optional training session, (if feasible) to be held the morning after the conference closes.



Session 2-8: Symposium on drug and alcohol ad- diction

Symposium On Drug And Alcohol Addiction

LINDAHL LARSSON Marianne (Chair)

Addiction to drugs and alcohol is a world wide challenge. In this symposium we will be looking into new methods such as syringe exchange as an entry point to evidence-based intervention and case management to support intervention and compliance for addicts.

We will also be dealing with issues pertaining to children of addicted parents and with Health Promotion as an integrated part of the treatment for drug addiction.

The symposium will conclude with a discussion among the participants and speakers.

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Co-Morbidity In Drug And Alcohol Addicts - A Vip Project

**TØNNESEN Hanne, HOVHANNISYAN Karén,
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SKAGERT Eva**

Background

It is well-known that alcohol and drug abuse are followed by tremendous problems, which include physical, psychological and social complications. Further to the direct alcohol and drug-induced illnesses, these patients often have a risky lifestyle with heavy smoking, poor nutrition and physical inactivity. They also suffer from cardio-pulmonary diseases, diabetes, and hepatic illness amongst others. In addition, this co-morbidity may be more or less identified or treated, all of which has a detrimental effect on health, alone or in combination.

Aim

1) to identify the prevalence of co-morbidity and risk factors and
2) to evaluate the effect to of adding the VIP program to the usual alcohol and drug intervention on the outcome for alcohol and drug abusers compared to the routine program in a RCT

Outcomes

Period without alcohol and drug abuse, duration of convalescence and need for health services
Improvement of health determinants and chronic diseases, self-reported health related quality of life, time to return to work (or similar activity level), patient satisfaction.

Methods

1) After informed consent the identification of health determinants is done by using the HPH DATA Model and a usual health examining in addition to SF-36 and other forms.
2) After another informed consent the patients with at least one risk factor and one chronic medical disease are allocated to either intervention (that will receive the VIP programme) or control group.

The VIP programme is a six weeks programme inspired from the rehabilitation offered to patients with chronic diseases and from surgical patients having a likewise unhealthy lifestyle and

suffering from similar chronic illness (co-morbidity) - further to their action diagnosis.

All patients are followed-up after 6 weeks, 3, 6, 9, 12 and 24 months regarding the outcomes.

Results and Conclusion

The pilot test of the identification and intervention is on-going. The results and experiences from this will be presented at the conference.

Case Management

LARSSON LINDAHL Marianne

Introduction

This is one of very few randomised trials of case management in a European setting. It examined the impact of case management on substance abuse and access to treatment after discharge from court-ordered institutional care. In Sweden a person with severe substance abuse can be ordered by the court to six months of involuntary care at specialized institutions. According to legislation it's obligatory for the social services to provide aftercare but in a previous study we concluded that less than 25% of the aftercare plans were carried out. The trial was an opportunity to test case management as an aftercare method for court-ordered patients.

Methods

Court-ordered patients with substance abuse (n=36) were randomly assigned to either case management or treatment-as-usual during six months in aftercare. Data was collected at intake, at conclusion of intervention and at 6 month's follow-up with a follow-up rate of 97%. Significant others were interviewed about the patients' need and use of care at intake and during aftercare.

Results

Significantly more patients in the case management group were abstinent during intervention. No differences were detected in regard to access to care between study groups. A subgroup analysis showed that patients with a continuous drug abuse had greater access to care and significantly more days in inpatient care.

Conclusions

Our findings suggest that case management is useful in order to retain abstinence in aftercare following court-ordered treatment. The social welfare and hospital care systems seem to provide care irrespective of case manager-intervention. The study design, interventions and assessments instruments were well received by patients with 90% consent to participation.

Disulfiram: What To Know And Where To Go?

**JØRGENSEN Charlotte Hjort, PEDERSEN
Bolette, TØNNESEN Hanne**

Background

The burden of alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world. Alcohol use disorders (AUD) involve hazardous, harmful and addictive misuse of alcohol, and the aim of this study was to review the effect of disulfiram in the treatment of patients with AUD. The effect of disulfiram was evaluated according to the primary outcome of an intake of alcohol below 30 and 20g/ day for men and women respectively, as well as secondary outcomes such as days until relapse, alcohol intake and numbers of drinking days.

Methods

A systematic review of the literature was conducted using MEDLINE, EMBASE and Cochrane Central Register of Controlled Trials (CENTRAL).

Results

Ten randomised clinical trials were included with a total of 1284 patients. They compared disulfiram treatment to placebo, none or other abstinence-supportive treatments. Overall, six studies reported of a significant better effect on abstinence for patients treated with disulfiram. Five out of eight studies measuring secondary outcomes reported that patients treated with disulfiram had significantly more days until relapse and fewer drinking days, respectively.

The quality of the included studies was moderate. Heterogeneity was significant in most of the meta-analyses, but valid results were found regarding the effect of disulfiram versus placebo over 12 months and unsupervised disulfiram versus other or no treatment. The vast majority of significant studies were of shorter duration, while only two studies of 12 months were significant regarding days until relapse and reduction of drinking days, respectively.

Conclusion

Supervised treatment with disulfiram has some effect on short-term abstinence and days until relapse as well as number of drinking days when compared to placebo, none or other treatments for patients with alcohol dependency or abuse. Long-term effect on abstinence has not been evaluated yet. However, there is a need for more homogeneous and high quality studies in the future regarding the efficacy of disulfiram.

The moral question and the existential suffering – how an alcohol abuser experiences compulsory treatment and reacts to it

ARLEBRINK J.

The aim of my study was to investigate how compulsory treatment of alcohol abuse is experienced by persons forced to submit to it, the majority of whom are negative in their attitude toward treatment of this sort. I think it is important to consider the results obtained not in isolation but within a larger context. Among the elements of this context examined were alcohol abuse in general, why those involved drink excessively, how they experience their situation and if they had a specific view of life.

To interpret the experience these persons have of their situation it is important to take account of the ethical and existential world in which they live and also their philosophy or view of life.

The abuse and its origin

- differs from individual to individual
- existential problems or experiences of emptiness
- no view of life
- not rooted in life
- looks at himself in a very negative way
- looks at life in general very negatively
- finds no meaning in life

Experiences of violations related to the abuse

- guilt and shame
- alienation
- identification
- disregard for oneself

Experiences of violations related to the compulsory treatment:

- humiliating
- unfairness
- feels like a criminal
- loss of freedom
- like a punishment

Results

Reasons for the bad outcome:

The clients

- regard the treatment as meaningless
- regard the commitment at the institution as if they were in prison; a punishment they unjustly been sentenced to
- would like to have some kind of treatment which they don't get
- offer resistance to something they regard as a morally outrage
- have crisis that haven't been resolved
- new crisis due to the compulsory treatment
- react with anger when they come to the institution
- existential questions are not payed attention to

Conclusion

One can ask whether it is morally right to force someone to a treatment he does not want, against the background of

- the empirical material
- the legal aspects
- the existential and
- the ethical aspects

The results of my investigation indicates that a person forced to submit to compulsory treatment for his alcohol abuse often ends up in a traumatic crisis without little chance of working through it satisfactorily. There are a variety of reasons for this. One is the person's failing to understand why he has been forced to receive treatment. Another is that the person does not have an adequate language to deal with the existential questions his situation gives rise to. Having lived as an alcohol abuser for many years also results in the fact that the person's selfrespect is very low.

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Session 3-1: Integrated and continuous health care

Integrating Health Care Model with Health Promotion in Pharmacy Services

WU Ping-Feng, CHEN Chi-Hua

Introduction

In order to enhance health care quality we persist with the principles of patient-orientation. We try to establish the patient opinions on different aspects which may influence the pharmacy services provided in patients. The pharmaceutical care can improve accuracy of using medicine and quality of life for patients and their families. This study is designed to integrate team resource management, and to get accurate knowledge of using medicine and outcome for improving quality of health promotion.

Purpose/Methods

We integrate medical teams for health care in patients. That is case-control study. We collected data from 01/07/2009 to 30/06/2010, there were 100 hospitalized patients included. Patients were assessed using the Barthel Index, less than 60 scores, taking above 7 drugs, Chinese medicines or suffering from two chronic diseases included. Patient opinions were assessed using a Likert-type ordinal scale for satisfaction surveys. Descriptive statistics, complied with SPSS statistical software, version 12.0 for Windows.

Results

There were 100 patients including 46 males and 54 females; the age from 28 to 95 y/o; two main groups were 31% junior high and 29% college education. We established pharmaceutical care model to patients from diagnosis, drug therapy, prognosis to follow-up finally. Patients with pre-test and post-test satisfaction (10 points) were communication assessment (8.93 and 9.07, $p < 0.001$), professional assessment (8.98 and 9.29, $p < 0.001$), consultation assessment (9.06 and 9.25, $p < 0.001$), general assessment (9.07 and 9.43, $p < 0.001$), and the average of overall satisfaction (9.01 and 9.26, $p < 0.001$), respectively.

Conclusions

The purpose of pharmacy service is to ensure safety of using medicine and to maintain the public health. To provide patients of personalized pharmacy consultation by pharmaceutical care, we can improve the safety of using medicine and establish the reliability and effectiveness of the pharmaceutical care model. We must always make sure that patients received the best medical treatment and health care.

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A Pilot Model to Build Up a Continuity of Care for Secondary Preventive Service Linked Multiple Disease Screening in Community to Case Management In Hospital.

CHAU Tang-Tat, CHANG Huan-Cheng, HSU Shih-Tien, WANG Mei-Chin, CHEN Shu-I

Introduction

Screening for variety chronic disease and cancer with secondary preventive service in Taiwan has been initiated with oppor-

tunistic approach since 1995. However, the opportunistic approach may lead to inequitable health care access and the utilization of screening is lower compared with Western countries. Landseed hospital enhance to coverage rate of mass screening through community-based and outreaching service. Furthermore, to build up a continuity case management to follow up the abnormal examinees from screening achieve an objective for 'early detected and early treatment'.

Purpose/Methods

The purpose of this study is to introduce our continuity of care for secondary preventive service system and to explore the preliminary result. Study subjects were derived from resident, above 30-year-old, who had uptake of community-base integrated screening Program between 2007 and 2010 in Landseed Hospital, located at Ping-jhen and Jung-li city, Taoyuan in northern Taiwan. This screening and abnormal case management system focused on high risk factors of three kinds of chronic disease such as diabetes, hypertension, and hyperlipidemia and three types of cancer as liver, colorectal, and cervical cancer.

Results

A total of 163 on-site out-reaching activities were provided between 2007 and 2010, serving 12877 screenees. Of attendants, the average age was 56.3 years (SD=12.8), with being 59.2 years for 5415 (42.0%) males and 54.2 years for 7462 (57.9%) females. The prevalence rate of diabetes, hypertension, and hyperlipidemia of screening population were 9.1%, 34.2% and 17.3%. The prevalence of high risk of liver, colorectal, and cervical cancer were 20.6% abnormal liver function, 9.6% FOBT positive, and 7.1% pap smear positive. All kinds of abnormal groups were followed up and educated by our case managers to take medical treatment early. The accepted rates of different disease were from 39.4% (hyperlipidemia) to 88.2% (diabetes).

Conclusions

According to our preliminary result, this continuity of care for secondary preventive service was not only increasingly gained attention for disease screening rate, but also enhancing high risk group to take appropriately medical treatment or regular surveillance in hospital. It has high value to demonstrate our experience for applying to other healthcare institution which devoted to secondary preventive service.

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The Continuity Care Model from Hospital to Community for Patients With Catheter, Nasogastric Tube or Tracheostomy Tube

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Introduction

Different kinds of tubes were used according to inpatients' status. The most common tubes included catheter, nasogastric tube and tracheostomy tube. Some patients failed to remove these tubes due to their disease, such as ischemic stroke. After they are discharged from hospital and return to the community, it will be a big problem for them to change new tubes. Because every time they go to hospital, they must spend fare and several hours to finish the process and their family must take a leave, too. To resolve the problem, a continuity care model for patients with tubes is necessary.

Purpose/Methods

After admission, an assessment will be done by caring nurse. If patients will go home with at least one kind of these tubes, they will be transferred to discharge planning for further intervention. If the patient lives in less than thirty minutes by car from our hospital, our home care nurse will make an appointment and visit them for regular tube replacement. All that patients and their caregivers need to do is to wait at home and open the door. The expense included of taxi fare (about \$ 4) and a part of medical fee (about \$ 7~12), because most of medical fee is paid by National Health Insurance. Besides, family physician will also visit patients once every 2-4 months and give medical opinions if necessary. Patients only paid additional \$ 3.3. It is a convenient and economic model for patients and family to replace tubes.

Results

In 2010, we have 8,391 inpatients. The 815 (9.7%) inpatients were referred to discharge planning, and 133(16.3%) patients were eligible. Among eligible patients, 114 patients (85.7%) were referred to home care unit for tube replacement service. Home care nurse and family physician also play a role for education and communication between patients and their attending doctors by providing visit notes if necessary. Besides, blood sampling can be performed under medical orders. In 2010, we provided a total number of 3,762 home care services. Eighty-nine home care patients are our outpatients, too. We also help and teach them how to take care patients at home, including device environment assessment and even referral of long-term care resources.

Conclusions

Tube replacement service is the major cause in discharge planning. Home care service for tube replacement is indeed helpful for patients and family. It is a time-saving, convenient and economic way for them.

Comments

The continuity care model from hospital to community for patients with catheter, nasogastric tube and/or tracheostomy tube is effective and helpful for patients and their family.

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Session 3-2: Workplace health promotion programmes

Guide to Promoting Healthy Workplaces in Healthcare Institutions: Winning Strategies for Greater Health Gains

CÔTÉ Louis

Introduction

The promotion of healthy workplaces is not a revolutionary idea. However, despite the numerous positive outcomes that have been borne out across many scientific studies (e.g. improved quality of care, increased productivity, financial gains and employee health gains) efforts in this vein often remain limited to a small number of activities that mainly target lifestyle habits. Comprehensive healthy workplace promotion programs, on the other hand, hold extremely vast potential for positive ramifications.

Purpose/Methods

The Montreal HPH Network and the International Network's Health Promotion for Staff / Healthy Workplaces Working Group have produced a practical guide, which constitutes an implementation and reference tool to facilitate the development of healthy workplaces. Topics include healthy lifestyle habits, psychological health, workplace health and safety, social inequalities in health, sustainable development (environmental component) and certification. Over 45 projects implemented in institutions across Quebec, Canada and internationally illustrate the various themes.

Results

The successful healthy workplace promotion strategies presented in the Guide are founded on the implementation of a participative process that fosters communication and discussion among employees and managers, and entails cooperation between the different employee categories. The initiative undertaken must be multi-strategy based (include activities that target both the environment and individuals) comprehensive (address several health factors) and cohesive (both within the project itself and in how the project interfaces with other aspects of the institution).

Conclusions

The successful establishment of a healthy workplace promotion program affords a healthcare institution numerous benefits for staff, patients and members of the community. However, certain strategies must be adhered to in order to ensure the success of the initiative. The promotion program must notably reflect a global approach that not only addresses lifestyle habits but also includes such themes as workplace health and safety and social health inequalities in the workplace.

Comments

The Guide will be launched at the 2011 HPH conference in Turku, Finland. It will be available for free from the Website as of summer 2011. The Montreal, Canada version of the Guide will be launched March 10, 2011. Subsequently this guide will be distributed to the 90 Montreal Network member institutions and will be available in electronic format.

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Health Promotion Programme "Active Living is Healthy Living! Let's

Move – Dance and Have Fun within Our Work Place!". Project "My Health and Me For Hospital Staff".

THANASA Georgia, TOUNTAS Yannis

Introduction

Review of the existing literature and statistics regarding the health status and burn-out levels of the people working in hospitals of the Hellenic HPH Network, indicate that many health workers in hospitals are negligent for their health and suffer from burn-out syndrome. The Health Education and Prevention Office of the "G.Gennimatas" Hospital in collaboration with the Hospital Management initiated a Health Promotion Programme for all the hospital staff with the incentive to target this major problem.

Purpose/Methods

The programme's objective was to promote physical activity and reduce work stress of the hospital staff. A survey regarding staff's preferences concerning activities and programme priorities was carried out prior to the implementation. The nutrition department offered dietary support for the participants and evaluation of the programme was conducted through interviews and follow-up of the participation. In order to enhance the results, a print newsletter was distributed targeting issues of health behaviour change, gains of physical activity etc.

Results

The staff's needs assessment resulted in organising dancing (6h/week) and chess classes (1h/week), which ran for one year. Also, a hospital staff gym was created (the first of its kind in a Hellenic hospital). The gym is still operating, combined with nutrition support for the registered members. More than 10% of the hospital's workforce registered to the programme, thus exceeding the first year's target; the participants' satisfaction levels for their participation and personal results were very high.

Conclusions

The success of the programme is mostly due to its innovative nature, the support and commitment of both the Prevention and Health Education Office of the Hospital and the Hospital Management and the fact that an in-depth evaluation of needs and preferences of the targeted population was included in its design. The financial support of the programme would guarantee its growth, development and further success.

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Establishing a Friendly Workplace for Hospital Nurses

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Introduction

Nurse staffs are over half of all hospital employees. The nurse turnover rate increased from 22.19% in 2001 to 28.02% in 2004 in Taiwan. How to decrease nurse employee already became a global issue, therefore decreasing nurses' stresses in the workplace and increasing the mental and physical health of nurses are the primary task for the institution in Taiwan.

Purpose/Methods

This research used questionnaires with four aspects of material environment, balance between job and life, professional support resources and career development and training system to survey nurses in a hospital. With the same goal of establishing a friendly workplace, a team from different hospital departments and led by a vice-superintendent had routine meetings targeting at the lowest score of ten indicators in this survey result. Second survey used to understand the improvement satisfaction of the workplace.

Results

The aspect of balance between job and life had the score 2.8 which lower than the aspect of material environment 3.2, professional support resource 3.1 and career development and training 3.2. After the improvement procedures, the average satisfaction for the medical care environment increased from 2.8 to 3.1 and seven indicators were improved significantly.

Conclusions

Although not all indicators were able to improve, a multi-development team work effectively increased the satisfaction of nursing medical care environment and the improvement procedures could be used by other hospitals as a reference.

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Implementation of Employees Health Management Platform in a Health Promoting Hospital in Taiwan

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Introduction

Health management of employees is a very important task for the Health Promoting Hospital (HPH). A personal health record (PHR) is typically a health record that is initiated and maintained by an individual. An ideal PHR would provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online to anyone.

Purpose / Methods

Taiwan Landseed Hospital is a regional hospital with over 1100 employees, also a model of excellence of HPH in Taiwan. To enhance the health management of employees, we launched an on-line employee health management platform in 2010. The platform includes (1) annual personal health check results, (2) health calendar, (3) health management diary including physiologic monitoring, calories intake input, exercise calories input, mood score input, (4) health risk assessment, (5) trend of health record, and (6) health manager consultation.

Results

It is an on-line interactive platform and integrated with diet, exercise, and stress. Information platform rather than isolated documents for health management of hospital employees may be a better way to achieve mutual-win goal.

Conclusions

Personal health records aren't a cure-all: Employees must do the hard work of living healthfully. Yet the platform software can encourage positive changes; provision of a suitable and friendly environment for the employees by a health promoting hospital is also a crucial factor.

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Organisational Ethics - An Important Factor for Healthy Workplace

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Introduction

Organisational ethics is concerned with the ethical issues faced by managers in health care. Organisational ethics is one key factor in promoting positive ethical climate among health care workers and their managers having also an important impact on healthy workplace.

Purpose/Methods

The aim of the study is to report the results of a systematically conducted literature review of empirical studies about health-care organizations' ethics and management or leadership issues. Two electronic databases (MEDLINE and CINAHL) were used in the literature search which yielded 909 citations. After a two stage application of the inclusion and exclusion criteria 56 full-text articles were included in the review.

Results

Ethics is one key factor that has an influence on the overall success of the organisation. Different organisations manage the same ethical issues differently. The ethical environment has been associated with nurse turnover in employment, individual moral distress, job satisfaction and team working. Conversely, a heavy workload, lack of time and staffing problems have been found to result in difficult ethical prioritisations and reduced standards or quality of care. Known strategies to promote a positive ethical climate are limited.

Conclusions

The review pointed out that there was considerable room for healthcare managers to create positive ethical environments which may also support healthy working environment. There is need to develop conceptual clarity and a theoretical framework around the subject of organisational ethics and continue studies to find out the effects of organisational ethics in healthy workplace.

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Session 3-3: Smoke-free hospitals - Standards, frameworks, networks

Compliance and Development of Tobacco Policies in Health Care Services: An International Assessment

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Introduction

The Global Network for Tobacco Free Health Care Services (ENSH) has developed a 10-step strategy to implement comprehensive tobacco control activities in health care services. The aims of this study are to assess the level of fulfillment of these 10 policies among the member networks of the ENSH and to identify areas of improvement.

Purpose/Methods

We used the self audit questionnaire of the ENSH to score the compliance of 10 policy standards (maximum score= 168). We conducted a cross-sectional survey among the formal members of the ENSH in 2010. We compute the means of the overall score and its policy standards both globally and by country.

Results

433 health care services (mainly hospitals) from 12 countries (16 networks) participated in the study. The mean overall score among all the ENSH members was 123.1 (95% CI 120.87-125.2). The network with the highest average score was Taiwan (149.0, 95% CI: 140.7-157.3) and the highest score for a hospital was rated in Germany (score of 168). Amongst the 10 ENSH policies, commitment and communication (82.1% and 82.7% of the maximum score) obtained the highest levels of possible score. The lowest degrees of implementation were detected in education, training and healthy workplace with <65% of the possible score.

Conclusions

ENSH members have a high level of implementation of tobacco control policies. Some areas such education and training, tobacco cessation support, and promoting healthy workplace, which includes manager and employee implication to the project, need further development. The self audit questionnaire is useful to evaluate hospitals and helps to prioritize areas of improvement.

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Ensh Standards Implemented at the Catalan Institute of Oncology

CARABASA Esther

Introduction

Since 1989, the Catalan Institute of Oncology (ICO), a comprehensive cancer center with 136 beds and 743 health professionals, has been implementing the 10 quality Standards recommended by the Global Network for Tobacco Free Health Care services (ENSH) to reach a comprehensive tobacco free hospital.

Purpose

To describe how ICO has successfully implemented the ENSH Standards to achieve a completely smoke-free hospital.

Methods

Illustration through examples of diverse activities that ICO has been developing on Commitment, Communication, Education Training, Cessation support, Tobacco Control Policies, Environment, Healthy Workplace, Health Promotion and Monitoring to achieve a completely free tobacco hospital. The results of the development of the project have been monitored using a self-audit evaluation and other objective evaluation tools such as surveys on prevalence of smoking and second hand smoke exposure and measurement of nicotine and PM 2.5 on air.

Results

ICO has achieved the maximum implementation of all the ENSH Standards, with an overall score of 148 over 168 in the self-audit questionnaire in 2010. The prevalence of smoking has declined from 44.9% in 1997 to 29.6% in 2009. The compliance of the ENSH standards has increased from 67.6% in 2004 to 90.5% in 2009. The cessation programmes are highly developed and in 2010 it included 191 workers and 182 patients. The low prevalence of tobacco consumption among the staff and a healthy workplace has achieved the Gold level marked by the ENSH quality scale. A complete tobacco-free campus has been achieved after five years of step by step outdoors limitation strategy.

Conclusions

The use of the 10 Standards policy has been useful to improve the quality of the project and has been an excellent guide for the Tobacco free Committee of the hospital. The good results in the implementation of the 10 ENSH Standards will allow ICO to attend as participant at the international ENSH-Global Gold Forum.

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Escscan : A European Network of Tobacco Cessation Centers

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Introduction

Tobacco dependence is a disease too often neglected by health professionals. Tobacco cessation services have an important role to play in smoking cessation of referred patients but also in promoting and supporting tobacco dependence treatment in general medical practice and in general population. The aim of Escscan project is to collect information on infrastructure of tobacco cessation services, their organization, definition, and good practice in each of the 27 EU Member States to reach consensus and improve practice.

Purpose/Methods

The Office Français de Prévention du Tabagisme (OFT) in France has initiated this European project to assess the current tobacco cessation practice in Europe and to reach expert consensus on definitions of tobacco cessation services in order to create a common base line for action. Firstly, common definitions were drawn in a meeting to use the same word to design the same think. A Delphi consensus has been built and the last discrepancies has been smoothen in a last meeting.

Results

The first set of definitions is about tobacco cessation service (and not smoking cessation) which indicates any place where a health professional advertises tobacco dependence treatment as the goal or as one of the goals of the service. As all others

places where tobacco dependence treatment is being performed (i.e. general practitioners, pharmacy, etc.) TCS have to follow best practice guidelines for tobacco dependence treatment.

Tobacco cessation services cover three subgroups: Tobacco cessation clinics, Tobacco cessation practitioner cabinets, Tobacco cessation counseling centers

Conclusions

Consensus on EU definition is feasible and help to assess huge differences existing between organizations of usually call smoking cessation center. The role of nurses, the cost of cessation, the schedule of follow up, the use of medication is dramatically different from one country to another. The network of experts will help to refine good and bad practice and to exchange tools between EU countries.

Comments

The Escan Project working in cooperation with other EU networks may help to better understand tobacco cessation service sharing in Europe and to improve practices by experiences. OFT received an unrestricted grant from Pfizer EU to this project.

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Session 3-4: Healthcare ecology & Diverse

Community Recycling Stations - A Practical Method to Improve Health Gain Orientation of the Elderly

CHAO You-Chen, LIN Min-Nan, CHIEN Sou-Hsin, LIN Chin-Lon

Introduction

For the past several decades, efforts to slow down the temperature rise, to reduce carbon dioxide production have become more and more important due to global warming and the greenhouse effect which have fundamentally changed our environment. Reduce, reuse and recycle have been the main stay of reducing the consumption of natural resources. Traditional care for the elderly and the handicapped has been limited to community health centers, day care centers and nursing homes depending on their needs.

Purpose/Methods

As an alternative to day-care centers for the ambulatory elderly, neighbourhood recycling stations have been set up around the community by volunteers to sort recyclable material into metal, glass, aluminium cans, paper, different types of plastic bottles etc. The sorted materials were then sold to recycling operations for cash which was then donated to charity organizations. We invited the community elderly and the handicapped to participate in such programs voluntarily and the response has been overwhelming.

Results

Tzu-Chi Foundation now have over 5,800 such stations across the island of Taiwan and have over 60,000 people participating in it on a daily basis.

Conclusions

Preliminary survey demonstrated that working at the recycling station gives the participants regular exercise, good social interaction and improved their psychological well-being, a sense of accomplishment (being able to help in protecting the environment). We believe that these programs are very beneficial both physically and psychosocially for the elderly and the handicapped and are viable alternative to the community rehabilitation programs and day care centers.

Comments

Dietary (low salt, low fat, low sugar and high fiber) and exercise instructions are regularly given at the stations and a plant-based lunch is generally provided by the volunteers.

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Medical Plastic Waste Recycling Effectively Reduces Amount and Cost of Biomedical Waste Produced

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Introduction

With the medical advances in technology and the increasing production of medical waste products, more and more medical waste management regulations and policies have become important environmental issues. These regulatory implements include proper handle of medical waste, reduce hospital infections, protect the health and safety of staff and patients so that

the danger caused to the environment by these medical waste can be controlled, and to improve quality of health care.

Due to the increasing large generation of medical waste products and its complexity, it has been our hospital's goal to effectively reduce and manage medical waste by utilizing available resources; because if disposed improperly, these wastes not only pollute the environment but also cause hazard to the human health.

Purpose/Methods

Recyclable plastic wastes, such as artificial kidneys and infusion catheters, are collected and organized by nurses. These uniform collections are sent to government certified companies to help sterilization by high temperature and pressure methods. Then, the use of machine sorting, cutting and other processing methods produces secondary plastic material. The reusable plastic material is used as additive to plastic product generation; for example, after fragments are transformed into soft plastic skin, it can then become the base of a shoe. Through recycling, reproducing and reusing medical wastes, decreasing the total amount of medical wastes can be achieved.

Results

Before the implementation of reduction, the monthly average biomedical wastes weigh up to 3862.8kg, accounting for 21.54% of the hospital's total biomedical waste production and costs \$123,609 NTD. After the implementation of reduction, the monthly average biomedical wastes decrease to 2658.6kg (reduction by 31%), accounting for 15.25% of the hospital's total biomedical waste production and reduced costs to \$85,075 NTD. The average annual cost reduction in biomedical waste management is about \$460,000 NTD.

Conclusions

Our hospital advocates Master's Cheng-Yen's philosophy on environment protection – carrying out the idea of “decrease the use, cherish, and recycle resources”. The implementation of reducing the amount of wastes produced is a long-term goal and duty.

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Health Promoting Activities for the Entire Population

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Introduction

Angered local Hospital (Angereds Närsjukhus) has the aim to provide the residents of Northeast Gothenburg better access to good health care. Angered is a multicultural population area and despite the fact that all inhabitants of Gothenburg has equal right and access to health care, analysis has shown that the population in Northeast Gothenburg more often suffers from lifestyle related diseases. The mortality in Obstructive Lung Disease is for example three times as high, compared to the rest of the country.

Purpose/Methods

Obstructive Lung Disease is strongly associated with smoking and can easily be detected by a lung function test, spirometry. With early disease detection treatment can be initiated at an earlier stage. In February 2009 three hours for drop-in reception with free spirometry were set aside one day each month. An information campaign was also conducted with the aim to reach a majority of the population in Northeastern Gothenburg.

Results

- Messages about the dangers of smoking, together with information about the drop-in reception at the hospital was translated in all the major languages and then

transmitted in various community radio stations.

- Advertisements about the drop-in receptions was regularly put in the local newspapers
- All local associations received an invitation with the offer to take part in a lecture about smoking, its harmful effects and ways to quit smoking. The lecture was held by a medically qualified person in four different languages.

Conclusions

Drop-in clinics have shown to be very successful and each drop-in reception is visited by an average of 30 people each occasion. 55% of the patients were women and 75% did not have Swedish as their mother tongue. About 40% of all people who had a spirometry at these receptions were diagnosed with Obstructive Lung Disease and put under treatment. Since September 2010 these free spirometry receptions is integrated in the ordinary business at Angered local hospital.

Comments

For a large part of the population in Northeastern Gothenburg the ability to assimilate information in Swedish is not obvious. Alternative means of communication is therefore often required for health promoting activities to be efficient. At Angered local hospital the dialogue with representatives from the population and the cooperation with local associations have turned out to be very successful.

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Italian Glossary of Mental Health Promotion: An Initiative of Lombardy Region

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Introduction

In 2009 the Lombardy Region General Director for Health, as a way of boosting Mental Health Promotion (MHP) practices among policy makers, administrators, professionals and all citizens working in the field, promoted the constitution of a working group of experts in order to share definitions, methods, language and values of MHP; to collect and classify best practices in the field and to contribute to create a 'community of practice' with all citizen committed to mental health promotion.

Purpose/Methods

The working group, together with the scientific board of HPH Lombardy network decided that the preliminary step was building a glossary for the multifaceted world of mental health promotion (MHP). After reviewing the official WHO sources, the working group defined inclusion and exclusion criteria as well as the average extension of each definition. Each team member worked on a set of terms but all the result were reviewed together.

Results

Finally, a list of 53 terms or key-concepts, have been included either specific to MHP field or because their meaning is specific when used in that field. Some of these terms, though not specific to MHP, have been included to allow using the glossary as a rather complete tool-kit for people with different cultural background active in mental health promotion.

Conclusions

The Lombardy Mental Health Promotion Glossary is aimed to representing a point of reference for all people – professionals, public administrators, volunteers, executives - wherever lo-

cated, willing to improve mental health and wellbeing for both mental health users and the wide community. In fact, the glossary list of terms involves a wide range of disciplines, ranging over concepts like social capital, clinical governance, anxiety and depression, together with meditation and spirituality.

Comments

This issue has been edited with 2 important annexes: the 1986 Ottawa Charter and the final report of 2005 Helsinki Conference on Mental Health of the Ministers of Health of European Union. After this issue addressed to Italian audience, the authors announce that an English version of the glossary is in preparation.

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Healing Walls

NURMI Rea

Introduction

Art humanizes hospitals and brings hope and positive thinking through beauty. It gives an unique opportunity to express new skills and creates pleasant memories or visions for the future.

Purpose/Methods

With the murals the intention is to bring color and light to the areas where they are most needed. A large painted blooming garden or any scenic nature picture in a windowless facility improves the psychological environment and helps the emotional opening of any person viewing it.

Results

The painting process done together with the hospital staff creates conversation and co-operation. The interaction with the artist brings pleasure and meaning full activity to patients in a hospital or residents in a nursing home. Children enjoy the creativity. It stimulates the mind and creates pleasant memories during often very long hospital stays.

Conclusions

Currently there are artwork murals in several hospitals:

- Yale University Hospital, New Haven, CT UNITED STATES
- University Children Hospital, Bratislava, Slovakia
- F.N. Motol Hospital, Prague, Czech Republic
- Children Hospital, Florence, Italy
- Many hospitals and nursing homes in Finland

Comments

With the upcoming book "HEALING WALLS" the intention is more widely to broadcast the importance of artwork in the daily operations in any hospital.

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Session 3-5: Networks - Support structures for the implementation of HPH

Implementation of the Concept of Health Promotion Hospitals - An Analysis of the Swedish Hph Net- work Based on Implementation The- ory

KRISTENSON Margareta, **NILSSON** Evalill

Introduction

The Swedish HPH-network started in 1996 and today embraces about 3/4 of the Swedish health services. The goal of the network is, as for the international HPH networks, to implement the vision of a health oriented health service. To achieve this, four main strategies have been used; Task forces, evaluation and learning strategies, communication strategies and collaboration with national actors. Theoretical frameworks for implementation have, until now, not been used to direct these strategies.

Purpose/Methods

We aimed to analyze the strategies for implementation of the HPH vision within, and by, the Swedish HPH network according to implementation theory. This analysis was done according to possible explanatory factors for implementation outcomes; a) the character of the implementation object, b) activities performed c) the actors and d) internal and external contexts. The work was done as a part of the preparation of a textbook on implementation theory and practice.

Results

Implementation objects should be concrete and their effects easy to demonstrate. Thus, the HPH vision is not an easy object. Therefore, important activities are those which transfer the vision to goals and actions which are evaluated. Yearly indicator tests and site visits for peer reviews have been important as has the large number of task forces. Dissemination methods include information and education material, workshops, and seminars. Social support and prestige has been increased by involving top managers in the processes.

Conclusions

Implementation theory supports the strategies used. The approach is multifaceted, with a combination of "bottom-up" and "top-down". The network is a change agent, with many important intermediate actors. Task forces and local coordinators have been facilitating with both instrumental and emotional support and meanwhile the external context has, successively, become more positive. For the future, the development of learning organizations is important, but also financial incentives, and further development regarding agreements and payment systems.

Comments

The ultimate goal for the network is, maybe paradoxical, to not be needed any more. The implementation challenge is to get the vision internalized among health services workers, so that health promotion is their own choice and according to their values and beliefs. A 2000 old Chinese poem says; Go to the people, learn from them, start with what they know. But, for the best leaders, when the mission is done people will say; we did it ourselves.

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A Two Years Survey of Activities Im- pact on the Hph Network in the Prov- ince Of Bergamo

IMBALZANO Giuseppe, **MORETTI** Roberto,
CREMASCHINI Marco

Introduction

This paper describes the basic data of the HPH activities in the Province of Bergamo, providing a basic framework for priorities identification, strategies and objectives definition and the evaluation methods for the future development of the HPH network.

Objectives

- To obtain an updated framework of activities of Health Promoting Hospitals in the Province of Bergamo in order to facilitate the planning and evaluation
- To submit to hospitals, a tool for stimulating improvements in the area of health promotion

Purpose/Methods

This paper describes the baseline and follow-up data (one year) of the HPH network, providing a basic framework for planning for the future development of the network. A questionnaire 45 questions was realized: the first section (areas 1 / 5) for directions of the hospitals and a second part (areas 6 / 7) for single Units of Hospitals concerning:

- health promotion
- Organization
- healthy workplace
- Continuity of care
- Accessibility, equity
- Relationship professionals/patients
- Evaluation of patients
- Information and intervention

Results

All hospitals joined the investigation: 13 companies (21 hospitals); among the operational units 125 on 228 (54%) responded, 30% of companies were members of the HPH Network. While 77% mentioned in their mission "Health Promotion", only 4 out of 13 hospitals allocate specific human and economic resources to "Health Promotion". All companies realized in 2009 health promotion initiatives. However, hospitals where the "mission" included health promotion did on average more HPH projects: 3 vs. 0.5.

Conclusions

Specific lifestyles interventions are provided are in less than 50% of UO. For Health needs assessment only 63% of Operational Units reported to use "written procedures" for recording medical/ nursing care on lifestyles. BMI and waist circumference was collected only by 30.9%-32.4%. Only 57.4% provides education for patients with major risk factors. 87% of U.O dispose of structured time in which information on his condition is given to the patient. The 80, 9% provides to the patient written material.

Comments

Although data of the second survey are not yet completely available, preliminary result are indicating a trend of improvement in many sectors, supporting the effectiveness of effort of networking support. As results seem encouraging, the ASL (Public Health Service) is willing to continue to develop initiatives to improve the quality of life and health of patients, workers and citizens by this network.

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The Who Hph Movement in Taiwan – Impact and Gaps in Staff Health Promotion

LEE Bonnie Chia-Chi, CHU Cordia

Introduction

The Health Promoting Hospitals (HPHs) movement, initiated by the World Health Organization in 1988, drew hospitals' keen attention to staff health. Some Taiwanese hospitals have participated in this HPH movement since 2005 but there has been little evaluation of its implementation and effectiveness. This research aims to investigate the positive impact of the WHO HPH initiative on workplace health promotion programs among HPHs in Taiwan and also explore the program gaps that still exist.

Purpose/Methods

This study applied a quantitative design with a self-administrated, mail questionnaire. The survey was conducted from March 2010 to early May 2010 and included 55 WHO HPH members in Taiwan. The respondents included vice superintendents, directors, senior officers, and administrative secretaries of the committees responsible for health promotion. The response rate reached 94.5%. Descriptive statistical analysis and Chi-square tests were undertaken.

Results

Positive impacts were found in programs related to staff's lifestyles issues, physical and organisational environments, with programs addressing lifestyle issues outnumbering that of others. Social, environmental and cultural dimensions were considered while work stress largely went unnoticed. A high percentage (96.5%) perceived a change in implementation model mainly on re-aligning strategies (96%), more resources (71%), improved program's qualities (41%). Regarding re-aligning strategies, changes occurred in staff participation (85%), reorienting health services (66%) and emphasizing the impact of healthy policies (49%).

Conclusions

The WHO HPH initiatives brought positive impacts on workplace health promotion in Taiwan hospitals and the impacts were demonstrated in issues addressed, strategies taken and change of staff HP implementation models. However, the gaps in multi-causal determinants of health were identified in inadequate attention to social, environmental and cultural dimensions, particularly in the case of the staff work stress programs. Capacity building in needs assessment and determinants identification for individual workforces must be on research agenda.

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International Comparison of Health Promotion in Hospitals of The Hph Network Illustrated on A Comparison Between Austria and Spain

KAMMERHOFER Julia

Introduction

I wrote my final thesis about health promotion in HPH hospitals. It is a comparison of the HPH network between the countries Austria and Spain.

Purpose/Methods

The purpose was to find out in how far health promotion is lived and implemented in Austria and Spain. I did expert interviews in

Spain and Austria with people of different working sections in different hospitals. I was in the area around Barcelona and Girona to make interviews with experts of the Catalanian HPH network. Further I spoke with experts in Austria about the situation in the Austrian HPH network.

Results

The HPH network is very important to improve the position of health promotion. In Spain exist only a network in Catalanian but in Austria exist a network around the whole country and therefore it is not possible to compare the two networks exactly. In Spain the financial crisis was a big problem, consequently the hospitals had no money for different projects. Also time is a problem because most of the people work for the HPH network in their free time.

Conclusions

Many hospitals worked also on health promotion before joining the HPH network but now health promotion is much more known in the hospitals. Now workers, patients and visitors know what health promotion is but it needs much more time that health promotion get the significance what it need.

Comments

Health promotion is a very important topic in our time. Of course it needs much more time that health promotion gets a priority. It would be important that more hospitals join the HPH network.

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What Hph Network Structures are Supportive for Offering Capacity-Building Activities to Their Member Organizations? Findings from The Prices-Hph Evaluation Study.

DIETSCHER Christina, RÖTHLIN Florian, PELIKAN Jürgen M.

Introduction

Networks have been used as a strategy to spread and further develop health promotion since shortly after the launch of WHO's Ottawa Charter (WHO, 1986). They were initiated by WHO especially to promote the settings approach in health promotion. These networks aim at supporting their member organizations in implementing organizational health promotion structures and / or specific health promotion activities. Health Promoting Hospitals and Health Services (HPH), founded in 1990 on the premises of the Ottawa Charters' demand to "re-orient health services" (which was, in a first network phase, narrowed to hospitals and, since 2007, widened to encompass also other types of health services), are one of these setting-oriented networks.

Drawing on concepts of health promotion capacity-building (NSW Health Department 2001, Univ. of Saskatchewan 2004, Tang 2006), the presentation will argue that members' positive organizational impact on health – as a desired network outcome – will be more likely if networks are able to support capacity-building for health promotion in member organizations on four levels – individual, organizational, community and systems capacities. The lecture will present the related capacity-building activities of 28 HPH networks studied in 2009, and then, by building up on Brößkamp-Stone's Interorganizational Network Assessment Framework (Brößkamp-Stone 2004), examine the influence network structures have on these network activities.

Purpose/Methods

Data used for this presentation stem from the PRICES-HPH evaluation study (Project on a Retrospective International Comparative Evaluation Study on HPH) and were collected from the coordinators of 28 HPH networks, that is 80% of net-



works that existed at the time of the survey (or even 90% of those networks with a valid contact address). Where feasible, the research concepts (network structures and network capacity-building activities) were operationalized on the basis of single items (such as network size, network age).

For more complex research concepts, indices were built so as to allow a ranking of the 28 sample networks on ordinal scales. Interrelations between network structures and network activities were assessed with the Kendall-Tau-b coefficient for non-parametric ordinal data, and, for mean differences in dichotomous data, with Mann-Whitney-U-tests. Analyses were processed with SPSS and Excel statistics tools. Significant correlations and mean differences were cross-checked for plausibility by analyzing qualitative information on the networks.

Results

HPH networks were found to be active on all four levels of capacity-building that were observed, although to different degrees and with considerable variation between the networks. Quantitative and qualitative analyses confirm the influence of structural network features, such as network size, on the networks' activities. The structural features that show the strongest association with network activities will be presented and discussed.

Conclusions

The presentation will conclude with recommendations to HP(H) networks by suggesting activities to address those structural preconditions that are most supportive for the networks' capacity-building activities.

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Which of Their Actually Implemented Prevention and Health Promotion Activities do Hph Member Hospitals Attribute to Their Participation in Hph?

SCHMIED Hermann, RÖTHLIN Florian, PELIKAN Jürgen M.

Introduction

In the literature doubts are presented in how far members of HPH networks are fulfilling the vision of HPH by comprehensively implementing prevention and health promotion activities [1, 2]. But up till now, there was little evidence to deal with these issues empirically [3, 4]. The official evaluation study on HPH "Project on an internationally comparative evaluation study on HPH" (PRICES-HPH), which started in 2009, with first results presented at the HPH conference in Manchester 2010, allows to give answers at least to two questions in this context: 1) Which kind of prevention and health promotion activities (for which target groups) have been actually implemented by HPH member hospitals? 2) In how far do member hospitals attribute the implementation of these prevention and health promotion activities to their participation in HPH?

Purpose/Methods

Data are used from the PRICES-survey on HPH networks member institutions. After data cleaning, there are 158 valid cases with the characteristic traits of (acute) hospitals. At the time of data collection, 426 (acute) hospitals were recognised as members in HPH, which means a response rate of 37.1% for this type of members. To answer the research questions, the "Health promotion activity status check" of the questionnaire with its 105 single items - orientated at the 18 HPH Core Strategies [5, 6] - is used. To test for further underlying dimensions a factor analysis was undertaken. The attribution of HPH participation on specific prevention and health promotion activi-

ties was measured by self rating questions related to each of the 105 items.

Results

By the factor analysis 27 meaningful and homogeneous sub dimensions of prevention and health promotion activities (consisting of 2-5 single items) were identified within the 18 HPH Core Strategies. For example: "encouraging patients to lead a health promoting lifestyle", "staff participation in work place health promotion" or "environment-friendly hospital". The first research question will be answered by comparing mean scores for these 27 sub dimension. For the second question it will be shown (via hospitals self-assessment-scores) in how far the participation in HPH is seen as strengthening specific activities or not. This is one possible way of looking at influences participation in HPH might have on degree of implementation of health promotion activities.

Conclusions

These results will allow a more evidence based debate on which health promotion activities HPH hospitals are actually performing, and to what degree. As far as effects of HPH membership on these activities are concerned, data on subjective attribution will provide one possible kind of answer to this important question.

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Session 3-6: HPH and Environment Symposium

Hph And Environment Symposium CHIOU Shu-Ti

Hospitals and health services typically produce high amounts of waste and hazardous substances. Introducing Health Promotion strategies can help reduce the pollution of the environment. Accordingly, the goal of the HPH Network includes improvement of the quality and relationship between hospitals/Health services, the community and the environment.

To put the area in focus, the HPH General Assembly meeting in Manchester, UK has approved a Task Force on HPH and Environment in April 2010. This workshop is intended to present its achieving progress and examples of best practice among HPH members as well as the experiences sharing from NGO and other government organization. Following this, the practical experiences will be shared from 3 hospitals, each of them will present their own practical case for environmentally sustainable in healthcare as follows: implementing environmentally preferable purchasing, energy saving, sustainable design, healthy food, recycling, waste reduction strategies and transportation strategies.

Through the workshop, we hope to encourage more hospitals join in the environment friendly activities of the HPH Task Force.

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Session 3-7:**Workshop: Developing standards for assessing equity of access and quality of health care for migrants and ethnic minorities****Developing Standards for Assessing Equity of Access and Quality of Health Care for Migrants and Ethnic Minorities****CHIARENZA Antonio**

The aim of the workshop is to present and discuss the preliminary standards for assessing equity in health care developed by the Task Force HPH-TF on Migrant-Friendly and Culturally Competent Healthcare as part of the 2011-2012 work plan. It had been decided to develop these standards at the Task Force MFCCCH meeting of Reggio Emilia in October 2010.

Equity is widely acknowledged as a core element of healthcare quality, yet, inequities in the provision of healthcare are severe and pervasive despite widespread documentation and numerous attempts to address them (See for example the "Solidarity in health: reducing health inequalities in EU, EU Commission 2009). This initiative aims at developing a comprehensive framework for measuring and monitoring the capacity of healthcare organizations to improve accessibility, utilization and quality of health care for migrants and ethnic minorities. Equity in healthcare implies equal entitlement for everyone, a fair distribution of services based on health care needs and the removal of barriers to access services and quality of care.

These preliminary standards have been developed by a group of experts and professionals belonging to various HPH networks and other scientific institutions, from Denmark, Ireland, Italy, Spain, Norway, Sweden, Scotland, Canada and Switzerland. In order to facilitate the implementation, the structure and content of the equity standards are similar to those adopted for the HPH standards. The final standards should provide hospitals and health services with a framework to evaluate their practices and to stimulate development. They will provide a real opportunity for staff to question what they do, why they do it and whether it can be done better.

These standards need now to be shared and discussed with the wider group of HPH members in order to assess their clarity and actual compliance to the needs of people and services'. The main objective of the workshop is to launch the pilot testing phase of the project by engaging a congruent group of Hospitals and Health Services in the process of assessing the quality of the tool. The scope of the pilot test will be to assess the standards and not to assess the test-hospitals and health services. However, information about the health organization's actual compliance to the standards will give important information about the standards applicability and relevance. The pilot test is furthermore expected to clarify if the standards are accessible and understandable.

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Session 3-8: Symposium on Operations

The “Dos And Don’ts” Of Health Promotion And Operations

MODIN Göran, TØNNESEN Hanne (Chairs)

More and more evidence and information is being collected about surgery and health promotion. The results have in many cases shown that post-operative complications and convalescence can be significantly reduced in many ways. For instance, it has been proved that intensive pre-operation smoking cessation interventions programs do halve the complication rates, whereas Brief Intervention don't.

In this symposium we will be narrowing the platform of evidence for Health Promotion and surgery. In this light, we will address the new guidelines for operations and smoking cessation that have been implemented in Sweden. We will also look at alcohol intervention with ankle fracture patients, which are currently being investigated in a large Nordic research project. Further, we will hear more about the issues relating to surgery and nutrition and to those that have to do with surgery and physical activity.

The symposium will end with a plenum discussion.

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New Guidelines for Smoking Cessation Intervention and Surgery [1]

THOMSEN Thordis

Background

Smokers have a substantially increased risk of postoperative complications. Preoperative smoking intervention may be effective in decreasing this incidence, and surgery may constitute a unique opportunity for smoking cessation interventions

Aim

To evaluate the effect of preoperative smoking intervention on the development of postoperative complications.

Methods

Literature review of RCTs that included patients who smoked prior to surgery, offered smoking cessation intervention (SCI), and registered development of complications after surgery.

Results

Only five RCTs investigated the effect of SCI on postoperative complications. The overall RR were 0.70 (0.56 - 0.88) for any complication; and similar 0.70 (95% CI 0.51 to 0.95) for wound complications. Subgroup analyses revealed a significant reduction in postoperative complications after the intensive interventions; RR 0.42 (0.27- 0.65) on any complications and 0.31 (0.16 - 0.62) on wound complications. For BI the results were not significant; RR 0.96 (0.74 - 1.25) and 0.99 (0.70 - 1.40), respectively

Conclusion

Intensive interventions that begin four to eight weeks before surgery and include weekly counselling and use NRT support a reduction in complication rates. The evidence for recommending BI for risk reduction at surgery is insufficient.

Perspectives

In agreement with these results national guidelines have now updated their recommendations to include intensive programmes for smoking cessation intervention at surgery [2]

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Implementation Of Evidence In Sweden

MODIN Göran

Introduction

Every month, more studies are published, contributing to the already strong evidence of the effects of pre-surgical smoking cessation on the reduction of risks for post-surgical complications. Thus, the time to act has come.

Method

The Swedish Orthopaedic Association took an important step towards safer surgery about two and a half years ago. The chairman and head of the orthopaedic department in Norrlands University Hospital made a breaking decision – smoking patients should not be operated on unless they quit smoking prior to surgery.

Results

What happened afterwards? Today Sweden is trying to implement a routine for all hospitals to provide smoking patients professional help to quit smoking prior to surgery. The web-site www.anonsmokingoperation.se offers information for both patients and staff on how this can be achieved in practise. About 35 hospitals have already joined the campaign, and the number of participating hospitals is increasing continuously.

Discussion

What difficulties have been encountered, and what can be learnt from the Swedish campaign? Is it ethical? How do the patients react? Can you refuse to operate on a patient? Does this work on all kinds of surgery?

Göran Modin, chairman of the patient safety committee of the Swedish Orthopaedic Association and also medical director at Uppsala University Hospital in Sweden, will try to answer these questions and will also encourage other countries to follow the Swedish example.

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Alcohol Intervention: What To Know And Where To Go?

PEDERSEN Bolette, OPEDAL Kristian, EGUND Lisa

Background

Alcohol abuse with heavy or hazardous drinking is a widespread concern internationally. Hazardous drinking affects human health in several ways, even in patients without an alcohol related disease. This includes an increased risk of surgical complications. The objective in this review was to assess the effect of alcohol interventions on complications following surgery. Interventions included all alcohol interven-



tions aiming to help patients to quit drinking, or to reduce alcohol consumption before surgery.

Methods

A systematic literature search as described in the Cochrane Handbook for Systematic Reviews of Interventions. We searched the current Issue of the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Ovid EMBASE and CINAHL. We considered all randomized controlled trials (RCTs) and clinical controlled trials (CCTs) that evaluate the effects of a preoperative alcohol cessation intervention.

Results

Three relevant studies were identified involving 205 patients. Meta-analysis showed that compared to control, alcohol cessation interventions did not reduce the complication rate (OR 0.54; CI 0.09-3.37, P 0.51), and no significant reduction of in-hospital and 30 days mortality was found (P=0.53). Subgroup analysis of intensive interventions and sensitivity analysis of studies of high methodological quality showed effect on the overall complication rates (OR 0.22; CI 0.08-0.61; P 0.004). When splitting complications into major and minor complications, the effect was persistent only for the minor complications (OR 0.09; CI 0.03-0.31; P 0.0001).

Conclusion

Our results show that alcohol interventions do not affect the overall complication rate or mortality. However, intensive interventions aiming for complete alcohol cessation reduced the number of minor complications. More knowledge is needed to clarify the most beneficial intervention program. This includes knowledge about the effect of reduced alcohol consumption and the most beneficial length of alcohol interventions.

Right And Wrong in Surgery & Nutrition

BEIER-HOLGERSEN Randi

Objectives

It is common knowledge that malnourished patients undergoing surgery benefit from perioperative nutrition. Therefore, doctors and nurses are screening patients all over the world to identify those who need extra nutrition to get well after an operation. However; is it right:

- 1) that patients with normal weight or overweight do not need supplemental nutrition postoperatively?
- 2) that they already hold resources to "survive" a semi starvation postoperative period?
- 3) that they should keep their weight?
- 4) that postoperative nutrition is important for other reasons in the postoperative period?

Methods & Results:

In the postoperative period, nutrition is an important factor to prevent postoperative complications. The literature has shown that early postoperative nutrition to surgical patients is very important in order to prevent infections in all patients – also in patients who are well nourished and not only in malnourished patients. In a study, comparing early enteral nutrition with placebo the number of postoperative infections in the group who received enteral nutrition was significant smaller compared to the group who received placebo 5 days postoperatively.

Nevertheless, not only a difference in complications was found. The patients who received enteral nutrition also had bowel function earlier and they were quicker to go back home. Other results from this study seem to prove that early postoperative nutrition has a more systemic function.

Conclusion

1) NO 2) NO 3) Both YES and NO 4) YES

All functions in a postoperative patient need energy and this could be the reason why early postoperative nutrition is important. Keeping weight might not be the most important issue.

Physical Activity Prior To Surgery – Prehabilitation

ROTBØLL NIELSEN Per, TØNNESEN Hanne

Background

In relation to surgery, the main focus on physical activity has been in the postoperative period, usually as early mobilisation or a rehabilitation program. However, would it be more beneficial to add a prehabilitation programme to the preoperative period in addition?

Aim

To evaluate the outcome after spinal surgery when adding prehabilitation to the early rehabilitation in a randomized clinical design.

Methods

Sixty patients scheduled for surgery followed by inpatient rehabilitation for degenerative lumbar disease. The patients were computer randomized to prehabilitation and early rehabilitation (28 patients) or to standard care exclusively (32 patients). The intervention began two months prior to the operation.

The prehabilitation included an intensive exercise programme and optimization of the analgesic treatment. Protein drinks were given the day before surgery. The early postoperative rehabilitation included doubled intensified mobilization, balanced pain therapy with self-administered epidural analgesia, and protein supplements.

Results

At operation the intervention group had improved function, assessed by Roland Morris Questionnaire (P = 0.001). After surgery the intervention group reached the recovery milestones faster than the control group (1-6 days versus 3-13, P =0.001), and left hospital earlier (5 (3-9) versus 7 (5-15) days, P =0.007). There was no difference in postoperative complications, adverse events, low back pain and radiating pain, timed up and go, sit-to-stand or in life quality.

Patient satisfaction was significantly higher in the intervention group compared with the control group [1].

Conclusion

The integrated programme of prehabilitation and early rehabilitation improved the outcome and shortened the hospital stay - without more complications, pain or dissatisfaction.

HPH Perspectives

Adding physical activity to the surgical pathway seems to be followed by a better health gain. If this can be generalised to other kinds of surgical procedure with a similar effect the consequences are tremendous for the individual patient, the hospital costs as well as for the society.

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Session 4-1: Health promotion for patients with chronic diseases: Cancer, diabetes, stroke

An Evaluation Process to Enhance the Empowerment of Patients with Chronic Disease at Spedali Civili University Hospital Trust, Brescia Italy, By Implementing the Chronic Care Model (Ccm)

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Introduction

The medical progress and the lengthening of the average life span have all led to an increase in chronic diseases. There is a need to construct a more specific approach to chronic diseases. In 2009 a project was initiated within the University Hospital dedicated to the treatment and management of chronic disease. The Chronic Care Model and Therapeutic Education, which combine treatment aspects with those of empowerment of the chronically ill individual have been the leading values for this project.

Purpose/Methods

Outcomes for advantages:

Evaluation of physicians and nurses capabilities to empower the patients in managing their disease processes. The expected advantages are: improved clinical efficacy, better integration with the community, reduction of hospitalization.

The project team worked in three areas:

- Analysis of the context: a questionnaire was distributed to evaluate the type of the chronic disease, the level of communication and education of the patient
- Web site: construction of a chronic illness area
- Training in Therapeutic Education

Results

- Analysis of the context: all the 114 Units dealing with chronic disease received the questionnaire and 78 (68%) returned. Inconsistency in education pathways of the health professionals was discerned. The majority (86%) see as useful the extension of patient skills towards empowerment. The main difficulties reported seem linked to limitations in: personnel (37%), time (20%) and adequate spaces (6%).
- Training: 2 training courses were run involving 22 Operational Units and 60 health professionals
- Web Site: activated

Conclusions

The positive results obtained in this project strengthen the importance of evaluating clinical activity in order to identify weaknesses, strengths and impact to the initiatives.

The following areas of clinical and administrative activities will be evaluated and enhanced:

- Permanent training in Therapeutic Education for Health Operators
- Organization of outpatient activity according to the CCM
- Definition of process and outcome indicators
- Tracking of the information flows concerning chronic diseases

Comments

The project is in line with the indications of new Regional Health Plan 2011-2014 launched by the Government of the Regione Lombardia (Northwestern area of Italy). In this plan the adoption of the CCM for the management of chronic diseases is recommended.

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Continuous Nutritional Interventions Improved Caloric Intake and Nutri- tional Knowledge in Cancer Patients

**LIN Yu-Fang, YANG Yu-Chun, SUNG Wei-
Chi, WU Jing-Hui**

Introduction

Cancer has been the leading cause of death in Taiwan for the past 28 years. Nutritional status affects not only recovery, quality of life, but also medical cost in the long term. Weight loss is an indicator of under-nutrition in cancer patients. A proper nutritional intervention, therefore, could be measured by dietary intake, weight maintenance, which may in the long term, reduce medical expenses and enhance patients' quality of life.

Purpose/Methods

As a Health Promoting Hospital, the Nutritional Department in Tzu Chi Hospital, Taipei Branch initiated a program for cancer patients from April to December 2010. Cancer patients were screened for height and weight on admission. The dietitians used the MUST system identify high risk individuals and the electronic charting system to identify new patients, on whom the dietitians performed nutritional assessments and provided nutritional education with appropriate printed materials (including: high-calorie high-protein diet, specific nutritional supplement for intestinal cancer post surgery, etc.). Patients receive at least two individual nutritional counseling sessions and monthly group classes on proper diet for cancer.

Results

Forty-five patients enrolled in the program from April to December 2010. After the nutrition counseling sessions, patients' caloric intake increased from 61% to 88.8% ($P < 0.000$) [of desired caloric goals]. In addition, after 8 monthly group classes, patients' nutritional knowledge score have improved from 70.5% to 84.2% ($P = 0.002$).

Conclusions

Early nutritional interventions are effective in improving dietary intake and preventing under-nutrition in cancer patients. Group nutrition classes are effective in enhancing patients' knowledge in nutrition. Inter-discipline approach is therefore important in cancer care.

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Integrating Cancer Screening into Routine Hospital Care: Transforming Healthcare, Saving More Lives

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Introduction

Taiwan expanded its national cancer screening payment in 2010 to cover screenings for colorectal cancer, breast cancer and oral cancer in addition to pre-existing cervical cancer screening, aiming to screen 55-70% of the target populations by 2013. It was estimated that 59-71% of the target populations had at least one encounter with hospital(s) in the previous year, so the government launched a nationwide initiative in 2010 to help hospitals adopt this lifesaving role during and beyond their clinical routines.

Purpose/Methods

The initiative contained program subsidy with targets of screening rates for hospitals; training on organizational strategies; monitoring, feedback and public reporting of hospital screening performances; and pay for good performance. The organizational strategies include leadership engagement and support, automatic assessment and intervention for patients in all departments, adequate structures and services including appointment of extra personnel, inter-department coordination, and partnership with public health sector. Adoption of the organizational strategies and growth of screening volume were closely monitored.

Results

A total of 232 hospitals covering 92% of all hospital outpatient services applied and were granted subsidy for their programs. These hospitals had a 1.8 times growth in screening volume in 2010 as compared to 2009, with 1.1 times, 2.1 times, 3.2 times and 15.8 times growth in screening for cervical cancer, breast cancer, oral cancer and colorectal cancer, respectively, while the volume provided by nonsubsidized hospitals and clinics in 2010 was 0.97 times that in 2009. An extra of about 3,200 cases of cancers and 26,000 pre-cancerous lesions were detected by these increased services.

Conclusions

The result showed that the nationwide initiative was adopted by a great majority of hospital services and successfully increased cancer screening volume within a short period. Such success has added remarkable lifesavings and helped hospitals transform themselves towards a more health promoting role in the era of non-communicable illness care.

Comments

Taiwan's Bureau of Health Promotion strengthened its partnership with hospitals and applied HPH strategies to improve its national capacity on cancer screening within a very short period. Program subsidy and payment incentive were both in line to support hospital efforts. Hospitals successfully added health gain to their patients by integrating cancer screening into clinical routines. Further research will explore factors associated with individual hospital performances, such as the status of HPH membership.

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Outcomes of Diabetes Behavior Change Model for Multidisciplinary Team of Private Hospitals in Bangkok Metropolis

PENSIRINAPA Nittaya

Introduction

Health behaviour change model for metabolic risk group was developed and promoted to contracted hospitals of the National Health Security Office (NHSO), Bangkok region, for reducing health care cost by providing a technical and financial support. This model was organized by Sukhothai Thammathirat Open University cooperating with NHSO. This study aimed to examine outcomes of the diabetes behavior change (DBC) model for multidisciplinary team of private hospitals in Bangkok Metropolis, consisted of self-efficacy, self-care behavior, blood glucose, and program satisfaction.

Purpose/Methods

Patient-empowerment and lifestyle-change skills were trained to multidisciplinary teams of the participating hospitals for 4 days. The suitable DBC programs for their patients and services were planned and reviewed according to the program's core: 5 times-half-day intervention in 4-month period, activities focused on small-groups participatory learning to create self-care awareness and skills. The first implementation of each program was supervised. The model outcomes were measured among 241 participants of 4 private hospitals by blood glucose, structured questionnaire and focus group discussion.

Results

The after 4-months program findings, type 2 diabetes patients showed significant improvement of mean scores of self-efficacy, dietary adherence, regular exercise, stress management, medication taking, and appropriate risk reduction. Their fasting blood glucose was significantly decreased (18.34-27.96 with 95% CI of the difference). An average patients' satisfaction score was 8.20 (SD.1.45) from 10, corresponded to focus group discussion data revealing their happiness and benefit. The hospital administrators and teams also agreed with the value and application of the program.

Conclusions

The diabetes behavior change model shows its effectiveness on patients' self-care management. Financial and technical support is beneficial for program implementation such as training course, program activities design, consultation and supervision, evaluation instrument and analysis guideline. Controlling the cost of diabetes care, well-resourced interventions will be required, with effective co-ordination between all levels of government, health care agencies, multidisciplinary health care teams, professional organizations, and patient advocacy groups. This model could apply to any health promotion programs.

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The Effects of a Nurse-Led Program on Stroke Patients' Knowledge and Physical Health after Discharge

TSAI Chuan-Hsiu HU Hui Lin

Introduction

Stroke is the leading cause of death around the world, and stroke survivors often struggling with learning self-management skills after stroke. Timely discharge planning and early interven-

tion would be crucial to prevent further deterioration after stroke.

Purpose/Methods

The purpose of this study was to examine the effects of nurse-led self-management program for stroke survivors on knowledge and physical health.

Methods

217 CVA subjects (mean \pm SD age, 69.6 \pm 10.2 yrs; mean \pm SD BMI, 30.4 \pm 4.9 kg/m²) were recruited from hospital-based discharge planning program. 134 subjects retained in the self-management program which provide twice a week training program for stroke knowledge and physical activity training. The self-management program included lectures on exercise and stroke knowledge and exercise techniques, and the daily activity management skills. To evaluate effects of the program, physical characteristics (weight, height, body mass index (BMI)), self-efficacy to prevent falls, physical fitness tests (upper and lower extremity strengths and flexibility, functional reach, balance test), and program satisfaction was measured after 6 month of the management program.

Results

For weight, BMI, self efficacy to prevent falls and upper and lower extremity strengths, there were significant effects in the period from baseline to 6 months. However, no significant differences on extremity flexibility were revealed despite high satisfaction scores on program evaluation.

Conclusions

Stroke affects survivors' life quality in all aspects. Self-management program held in the community could provide an accessible and supportive intervention to help maintain physical activity and provide essential counseling on daily activity management skills. However, subjects' flexibility needed longer period of training than strengths building. Future program should tailor the self-management program based on periodically assessment to enhance program effectiveness.

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A Health Promoting Hospital Initiative: Development of an Expanded Chronic Care Model to Address the Public Health Epidemic of Childhood Asthma - A Model for Pediatric and Adult Clinical Health Promotion Initiatives.

GUARNACCIA Sebastiano

Introduction

In addition to smoking, obesity, lack of exercise and diet increase the risk of asthma symptoms in children. The increased prevalence, lifestyle and even genomic issues related to asthma should prompt our medical and public health colleagues to address this health issue from a more collaborative perspective and in a large population based manner. With asthma identified as a chronic care illness the benefit and need to adapt to a more health promotion model has been endorsed.

Purpose/Methods

With the support of the hospital administration at Spedali Civili, a Pfizer grant, and the Center for Health Promotion and Disease Prevention, Windber Research Institute, Windber, Pennsylvania, a collaborative initiative has been identified to develop a pediatric asthma, large population, health promotion initiative. An initiative to further implement HPH standards and the or-

ganization of a clinical health promotion model will also serve as components of this cooperative project to define the expanded chronic care model in this environment.

Results

Comments will be offered on the collaborative efforts between a large European health system (Trust) and a U.S based health promotion research institute. The newly designed patient clinical data based will be reviewed in context to the supplemental health promotion data points added to support the expanded chronic care model.

Conclusions

In order to properly care for the chronically ill patient; appropriately implement HPH Standards and develop a clinical health promotion environment a symbiotic relationship was developed between a European HPH recognized health care system, known for their work in organizing a Trust wide chronic care system, and a U.S based research health service developed a clinical health promotion model for a pediatric population and to further support the implementation of HPH Standards and current practices.

Comments

It is expected that this collaborative international effort will serve as a model for both pediatric and adult chronic care management. In addition, it will also serve a reference for U.S. based health systems in the implementation of World Health Organization endorsed Health Promotion Standards and practices at a time when health care reform is seeking appropriate approaches to enhanced patient care

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Session 4-2: Stress prevention and mental well-being at work

Stress and Coping in Final Year Undergraduate Student Nurses and Teachers: Implications for Their Future Roles as Health Promoters

DEASY Christine

Introduction

Hospitals and schools are key settings for health promotion and provide valuable practicum placements for nursing and teacher education students. For many students practicum placements are associated with numerous challenges and stressors. The strategies students use to cope with stress can impact on their physical and psychological health. Developing an understanding of the stressors and the coping processes of students is necessary to promote the health of nursing and teacher education students who are future health promoters and educators.

Purpose/Methods

The aim of this study was to investigate the relationship between stress, coping and lifestyle behavior of undergraduate nursing and teacher education students. The University Ethics Research Committee granted approval for the study. The General Health Questionnaire (GHQ 28), The Ways of Coping Questionnaire and the Lifestyle Behaviour Questionnaire was completed by a convenience sample of students (n=178) in the final year of their programme of study. Descriptive and inferential analyses were conducted with the assistance of SPSS (version 16).

Results

Preliminary findings identified that most (96.6%) respondents reported that being a student was stressful and 39.5% had a level of psychological disturbance that is unlikely to remit without intervention (GHQ scores of 5+). The sources of stress identified included exams (72.8%) and practice placements (42.8%). 26.8% of respondents were current smokers and 95% reported drinking alcohol. Both substances helped students to relax and wind down (tobacco: 61.7% and alcohol: 62.5%). Many students (74%) regularly engaged in regular binge drinking.

Conclusions

Stress, coping and lifestyle behaviours are important variables affecting health. Stress is problematic for many of the nursing and teacher education students in this study. The coping processes of students are also a concern with many respondents engaging in unhealthy lifestyle behaviours to relax. Strategies must be put in place to support students and the potential of the university and the practice placement sites to provide supportive environments, conducive to the promotion of health must be further developed if these students are to develop their potential as health promoters in their future roles.

Comments

The high stress levels and the unhealthy lifestyle behaviours of the respondents is a concern for nursing/ teacher education student health. It also has implications for future nurse/ teacher roles as health promoters and educators where attitude to health and lifestyle are paramount.

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Stress Related Work, Organizational and Individual Resiliency: An Integrative Self-Assessment Approach

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Introduction

The global economic crisis is submitting all to a phase of change to find new existential and qualitative parameters. The aging of the population, the connected chronic illness are tightly correlated to the increase of the psycho-emotional disease. The consequences are in the terms of increasing metabolic syndrome, physical harm, psychological and societal demands. In particular we focus on the impact of stress in the workplace, in Italy regulated by Law 81/2008 which integrates into the overall risk assessment.

Purpose/Methods

In FVG HPH network the standards developed on emotional and psychological wellbeing by multiprofessional equipe, which includes the Group of Occupational Physicians, aim to provide guidance on the organizational characteristics, which promote individual and environmental welfare in the workplace. The training on standards 1 and 4 of the Manual HPH and psycho-emotional well-being is going on with managers to share key attributes described according to the reading of the existing and the priority of the improvement plans possible.

Results

In our analysis, often the training was focused on the professional abilities without coping skills, this is a source of inequality for the operators who don't have possibilities to improve life skills and their resiliency. We have noticed that the changes begin from the operators, despite the lack of a specific management program. The role of manager of a specific structure plays a large part in this field, according to the interest he shows in this topic.

Conclusions

The psychoemotional self-evaluation methods give to manager an important tool to evaluate the health of organization. Job description development, which according to the first standard of HPH self assessment handbook, appears to be among the basic criteria for organizational wellbeing as a guarantee of accountability. In 4 standard evaluations we can find wellness projects promoting physical activity, coping strategies. Now the focus is on the differences between management vision and services vision to fill the gap. In HPH FVG network (1.224.981 people) there are 8 HPH members on a total of 11 Health Services.

Short summary of projects on healthy workplace developing:

- Wellness project for physical activity (operators and community)
- Organic farming
- Products in stock for corporate groups mediated by health promotion equipe
- Shopping for food via e-mail
- Health Rules Training on coping strategy and conflict management
- Well-being organisation groups in some hospitals and districts
- Gender differences working groups
- Training for new employees

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Working Towards Occupational Well-Being Using Mental Workload Management Model

HÄKKINEN Eeva

Introduction

The Mental Workload Management Model for the staff of the Hospital District of Etelä-Savo was developed to reduce the increased and harmful mental workload of staff members. The increase of mental workload was evidenced by risk assessments required by the Occupational Safety and Health Act. In addition, the Occupational Safety and Health Inspectorate had directed attention to the mental workload monitoring systems and recommended developing them so that mental workload factors are detected and addressed early enough.

Purpose/Methods

The task of the Working Group responsible for developing the model was to find ways to identify harmful mental workload. The group gathered information from the Hospital District's risk management and workplace survey reports, analysed department Scorecards, and reviewed an extensive amount of research data on the work of hospital staffs. In order to develop the Management Model, they sought comments from profit centre management and advice from several experts. The Standards for Health Promotion in Hospitals manual was also utilised in the development of the model. Leadership, work-induced mental workload and its impact on workplace climate were determined as background factors when developing the model.

Results

During development of the model, decisions were made concerning handling of the identified mental workload factors and intervention practices. In addition, the necessary resources and methods of monitoring the effects of different measures were agreed upon. Both qualitative methods and leadership-supporting quantitative indicators were identified as means of mental workload management.

Conclusions

The finished model emphasises a health and well-being oriented approach rather than being problem-oriented. The management methods and indicators described in the model offer new perspectives on examining the various systems currently in use. A key objective is to support staff well-being. The challenge of the model is standardising the documentation and information received using the various indicators so that the information obtained is comparable between departments.

Comments

The Mental Workload Management Model and the Working Group Report describing its development were translated into English in the autumn of 2010, and can thus be utilised by the entire international HPH network.

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The Effect of Health Promotion and Social Capital on Organizational Climate of Hospitals

HUANG Hui-Ting, JUO Hei-Jen

Introduction

Many studies have been proved the association between social capital and physical health. Comparatively few studies investigated the association between social capital and mental health. (Lindstrom and Mohseni, 2009)
 .Putnam (2000) argued that social capital may have psychological and biological influences that promote people's health and improve the quality of life. Social capital promotes health of community-level processes by several different mechanisms.

Purpose / Methods

The purpose of the study is to explore the effect of social capital and health promotion impact on job satisfaction, organizational identity, and organizational citizenship behaviors of hospitals. Our sample collected from 16 hospitals in Taiwan. The visit questionnaires were completed by 2884 employees known to be eligible and data were analyzed by descriptive statistics, explore factor, correlation, regression analyses, ANOVA, and SEM. Factor analysis yielded 9 factors with eigenvalue above 1. The factor structure accounted for 69.245% of the variance.

Results

(1) Factor analysis yielded 9 factors with eigenvalue above 1. The factor structure accounted for 69.245% of the variance. (2) The proposed model was more than satisfactory in explaining the variance of job satisfaction, organizational identity, and organizational citizenship behaviors of hospitals. (3) Social capital and health promotion are both important predictors of job satisfaction, organizational identity, and organizational citizenship behaviors of hospitals. (4) According to SEM (Structural Equation Modeling) analysis, the proposed model fits very well with real samples.

Conclusions

This study also confirms that job satisfaction and organizational identity are important mediators between social capital, health promotion and organizational citizenship behaviors. The executives and managers can raise social trust by encouraging interpersonal interactions of employees such as practice communities, clubs, formal or informal meeting (sports), and seminars.

The provision of enough resources for employees to use health/sport equipment may promote healthy workplace.

Comments

Hospital manpower shortage has been a major problem across Taiwan health care system. Workload is a significant stressor that is associated with a variety of deleterious psychological reactions. Social capital and health promotion will affect simultaneously organizational climate of hospitals. Whereby it's utmost important to influence job retention rate and health for all of workforce by both social capital and health promotion.

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Indoor Air Quality, Subjective Well-Being, Stress and Symptoms Among Personnel

PUTUS Tuula

Introduction

Poor indoor air quality in built environment is associated with job stress, poor job satisfaction, fatigue, concentration difficulties and several irritation symptoms of the respiratory tract, skin and eyes as well as multiple non-specific general symptoms. Indoor air quality in offices has been thoroughly investigated and indoor air quality is considered as one of the main factors promoting high productivity and well-being among the employees. Indoor air quality has seldom been studied in hospitals and health care centres.



Purpose/Methods

The aim of this study was to evaluate the indoor air quality in hospital buildings and health care centres and estimate the prevalence of symptoms and diseases among the personnel by a survey. The occurrence of respiratory infections, the prevalence of doctor diagnosed diseases and sick leaves were measured with a validated questionnaire. The results were compared with national reference data of office workers.

Results

In all, 2267 workers from hospitals and 400 workers from health care centres participated in the survey. More than 80 % of the participants were women. The subjective indoor air quality in hospitals was of poorer quality than in office buildings and in health care centres much worse than in office buildings. Only dust and dirt were reported less often in hospitals than in offices. Rhinitis, cough, skin irritation, fatigue and musculoskeletal disorders were more prevalent among hospital staff than office workers.

Conclusions

Poor indoor air quality is one of the reasons causing ill health, symptoms and sickness absence among the personnel in hospital buildings. Indoor air quality is often poor in health care centres and associated adverse health effects are also more severe than in hospital buildings.

Comments

Good indoor air quality is one of the important factors in working conditions of modern health promoting hospitals and health care facilities. Good indoor air promotes also the health and well-being of the patients.

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Session 4-3: Strategies to improve Health Promotion & Public Health

Intersectoral Health Policy in Portugal: Competition, Cooperation or Control?

ASENSIO Maria, SILVA Carlos

Introduction

The Health in All Policies (HiAP) approach is a horizontal, complementary policy-related strategy with a high potential for contributing to population health. It seeks to study determinants of health that can be influenced to improve health gains but are generally controlled by policies of sectors other than health (social & economic). The major challenge of HiAP is to enhance the feasibility of placing health criteria on the agenda of policy-makers who have not previously considered health as part of the agenda.

Purpose/Methods

In this paper, we would like to present a focus on the strategy of the intersectoral public health policy and Health Impact Assessment at the national and local level in Portugal. Based on the policy analysis theory and intersectoral health policy approach, we would like to discuss and analyze through problem identification (why a window of opportunity opens for an intersectoral health policy), the factors and impact of politics (support for the formulation and implementation of policy) and policy (how best to solve the problem). Semi-structured interviews were performed and their contents were analyzed using content analysis method.

Results

The results showed that actors perceived the problems differently depending on their agenda and interest. Politicians and experts had a high impact on the formulation of the policy, agreeing on the policy goals. However, there was little focus on implementation plans implying that the political actors were not in agreement, and the experts sometimes showing conflicting evidence-based opinions on how to best ensure the policy. Without this in place, it is difficult to involve high politics areas, and vice versa, to achieve the policy.

Conclusions

This is a long term process, where small steps need to be taken. It is necessary to develop more in depth case studies for a better understanding of the key findings, learning, recommendations or paths to innovate public policies and actions in these areas of promotion of optimal health, social well-being and quality of life. Sustainability, sustenance and long-term perspective are therefore of crucial importance as well as ensuring that knowledge basis, human capacity and continuity of work are maintained.

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Involving The Public in Seeking Personal Health Information Using The Askme 3 Approach in Israel

LEVIN-ZAMIR Diane

Introduction

Health gains are the result of a wide variety of environmental and social determinants. The influence of information on the ability of the individual to engage self-care has been shown to effect the degree that health gains can be achieved. The extent to which the individual is involved and participates in acquiring health information, tailored to his/her needs, can determine the degree that the information will be applied by the individual. The AskMe3 program, widely implemented in the US, was chosen for implementation on a national basis in Israel.

Purpose

To initiative, implement and integrate innovative methodology for promoting effective communication between health care providers and the public in Clalit Health Services, Israel's largest health service organization, based on health literacy principles and the AskMe3 approach, adapted to Israel.

Methods

A national strategy was developed and implemented by a multi-disciplinary team consisting of physicians, nurses, health promoters, marketing experts, civil engineers from the national management and local hospital and community health divisions of the Clalit Health Services. The national strategy was based on year-long experience of pilot programs in a number of general hospitals. The strategy included development of in-service training tools for building capacity among medical staff in hospitals and clinics, development of health education materials in three languages, along with a website to inform the public of the initiative and to engage them in using the AskMe3 approach. Process and outcome evaluation were conducted via telephone interviews with the public and self-administered questionnaires among the staff.

Results

The program was integrated into the 2010-2011 national work-plan. Mid-program process evaluation shows that the initiative was readily accepted by the management of hospitals and community districts. The implementation plan was adopted by local coordinators using a training- the- trainer strategy. The pilot study showed high satisfaction among the health professionals regarding the initiatives, and reports of patient safety improvement as a result of improved inter-personal communication in areas such as the use of prescription medication and fall prevention.

Conclusions

The AskMe3 program can be implemented on a large, national scale. The adopted approach, culturally adapted to Israel, was widely accepted and implemented when presented as a professional tool for achieving best medical practice. The participatory approach, that involves the public in maintaining their health, was readily accepted, with little or no resistance from any of the partners. Outcome evaluation will determine to what extent the public is more proactive in seeking answers to questions regarding their personal health.

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Continuity of Care - The Role of The Regional Health Information Exchange

ASIKAINEN Paula, MÄENPÄÄ Tiina, SUOMINEN Tarja

Background

There is a need for information flow, co-ordination flow, time flow and communication flow in the health care. The implementation of a technology such as health information exchange (HIE) through a Regional Health Information System (RHIS)



may improve the mobilization of health care information electronically across organizations. Achieving the vision of improving population health gain depends upon cooperation with social and health care personnel across the organizational boundaries and the region.

Objectives

To describe which kind of impact the HIE had on health care delivery in one hospital district area in Finland.

Method

A retrospective, longitudinal study for the period 2004 - 2008 was done. Eleven federations of municipalities were included. Statistical health data from the time of implementation of an RHIS were collected. The t-test and trend analysis were used to analyse the data.

Results

Access to HIE may have influenced the continuity of care delivery in the study area. There was a connection between access to regional HIE and the number of laboratory tests and radiology examinations performed in both primary care and specialized health care, as observed in the decreased frequency in outcomes such as radiology examinations, number of appointments, and emergency department visits in the study environment.

Conclusions

RHIS seem to be valuable also in confirming the continuity of care and to improve the provision of public health care.

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Comments

The computerized patients' records were not fully developed to facilitate registration of life-style interventions. More information of negative health consequences of inadequate life-style is urgently needed in order to challenge conservative attitudes among clinical staff. Further lessons to be learnt will be discussed.

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Economic Incentive to Promote Health Gain In Hospital Settings

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Introduction

A great part of cardiovascular and common cancer diseases are linked with life-style factors. Clinical staff in hospitals could contribute more to prevent negative effects of food, tobacco, alcohol and limited physical activity.

Purpose/Methods

During year 2010 an economic incentive was introduced in outpatient hospital settings to stimulate clinical staff (doctors, nurses, physiotherapists) to identify of adverse life-style and to initiate indicated life-style changes. The county council allocated 21 million SEK during one year, with the ambition to reach 42 000 inhabitants in the region. Information campaigns were arranged in order to stress the importance of primary and secondary prevention and to inform about the special rules concerning the economy.

Results

9 hospitals, including 2 university hospitals documented in electronic patients' records more than 15000 life-style interventions. Special life-style units were developed in 7 of the hospitals and is planned to start during 2011 in one. The smallest hospital preferred to collaborate with the primary health care services. The results differed substantially between hospitals and one emergency hospital reached 150% of estimated number of interventions.

Conclusions

Economic incentive can be used to focus on health promotion in busy hospital settings. The results indicate that more information of short- and long- term beneficial effects of life-style changes is needed to reach higher goals.

Session 4-4: Miscellaneous health promotion topics

Strong 'N' Proud - Aboriginal Youth And Eastern Health

JUDD Jane, COOPER-ROBERTS Patrina

Introduction

'Strong n Proud' delivers health gains through an integrated education, health and social curriculum developed for Aboriginal children and adolescents. Supported by Aboriginal Elders, the program represents an innovative approach to addressing health and educational inequalities by providing a bridge between health and educational settings. Strong N Proud delivered employment, engagement with culture and education to address the social determinants of health. The program focuses youth on "Knowing where I am? Knowing where I am going and delivering intergenerational togetherness".

Purpose/Methods

- Support health gains by providing a service continuum; from antenatal care to pre-school education and enable employment for Aboriginal adolescents.
- Address the social determinants of health by delivering access to culturally-appropriate education and employment pathways.
- Enable children and young people to reconnect with their Aboriginal culture by build protocols of respect and intergenerational kinship roles and relationships.
- Improve access to health services through providing health care through our playgroup, child care, school transition, and educational pathways.

Results

Historically, Aboriginal families didn't access mainstream maternal and child health services. Now they access culturally specific programs. Family attitudes to schools were negative but community engagement has improved and Aboriginal pre-schoolers no longer lack school readiness. School retention has increased and a tertiary studies pilot program saw eight out of eleven young women employed in Youth Services. Data demonstrates increased access to health information services at local Primary/Secondary schools. Health 'contacts' increased from 63 to 249 with 9581 contacts community-wide.

Conclusions

Strong 'n' Proud is the Aboriginal Community's vision for the future. Our service continuum acknowledges the causal link between health outcomes and educational attainment, employment opportunity and income generation. Youth expressed hunger for culture and education and innate resilience. The service continuum represents a developmental journey, unique and extraordinary- a revolutionary synthesis of health and education outcomes. It has engaged Aboriginal Elders, youth, and community to achieve hope for the future of improved physical, social, emotional, cultural and economic capacity.

Comments

Information in the Eastern Health Annual Report provides details on the comprehensive range of Aboriginal Health Services developed over the last decade with Aboriginal leadership and community engagement.

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The Early Intervention Model to Promote Adolescents' Abstinence from Substance Use – The Evaluations of Public Health Nurses

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Introduction

The development of Adolescents' Substance Use Measurement (ADSUME) and Early Intervention (EI) model was developed within Kuopio school health care in collaboration with the University of Eastern Finland. ADSUME was modified from AUDIT by adding questions about smoking, drugs, harmful consequences and social support. EI is carried out on the basis of the ADSUME score and the assessment of the adolescent's own resources and life situation. Cooperation between the adolescent, the parents, school nurse and other health professionals is important.

Purpose/Methods

The aim was to describe 1) the adolescents', the parents' and the school nurses' evaluations of EI, 2) the local cooperation. The data was collected by questionnaire by asking school nurses' views on EI and the feedback from adolescents and their parents. A questionnaire was sent to nurses (N=92) who had requested use of the model and 35 nurses responded. The data was analyzed by content analysis. This study was funded by the Ministry of Social Affairs and Health.

Results

EI was found to be a helpful tool in generating discussion, in the prevention and in the evaluation of the adolescent's substance use and life situation. Both the adolescents' and the parents' attitudes to-ward EI were positive. Parents' considered nurses counselling important. The school nurses found that the answering process was easy for the adolescents, and that they were fast and truthful in their responses. EI made the adolescents reflect on substance use.

Conclusions

The early intervention model will be further developed on the basis of the experiences gained from the project. 1) A digital version of the substance use measurement will be developed, 2) calculation and interpretation of points will be simplified, and 3) A study program on the use of the model and the involved health discussion will be developed.

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Comparison of Health Inequality in Rural Area Using the Standardized Mortality Ratios Due to Chronic Diseases According to Presence of District Public Hospital

KWAK Mi-Young, LEE Kwang-Hyun, MOON Jung-Joo

Introduction

Chronic disease, like cardiovascular disease, diabetes, and hypertension are the leading causes of death in South Korea for decades. There may be caused by aging, imbalance of nutrition, excess eating and lack of exercise. Also, chronic diseases have been a great threat to health, life expectancy and medical cost. In Korea, private sector-driven healthcare is dominant and



it exacerbated inequality of healthcare. Public hospitals contribute only 11% of acute care bed and 39 district public hospital (DPH) occupies 1.8% of total hospitals all over the country. In particular, rural area is restricted access to medical care with scarce of healthcare resources. DPH has a great responsibility for better health gain in these rural communities. We have focused on the reduction of mortality in rural area by DPH activities providing chronic disease management.

Purpose/Methods

This study was performed 1) to compare the standardized mortality ratios (SMR) as an indirect measure of health inequality between different rural areas according to presence of DPH and 2) to analyze SMR in DPH areas subdivided by score of the evaluation of DPH. At first, we used National SMR data provided by the National Statistical Office (2009) and obtained SMR for hypertension, diabetes, cerebrovascular disease, heart disease for analysis. SMR is age adjusted mortality ratios per 100,000 people. For second analysis, we used result of DPH performance evaluation (2009). As a part of the evaluation, quality of the chronic disease management service was developed for pilot test in 2009. We chose 4 quality indicators: criteria of patient classification, frequency of multidisciplinary team meeting, enrolled patient's assessment, monitoring of complication incidence. We divided communities into two groups: a group of high quality and the other with low quality chronic disease management of DPH.

Results

The study sample is based on 86 rural areas of 249 total counties in original SMR data. For the included areas, 5(5.8%) were classified as presence of DPH, 81(94.2%) as non-DPH. SMR mean of DPH due to hypertension (7.4 vs. 8.0), cerebrovascular disease (41.8 vs. 45.9) and heart disease (34.7 vs. 40.2) was slightly less than non-DPH areas. However, Overall (491.8 vs. 488.8) and diabetes (17.2 vs. 15.8) SMR mean of DPH area were higher than those of non-DPH. In subgroup analysis according to level of chronic disease management service, SMR in areas of high quality DPH was less than that of areas of low quality DPH: Diabetes (16.7 vs. 17.4), hypertension (5.8 vs. 7.8), cerebrovascular disease (37.0 vs. 43.0) and heart disease (28.4 vs. 36.3).

Conclusions

In all the target diseases except diabetes, DPH area shows less SMR than non-DPH area. Also, among DPH areas, communities of high quality of DPH in chronic disease management are less SMR than those of lower quality DPH. The presence of DPH providing chronic disease management service is important factor to build better health gain for residents in community.

Comments

In Korea, private sector is dominant and exacerbated inequality of healthcare. To solve health inequality, public hospitals have a great responsibility and need to extend their role. Especially, it is necessary that public hospital provides highly qualified chronic disease management service for belonging communities facing with an aging society.

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Session 4-5: Workshop on Health Promotion Pro- grammatic Evaluation

Development Of A Workshop On Health Promotion Programmatic Evaluation

MASIELLO Matthew, ZEMA Carla

Introduction

Comments made at the 2011 scientific committee meeting in Manchester, UK commented on the need to recognize presentations more appropriate for the workshop environment rather than those often presented which represent more the typical scientific presentations.

Purpose/Methods

The HPH Pennsylvania U.S. representative(s) representing their respective research oriented health promotion/disease prevention institutions will develop and present a workshop on Programmatic evaluation for hospital based clinicians and community outreach staff.

Results

This workshop will serve as an ongoing resource to HPH members on how to appropriately designed, monitor and evaluate health promotion initiatives

Conclusions

Often hospital based health promotion initiatives are implemented without the appropriate components of evaluation imbedded into the overall initiative.

Comments

Process, program and impact evaluation strategies and practices have long been developed and analyzed yet often not a component of HPH presentations. As we move along in the development of a scientific journal it would be necessary to educate our HPH colleagues in appropriate health promotion programmatic evaluation techniques and practices.

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**Session 4-6:
Workshop of the HPH Taskforce Alcohol and Alcohol Interventions**

Alcohol and Alcohol Interventions

NESVÅG Sverre Martin

14.00-14.10

Sverre Nesvaag: Welcome, Presentation of the Task Force and the program

14.10-14.25

Jeff Kirk Svane / Bolette Pedersen: Presentation of the Alcohol and Alcohol Intervention Manual

14.25-14.40

Kristian Oppedal: Differentiating identification criteria for alcohol interventions

14.40-15.10

Møyfrid Yndestad and Barclay Stevenson: Presentation of the experience database for alcohol interventions in hospital settings

15.10-15.30

Jan Tore Daltveit: The alcohol and alcohol intervention research literature: an overview

15.30-16.00

Follow up meeting for those who have already joined the Task Force and for those who want to join.

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Session 4-7: Workshop: Tobacco-Free United

Tobacco Free United (Tfu) Task-force: Discussion and Consensus Workshop on Indicators for Tobacco Free Policies in Healthcare Services.

RUSTLER Christa, O'RIORDAN Ann, FLEITMANN Sibylle, CHALOM David, MARTINEZ Cristina

Introduction

In 2008, tobacco killed more than 5 million people world wide – by 2030 the death toll will exceed 8 million a year, if society does not react. Hospitals and health services have a serious obligation to improve the quality of care for patients with chronic diseases and long-term conditions. In order to realise this, health promotion activities in hospitals and health services need to become better embedded in the larger health systems framework.

Purpose/Methods

Standards and indicators are vital tools to assist this process as standards, express professionally consented statements on health care structures or processes that should be in place and indicators, address health care processes and outcomes and provide a quantitative tool to assess variations in performance over time and between institutions. The WHO Framework Convention on Tobacco Control (FCTC) sets the framework to eliminate or reduce consumption of tobacco products in any form with the objective to protect present and future generations from the devastating health, social, environmental and economic consequences.

Results

The TFU Evaluation Sub-Group invites participants to join the workshop discuss on the evidenced based theoretical framework of indicators that has been collected around the comprehensive ENSH Standards, and identify through consensus priority indicators, based on robust empirical evidence for tobacco free health care policies across countries and networks.

Conclusions

The overall aim of this workshop is to achieve consensus and support for the implementation and collection of data on agreed key indicators for tobacco free policies in health care services both within networks (HPH & ENSH) and within national indicator sets.

Comments

This workshop is the second part of a series of three linked sessions. Two sessions submitted for presentation within the conference programme and these to be followed by an optional training programme (if feasible) the morning after the conference closes.

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Session 4-8: Symposium on health promoting physical activity

Health Promoting Physical Activity VASANKARI Tommi, SVANE Jeff (Chairs)

In this symposium we will be dealing with health promoting physical activity from many perspectives and angles. We will look at scientific studies addressing prescription of physical activity, physical activity for patients undergoing surgery, physical activity for psychiatric patients etc. We will also be looking at ways for the International HPH Network to move further ahead in the field of Physical Activity. In this regards there will be a presentation of the WHO's HEPA Europe, which is a collaborative project working towards better health through physical activity, by strengthening and supporting efforts to increase participation and improve the conditions for active lifestyles.

The symposium will conclude with a discussion among the participants and speakers in order to identify and develop possibilities for future collaborations and the possibility of forming an HPH Working Group in the area (as pre-approval for such a group has already been granted by the HPH Governance Board).

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The Finnish Physical Activity Prescription and Its Dissemination to Health Care Practices

AITTASALO Minna

The Finnish Physical Activity Prescription (PAP) was developed in a national program during 2001-2004. RE-AIM evaluation of the program was published in 2007 (1) and the feasibility and effectiveness results from the randomized, controlled study in 2006 (2).

Currently PAP is being integrated into national patient record system, which is under development by Ministry of Social Affairs and Health. In the meantime, PAP is available in different kinds of electronic formats to help its installation to the variety of existing patient record systems. PAP and supportive material – one-page guide for physicians and follow-up logbook for patients – can be uploaded free from the websites of UKK Institute responsible for PAP development. Tailored training is offered to facilitate the uptake of PAP and The Finnish Current Care Board has produced evidence-based guidelines on physical activity and health to be utilized by health professionals (www.kaypahoito.fi/web/english/home).

In fall 2010 a 6-month intervention was initiated by UKK Institute in four municipal health centers to 1) increase knowledge about physical activity, counseling and PAP, 2) improve counseling practices and adoption of PAP, 3) enhance internal and external collaboration and 4) develop electric documentation of physical activity counseling. More generally, the intervention produces practical tools for improving quality of physical activity counseling at local level. In each participating health center a multi-professional team is responsible for carrying out the intervention and is tutored with four goal-oriented meetings by a researcher. Quantitative evaluation is conducted at baseline and after the intervention and qualitative evaluation will help to explain the underlying factors promoting or preventing the process of change.

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Hepa Europe, The European Network for The Promotion Of Health-Enhancing Physical Activity – A Key Resource for Health Promotion in Europe

VASANKARI Tommi

In the last decade, a number of important international policy documents on physical activity and health have been developed, most notably the WHO Global Strategy on Diet, Physical Activity and Health [1] (DPAS), and more recently, the Action Plan for the Global Strategy for the Prevention and Control of NCD [2]. In Europe, the WHO European Charter on Counteracting Obesity [3] played a key role in bringing physical activity onto the political agenda, even though the importance of physical activity is being recognized above and beyond the maintenance of a healthy body weight [4]. The development and implementation of these frameworks has been supported by global and regional physical activity promotion networks, including HEPA Europe [5, 6], the European network for the promotion of health-enhancing physical activity.

HEPA Europe was set up in 2005 in close collaboration with WHO Regional Office for Europe. It now counts 112 member institutions and 2 honorary members from 30 (of 53) European countries. HEPA Europe is organized around several topical work groups [7], including for example one on sport and physical activity promotion in youth, one on HEPA promotion in health care settings and one on HEPA promotion in disadvantaged groups. The working groups are analyzing approaches to promote physical activity in different population groups, identify good practices and develop guidance and blueprints for action. HEPA Europe has become a key resource for the promotion of a healthy lifestyle in Europe.

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Global Advocacy For Physical Activity - Development And Progress Of The Toronto Charter For Physical Activity: A Global Call For Action

BULL Fiona C.

There is well established scientific evidence on the health benefits of regular physical activity in promoting health and preventing non communicable disease (NCD). This provides a solid platform for stronger commitment and national programs aimed at increasing levels of participation in most countries. Globally, NCD's account for 60% of all deaths worldwide and 80% of these occur in low and middle income countries (LMIC). The need to scale up NCD prevention efforts, particularly in LMIC is well recognised, however evidence alone has yet to translate into increased action and investment in prevention strategies.

Using an 'active living' approach, national strategies should promote and support physical activity in different settings, including through primary health care settings, 'active transport' (e.g. walking and cycling to get from place to place), and in leisure time (e.g. sports, recreation, exercise and play). However, what is missing in most countries is sufficient political commitment and the necessary long term investment. For this reason, there is a need for greater advocacy work to promote the importance of physical activity, its central role in NCD prevention along side tobacco control and healthy diets, and the co benefits for other related agenda's such as environmental sustainability. The development of the Toronto Charter for Physical Activity: A global call for action was undertaken to address these gaps and provide the field with a powerful advocacy tool.

This presentation will outline the development of the Toronto Charter using a stepped approach with global consultation. Progress since the launch in 2010 as well as the development of the Investment that work for Physical Activity companion document will be shared. Given the forthcoming United Nation's High Level Meeting of the General Assembly on chronic non-communicable disease (Sept 2011) it is timely to have the Toronto Charter, and the recently released supporting document 'NCD Prevention: Investments that work for physical activity', to present at preceding consultation meetings and to support the inclusion of physical activity in relevant discussions.

Affiliations

Chair Global Advocacy for Physical Activity (GAPA) the Advocacy Council of the International Society for Physical Activity and Health (ISBPA), University of Western Australia, School of Population Health, Perth Australia; Loughborough University, School of Sport, Exercise and Health Science, Loughborough UK.

The Finnish Diabetes Prevention Study (Dps) - The Effect Of Physical Activity?

VENOJÄRVI Mika

The Finnish Diabetes Prevention Study (DPS) was a multi-centre trial carried out in five clinics in Finland during 1993 to 2001. The main aim of the study was to find out whether type 2 diabetes is preventable with lifestyle modification alone among high-risk individuals with IGT (1). A total of 522 men and women were recruited into the study. The participants were randomly allocated either into the control group or the intensive intervention group (2).

Body weight reduction from baseline was on average 4.5 kg in the intervention group and 1.0 kg in the control group subjects ($p < 0.001$) after first year and at 3 years, weight reductions were 3.5 kg and 0.9 kg ($p < 0.001$), respectively. Also indicators of central adiposity and glucose tolerance improved significantly more in the intervention group than in the control group at both 1-year and 3-year follow-up examinations. At the 1-year and 3-year examinations intervention group subjects reported significantly more beneficial changes in their dietary and exercise habits, based on dietary and exercise diaries (2). The components of the metabolic syndrome also improved significantly in the intervention group compared with the control group (3).

By March 2000, a total of 86 incident cases of diabetes had been diagnosed among the 522 subjects with IGT randomised into the DPS trial when the median follow-up duration of the study was three years. The cumulative incidence of diabetes was 11 % (95% CI 6 to 15%) in the intervention group and 23 % (95% CI 17 to 29%) in the control group after four years, and thus the risk of diabetes was reduced by 58% ($p < 0.001$) during the trial in the intervention group compared with the control group (4). Post hoc analyses have shown that in addition to weight reduction, adopting a diet with moderate fat and high fibre content (5), as well as increasing physical activity (6) were independently associated with diabetes risk reduction.

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**Session M 1-1:
Health promotion for children and adolescents in and by hospitals**

Developing An Australian Charter on The Rights of Children and Young People In Healthcare Services

MURPHY Joyce, CHATHAM Elizabeth, HARNETT Elizabeth, WATSON Paul, DUNCAN Judith, GILLAM Lynn, BINNS Virginia

Introduction

Children and young people experience healthcare differently from adults so it is appropriate that there is a separate charter focusing on their specific rights in healthcare services. Children's Hospitals Australasia (CHA), a non-profit peak body for children's hospitals and paediatric units, initiated a children's rights project in 2010, the 21st anniversary of the UN Convention on the Rights of the Child (CRC). Developing a national Charter of children's and young people's rights formed part of that project.

Purpose/Methods

CHA convened an expert reference group of individuals representing CHA member organisations. A sub-committee, the writer's group, oversaw the development of the Charter, which is based on key rights instruments including the UN CRC, and is aimed at health care professionals. In addition, two posters, one designed for children and the other for young people, were developed to complement the Charter. These posters were developed in consultation with children and young people.

Results

After appropriate consultation across CHA member organisations, the Charter was launched in November 2010 at the CHA Annual Conference. Broader consultation will commence in 2011 to engage both community and professional stakeholders in progressing and implementing the Charter. Limited printed copies of the Charter and posters will be available.

Conclusions

Health care organisations around Australia have welcomed the Charter to help address a recognised gap in the discourse around the specific rights of children and young people in healthcare. CHA is currently developing a similar document for use in healthcare organisations in New Zealand.

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Pediatric Rights-Based Care in Serbian Hospitals

SCHWETHELM Bettina, NIKOLIC Dragana, BRYLSKE Patrice, MUNN Erin

Introduction

Medical interventions cause significant pain and discomfort to pediatric patients globally, particularly where child/family-centered care approaches have not been implemented. Partnerships in Health Switzerland/Serbia and the Johns Hopkins Child Life Center, with support of the Ministry of Health, Serbia, started training pediatric health care workers in child rights, development, pain management, hospital play, preparation/coping, and communication. Before this intervention, a hospital baseline assessment was conducted to gain a better

understanding about current conditions in Serbia pediatric wards.

Purpose / Methods

An assessment tool was developed by the project team and approved and e-mailed out by the MOH. 22 pediatric hospitals and wards (of about 26-30) responded. The self-administered questionnaire consisted of 103 questions covering child rights in the hospital; family involvement; psychosocial services and information materials for family/child; play facilities; human resources capacity building; pain management approaches; involvement of the family in care, preparation, coping and pain management; information-sharing between families and health workers; and management of child abuse.

Results

- Awareness of children's rights is limited and where existent not shared publicly
- Families can voice opinions but have no mechanisms to participate in making changes in the hospital
- Parents are often allowed to stay with their child, but their function is to help the child cope and support pain. For this role, parents and children lack information materials and hospital support/coaching
- Hospitals lack staff trained in pain assessment, play, and cognitive methods of pain control
- Facilities/services for adolescences are totally lacking.

Conclusions

Limitations of the assessment include: The information is self-reported, and it is likely that the respondents lacked a full understanding of the meaning of child- and family-centered care. The findings from the survey were shared with the Ministry of Health and used in a first training of trainers in May 2010 for six multidisciplinary hospital teams from across Serbia and two from Macedonia. The hospital assessment reflects Serbia's strong interest and the potential for quality of care improvements.

Comments

This is the first assessment ever conducted in Serbia. It indicates fewer rights and services than a survey conducted by the International Network of HPH. Partnerships in Health Serbia is working with participating Serbian hospitals in building knowledge and skills of pediatric staff to increase their understanding of child development and enable them to support families and pediatric patients in coping with hospitalization and medical interventions. Particular attention is paid to the gaps identified by the assessment.

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Sanitary and Social Integration in The Management of the Baby Exposed to Juridical Risk

MUSSINI Paola, BENLODI A., GAZZONI G., SIMONCELLI G., AGAZZANI E., BOCCACCI S., BOSCARRELLI G., CALZETTI G., DE MARTINO A., FUSCO F., RUSPAGGIARI C., SINDICO P., PASQUALI F.

Introduction

We call "exposed" a baby whose mother has decided not to recognize him/her at birth. Consequently, the baby is admitted in Neonatology and Intensive Care Unit while waiting to be adopted, though they do not present any pathology. This project has been planned after observing the behaviour of the babies

by the physicians, the nurses and the psychologist of the Unit. The babies showed signs of suffering caused by an early separation from their mothers, such as a desolate and inconsolable weeping, an unnatural asleep/awake rhythm and eating disorders. The length of staying in the Unit was of an average time of three months, from a minimum of 3 to a maximum of 8.

General aims

Prevention of mental diseases. The earliest contact with the baby's own body happens through his mother's care (that is the most fundamental figure for the baby, a real datum point for him). This contact represents the model on which the concept of his own body and his following relationships will develop. The exposed baby does not have the possibility to recognize his mother's voice, her odour, he can't be breastfed, and, above all, as he is managed by many different people according to the rhythms of the Unit, he can't establish that relationship that is fundamental in the building of his own firm identity. This traumatic condition is often made worse by a suffering related to his pathology.

Specific aims

- Granting a management of the exposed newborn so to limit the suffering deriving from his special condition
- Limiting as much as possible the permanence in the Unit. This solution would be the best both for the baby and for the Hospital that always must reduce the costs due to a long, as well often ill-suited, staying in Hospital
- Making doctors and citizens aware of the problems of these children

Methods

- Creating a solid group composed of 4 nurses involved in the care of the exposed baby
- Appointing a paediatrician who can meddle if necessary as to competence
- Involvement of the Hospital's Care Social Service that it should keep in contact with the Juvenile Court, in order to fasten the bureaucracy concerning the temporary foster or adoption
- Supervision of the Psychologist on the care group work

Results

- Reduction / absence of the baby's diseases
- Reduction of the permanence in the Unit owing to legal reasons

Conclusions

Respect for the rights of the child and the preservation of his health since the early days of life is our main concern in responding to complex needs

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The Consequences for a Child of a Parent's Depression - A Literature Review

HANSEN Kirsten

Introduction

Which support is given to children of parents with depression? How does the actual support match the children's needs? In Denmark a study aims to answer those questions. The study will focus on parents on the sick list on account of depression and their partners, general practitioners and municipalities.

Purpose/Methods

The study will be accomplished by interviews with parents and professionals and by a national questionnaires investigation. However the initial literature examination has exposed an amount of previous studies and owing to the sum of knowledge these studies presents, an independent presentation of the results of the literature review seems relevant.

Results

Numerous international studies have documented that a parent's depression increases the risk that the child will experience psycho-social or cognitive impairment and psychiatric or somatic disease during childhood or as an adult. The focal point is not depression in itself but the ability to parent. Different types of studies have been carried out: Microstudies with a small number of mothers and children, surveys in different countries with participants at different ages and longitudinal studies with thousands of participants.

Conclusions

The studies all lead to the same conclusion: Parental depression impacts a child's well-being. The chronicity of parents' depression is a decisive factor, and the younger the child when the parental depression occurs, the larger the risk of developing a mental disorder. Actually only a limited number of studies have focused on the effect of prevention.

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Taiwan Teenager Betel Nut Prevention Education Needs Assessment

LIN Szu-Hai, LEE Wang, HUANG Hsiao-Ling

Introduction

In recent years, more and more teenagers in Taiwan have had a tendency to chew betel nut. Chewing betel nut is a serious health risk; Taiwanese teenagers urgently need to be educated in betel nut prevention. This study is based on the social cognitive theory to explore the knowledge, attitude, social trend, as well as the self-efficacy of Taiwanese teenagers who chew betel nut.

Purpose/Methods

This study selected 1219 eleventh grade students at a Taichung County senior high school participating in this evaluation program. Of the 1219 students, 947 provided valid surveys.

Results

In the knowledge section, significant differences were found between whether or not they knew chewing betel nut made them more susceptible to oral cancer, chewing betel nut was for its refreshing feel, and chewing betel nut can cause teeth to become unsightly. In regards to attitude, significant differences were found in the following items: the image that people chewing betel nut appeared to be more mature, chewing betel nut often helped people relieve pressure, chewing betel nut helped some people make friends, family and friends did not object to betel nut chewing and legislation should ban the mastication of betel nuts. In the social trends section, friends were often able to draw closer together while they were chewing betel nut; the sale of betel nuts should be prohibited, and a government policy regarding the chewing of betel nuts should be made.

In the self-efficacy section, there were significant differences in the following items: even though I am very tired, I am sure that I would not chew betel nut; after drinking, I am sure that I would insist on not chewing betel nut; even when encouraged by others, I am unsure that I would not chew betel nut; even though I might lose my friends, I am sure that I would not chew betel nut. After adjusting several related factors, the number of teenagers who chewed betel nut as well as smoke was 3.31



times more than those who did not chew betel nut. Teenagers who chewed betel nut who also had families who chewed betel nut was 2.29 times greater than those who did not chew betel nut. Teenagers who chew betel nut with their friends was 4.73 times more than those who did not chew betel nut.

Conclusions

An education program in betel nut prevention is needed for teenagers, and would be most effective when combined with other substance abuse prevention programs (i.e. tobacco and alcohol prevention).

Comments

The implementation of these betel nut prevention programs in school should be targeted towards teenagers who chew betel nut, as well as their families in order to manage a betel nut free environment.

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Session M 1-2: Enhancing pregnancy and birth- giving with health promotion

Turning the Tide: Tackling Inequalities Throughout the Lifespan Using Maternity Services

FINIGAN Val, STRINGER Eileen

Introduction

Pennine Acute NHS Trust has adopted a life-long targeted approach to narrowing the inequalities in health gap and life expectancy in the North West of England and the England average. It includes promoting a health lifestyle in pregnancy and beyond, including weight management pathways for pregnancy and protecting and supporting breastfeeding. Partnerships have been forged across sectors at a local level to ensure that the programmes are widely supported and embedded within the wider community.

Purpose/Methods

The purpose was to address the long term impact of obesity on mothers and babies through maternity services. The Trust has taken a long term approach, beginning with the issue of excessive weight gain in pregnancy and moving on to the promotion and maintenance of breast feeding. Robust partnership and pathways were required and staff training was a critical factor in taking the change forward, as was the provision of appropriate evidence based information and ongoing support.

Results

Two of the hospitals that make up Pennine Acute Trust have longevity of UNICEF Baby Friendly accreditation. The breastfeeding rates in both units have risen from 29% to 68% and 65% respectively. The remaining two units should achieve the accolade in 2011. The service has developed local guidelines and pathways of care to promote a healthier lifestyle during pregnancy and beyond. Community engagement has been crucial to the trust's success. The work is underpinned also by monthly staff training sessions and provision of evidence based information.

Conclusions

This quality service has ensured it meets the life long needs of local women and their families and meets the government's new quality agenda (QIPP 2010). The results are in line with Operating Framework targets (2010) and local partnership has enabled the establishment of seamless care for mothers and the long term maintenance of new health promoting behaviour.

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How to Help Women Who Suffer From Nausea and Vomiting of Pregnancy

NURMI Miina

Introduction

Up to 85% of expecting mothers suffer from nausea and vomiting of pregnancy (NVP) during the first trimester. Etiology of NVP is multifactorial, including e.g. hormonal, psychosocial and gastrointestinal factors. The mother is often sick and tired of being sick and tired - and sick of hearing that there's nothing she can do. There is much we can do! This study focuses on bringing evidence-based information about NVP to both health care professionals and the women suffering from NVP.

Purpose/Methods

To help women suffering from NVP. The study was designed as an intervention study and was conducted in the maternity care services in Turku, Finland. The women's (n =171) and health care professionals' (n=13) needs and expectations were measured in an initial survey. Evidence-based information about NVP was provided by presentations, written notes and an Internet site, <http://lopujo.fi>, created for the purpose. 12 months after the initial survey a final survey was conducted to measure the effects of the intervention.

Results

The initial survey revealed that expecting mothers turn to many sources when seeking help for NVP. The women expressed a need for concrete help and tips for alleviating the nausea: what to do, what to eat etc. The vast majority looked for help in the Internet, which led us to emphasize the presence of the intervention in the Internet, e.g. by participating in discussion forums. The results of the final survey will be available in March 2011.

Conclusions

Women suffering from NVP want to be taken seriously. Psychological support, such as telling the mother that NVP is not dangerous for her or the baby, diminishes stress caused by the condition, but concrete help for relieving the symptoms is appreciated above all. Every health care professional working with women who suffer from NVP should be able to give them evidence-based information and help for choosing effective treatment. Most importantly, please don't tell mothers they can do nothing but wait!

Comments

Studies have shown that the following self-help options work for at least some women: vitamin B6, ginger, acupressure wrist bands and relaxation techniques such as gentle massage. Eating-related tips have been studied less systematically, but e.g. small frequent meals, cold foods, adequate hydration and eating something before getting out of bed are helpful for many. The mother should be encouraged to eat what she can, when she can. There are also safe drugs that can be used when necessary.

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The Effects of Yoga Exercise on Pregnancy Lower Back Pain Score

HSU Tzu-Chuan, CHEN Ho-Chin

Introduction

The purpose of this study was to examine the effects of "Yoga Exercise" on the lower back pain of Pregnant Women. This research employed a quasi-experimental design. Participants include 85 Pregnant women (20~24weeks and 20 years) from a outpatient or exercise center.

Purpose / Methods

Participants were then randomly separated into experimental (n=45) and control (n=40) groups. The project duration was 4 weeks, during which the experimental group received 2 hours/week.

Results

All data were analyzed by descriptive statistics, t-test, Chi-square test. The results showed that after Yoga Exercise intervention pain score 6.40 ± 1.80 , control group: 6.94 ± 1.75 paired t-test was significantly statistic difference ($t=-2.70$, $p<.01$) in improvement of the Yoga Exercise.

Conclusions

It is worth special of consideration for wide application in the routine nursing care of Pregnant Women for lower back pain in medical supervision and support.

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Session M 1-3: Health promotion for patients with chronic diseases: Cancer and car- diovascular problems

Mammography Screening Identify More Women with Early Stage Breast Cancer and Make More Patients to Receive Bct (Breast Conserving Therapy)

**CHANG You-Kang, PAI Jei-Tsung, CHENG
Chin-Ying, CHANG Yao-Jen, KUO Hsiu-Wen**

Introduction

In Taiwan, 75,769 cases of cancer were diagnosed in 2007, including 43,330 men and 32,439 women, according to Cancer Registration Database. Breast cancer was the most frequently diagnosed cancer among women in Taiwan in 2007, while the incidence rate of breast cancer has increased since 1997 (Bureau of Health Promotion, Department of Health, 2010). The mortality of women age 55-59 years was highest (289 women), which followed by women age 50-54 years (268 women) and 45-49 years (174 women). Women age 50-64 years and 65-69 years received large-scale breast cancer screening for 3 years in the National Health Service Breast Screening Program (NHSBSP) in the United Kingdom. NHSBSP showed that the cost of breast cancer prevention was decreased by higher diagnostic rate. In Taiwan, women age 50-69 years were screened by free mammography every 2 years which offered by DoH since July, 2002. To the date of June, 2008, 417,000 women were screened, and 1,710 women of breast cancer were diagnosed. 53.7% of women with breast cancer were stage 0 (CIS) or I. However, only 17.8% of women age 50-69 years received mammography screening. About 75% of women in United Kingdom and United States received mammography screening in the contrast. Furthermore, only 12% of women age 50-69 years received mammography screening in 2010.

Specific aims, materials and methods

Data from Four Major Cancers Screening Project which offered from DoH (in which cervical cancer, breast cancer, colorectal cancer, and oral cavity cancer were screened) was analyzed to compare the stage distribution and surgical method of women who received mammography screening with women who received mammography paid by Bureau of National Health Insurance.

Results

From January to September of 2010, the mammography was paid by Four Major Cancers Screening Project (n=5,043), by NHI (n=2,502), and by self-paid and others (n=35). After women which breast cancer were diagnosed and were treated in our hospital were included, women whose mammography was paid by Four Major Cancers Screening Project (n=5,043) (Screening Group) and NHI (Insurance Group) (n=2,304) were enrolled. In both Screening and Insurance Groups, women age 50-59 years predominated the study population (46.84% versus 38.84%); followed by women age 40-49 years (29.92% versus 30.08%). In the both groups, Category 1 (46.40% versus 44.97%) and Category 2 (40.69% versus 41.62%) predominated the diagnosis of mammography. In the Screening Group (n=5,043), 21 women with breast cancer were identified. The most common stages were AJCC Stage 0-I (71.43%) and most women received C (BCT) (85.71%). In the Insurance Group (n=2,502), 43 women with breast cancer were identified. The most common stages were AJCC Stage I-III (86.04%) and most women received modified radical mastectomy (MRM) (53.66%). Although the overall stage distribution of Screening and Insurance Groups was not significantly different ($2 = 10.26, p > .05$), more women with Stage 0 breast cancer and fewer women with Stage III-IV breast cancer were identified (33.33% versus

7.14% and 9.52% versus 35.71%) in the Screening Group. This result suggests that mammography screening identified more women with early stage cancer.

In other way, the surgical methods of Screening and Insurance Groups were significantly different ($2 = 7.38, p < .01$). Most patients in the Screening Group received BCT (85.71%), while only 46.34% in the Insurance Group received BCT. Most patients in the Insurance Group received MRM (53.66%).

Conclusions

Mammography screening identified more women with early stage breast cancer and significantly more patients received BCT than the mammography paid by National Insurance Program. Our findings suggest that policy of mammography screening should be continued and women age 50-69 years were encouraged to receive mammography screening.

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The Experience Gained from Carry- ing Out Breast Cancer Prevention in Remote Area

HUANG Hui-Ching, CHEN Mei-Hui

Introduction

We follow the "Promotion of cancer screening for early detection & early treatment" from the Bureau of Health Promotion in Taiwan, establish a cancer care quality control team focusing on the principle, taking patients as the priority, and design a project to improve the breast cancer care quality. We need to increase the volume of screening mammography, and then build the tracking service of the abnormal.

Purpose/Methods

- (1)Improving coverage rate of screening mammography
- (2)Including screening mammography in the health promotion services of the National Health Insurance
- (3)To improve the public's awareness of cancer screening for early detection & early treatment
- (4)To establish a collaborative mechanism with township health center, they help to contact the qualified women. The hospital arrange free shuttle transportation for screening mammography
- (5)Changing mammography machine from traditional to digital
- (6)Establishing an effective referral and follow-up system for positive cases

Results

The volume of screening mammography is increased from 1,461 in 2009 to 2,305 in 2010. It's 57.7% growth. The positive number is 80, and the completed tracking number is 73. The tracking completion rate of screening mammography is 91.3%. The number of confirmed positive is 9.

Conclusions

It's working to increase the willingness of screening mammography in sparsely populated remote areas. Through the help of township health center to get partners together and provide transfer shuttle. It's more convenient for women to do the integrated screening including health examination. The use of new machine is another important factor to success. Physicians for interpretation is so few that the report is delay, affect the tracking time. It will be solved in the future.

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Public & Community Health Professional Awareness of Hospice and Influential Factors

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Introduction

Our government has been striving to promote palliative and hospice care. Only until recently, the new Hospice and Palliative Care Act was passed, which allows physician to legally withhold and withdraw the life-sustaining treatments in terminally ill patients. We aim to explore knowledge and attitudes of public health staff in Eastern Taiwan toward end-of-life care, including issues of awareness of hospice care, perception of symptom control, as well as their willingness to participate in providing palliative care to the patients in the community.

Purpose/Methods

The study design is cross-sectional, through delivering questionnaires to public health professionals of the health centers of all the townships across Hualien and Taitung County. The questionnaires contain questions using Likert scale to obtain knowledge and attitude scores of the staff and the degree of willingness in providing care. Factors which could encourage or discourage their willingness to participate in providing palliative care service to terminally ill patients living in the community are explored.

Results

The results show that the overall knowledge among the public health professionals is good, and there is modest correlation between knowledge and attitude towards palliative care. Although they seem to have relatively positive intention in providing palliative care service to the patients in the community, the degree of willingness, however, has little correlation with their knowledge and attitude towards palliative medicine. A substantial respondents report that caring the patients near end-of-life is very challenging and little coordination of all the care facility is in place from the community perspective.

Conclusions

Offering palliative care in the community remains a big challenge- particularly in the issues of emotional support and referral. Further investigation towards the difficulty involving the provision of palliative care in the community to achieve the continuity of care is needed. The prerequisites could include good planning and coordination in order to promote the willingness of the public health professionals in providing supportive care to the patients in the community.

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Final Wish Realization for a Terminal Patient

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Introduction

Final wish realization helps the terminal patient to face death without regrets, but also ease the grief for families. We presented the case of a young woman with terminal cancer, and how the hospice and gynecological team work together to realize her last wish.

Purpose/Methods

This 35 year-old unmarried, aboriginal woman was diagnosed of cervical adenocarcinoma status post total abdominal hysterectomy, radiotherapy and chemotherapy in May, 2008. The disease progression was fast, with adhesion ileus due to omental carcinomatosis status post colostomy in March, 2010. She was in bed-ridden status, dependent on total parental nutrition and foley catheters, meanwhile suffering from malignant ascites, deep vein thrombosis, and generalized edema. Her last wish was to be a beautiful bride and take wedding photography with her boyfriend.

Results

To fulfill her dream, the gynecological doctor at Taiwan Adventist Hospital managed to find sponsors for the wedding photography. Our hospice nurse put a lot of effort into organizing the ceremony and communicating between both families. The hospice doctor helped for best possible symptom relief, and we prepared an ambulance equipped with oxygen for this activity. Unfortunately and unexpectedly, acute cerebral infarction struck the patient the day before the scheduled photography, left her with right hemiparesis and facial palsy.

The patient decided not to have wedding pictures taken after the stroke, and we changed the activity into a family reunion photography after discussion with her. On the day, she was carefully dressed up in a lovely gown with wigs under the assistance of our hospice nurse. She spent a very good time with all her family, weak but happy. We also prepared flowers and cards to help her to express thanks to her parents. One week afterwards, she passed away in peace.

Conclusions

Our work demonstrated that health care providers could go further in psychospiritual care. Under whatever circumstances, hope still exists, and dreams can be fulfilled.

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The Tele-Healthcare Service Model for Hypertension Patient in Taipei City

WOUNG Lin-Chung, CHEN Mei-Ju

Introduction

In Taipei City, the Tele-healthcare Service Model, developing innovative technologies of care services which provide health assessments, physiological measurements on-line monitoring, health education, and referrals. This study aimed to compare the acceptance of the service model among Home-based, Community-based, and Institution-based type. Results will be used to reflect upon the services which the government is currently providing, and to determine if further investigation may be required to establish whether or not the service model currently provided succeeds in meeting the needs of hypertension patients.

Purpose/Methods

Telephone questionnaires were undertaken by contact center managers on 100 participants from Home-based type and Institution-based type, respectively, and a further 200 participants from Community-based type, all of whom were purposeful sampling selected from the participants of Taipei City Tele-healthcare Service Model. Information on the perceived ease of use, perceived usefulness and the satisfaction (16 items) based on the technology acceptance model were collected, of which a total of 382 completed copies were returned. Chi-square tests were performed to examine differences in both the acceptance and socio-demographic variables amongst different types. Logistic regressions were subsequently performed with the adjusted odds ratios (ORs) then being calculated to examine

the differential effects of the acceptance of the different types of participants.

Results

The odds ratio for likelihood of acceptance did not achieve any statistical level of significance for Home-based and Community-based participants. The acceptance of the Institution-based participants were found to be significantly different from others in all items, with the on the perceived ease of use particularly at using conveniently (OR=0.283, $p<0.01$), on the perceived usefulness particularly at the interaction between caregivers and participants (OR=0.285, $p<0.01$), and the perceiving much safe on their life (OR=0.303, $p<0.01$). With regard to the satisfaction, the Institution-based participants perceived lesser satisfactions in this service model in comparison with the Home-based and Community-based participants (OR=0.227, $p<0.01$).

Conclusions

The technology service model based on institutionalized and personalized needs assessment should not be deemphasized in Taipei City. Within the public sector, there is a clear need to create and implement partnerships between the public and private sectors on the long-term care issues in the community. Results strongly suggest that the technology service model should be aware of how to meet the healthcare needs of different groups.

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Session M 1-4: Continuity of care for older patients

Continuity of Care For Old and Chronic Patients

RESEGOTTI Luigi, AIMONINO N., ARIONE R., CHIARA E., DE ROSA M.G., DI POLLINA DE GOLD L., TOSELLI P., VITOLO U.

Introduction

Health gain orientation requires a radical cultural change in the organisation of the continuity of care between hospitals and local health units. While hospitals are patient-oriented and specialized services, both diagnostic and therapeutic, rotate around the patient, local health services are doctor-oriented and several patients rotate around the attending physician. This means that hospitals and local health services hardly cope within each other.

Purpose/Methods

Efforts are being made in Piedmont for changing the asset of health services, creating cooperative groups including physicians, physiotherapists, nurses and social workers for assuring the continuity of care. This is of utmost importance for old and chronic patients.

Results

A survey is presented of the flux rate from hospital, day-hospital and local health services for onco-haematologic patients, for old people with chronic diseases and for geriatric institutions as a basis for designing operative protocols for involving social services and cooperative family doctors groups at the discharge of old and chronic people from hospitals. The experience of the geriatric services of the Canton of Geneva (CH) can help in this task.

Conclusions

The results of the work in progress in this field and an home hospitalisation model are presented, suggestions are being made for implementing the continuity of care and the health gain is assessed.

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Continuous and Integrated Care for Elderly Outpatients With Polypharmacy in Taiwan

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Introduction

Polypharmacy (the concurrent use of more than 5 different medications or unnecessary drugs) is highly prevalent in the elderly due to the increased number of co-morbid diseases. The use of multiple drugs not only increases the risk of ADRs (adverse drug reaction) but also lowers adherence to drug, both are related to morbidity and mortality.

Purpose/Methods

IGC (Integrated Geriatric Clinic) presents an emerging new approach to patients with multiple medical needs. Such clinic was started since May of 2009 in Taipei City Hospital, Yang-ming Branch. Elderly outpatients with polypharmacy consulted with the interdisciplinary team of professionals (including geriatric specialist, neurologist, psychiatrist and pharmacist) during 20

months follow up. The aim of this study was to identify the prevalence of polypharmacy and to assess the effectiveness of reducing inappropriate medication in the elderly.

Results

A total of 99 patients (male: 47, female: 52) were enrolled (77.6±9.9 years) in IGC. About half of the elderly had normal BMI (Body Mass Index, normal range 18.5 ~ 23.9 Kg/m²), the average was 24.0±4.5 Kg/m². More than half had renal function impairment [average CL_{Cr} (creatinine clearance): 48.3±21.4 ml/min]. Seventy-three patients (73.7%) took complementary medications, and 18% of them took Chinese herbal products. The prevalence of polypharmacy was 72.7% at the first clinic survey and significantly dropped to 58.6% at the final steady condition. The mean number of medications was 7.3±4.1 at initial visit compared with 6.3±3.0 at final visit. A statistically significant reduction in the total number of medications was observed.

Conclusions

The prevalence of polypharmacy was extremely high among Taiwanese elders. We found a significant reduction in number of medications taken by the elderly through continuous IGC intervention. To improve drug safety among this high-risk population, the goal of IGC is to promote appropriate medication usage, and to reduce incidence of polypharmacy.

Comments

Health care professionals should be aware of the ADR risks in the elderly. Reducing the number of medications and unnecessary drug use at each patient visit is an important issue of drug safety.

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The Knowledge and Attitude Toward Elderly Between Volunteers and Medical Staff in Community Service

CHANG Hui-Wen, CHEN Chien-Yi

Introduction

If we have more correct knowledge and positive attitude toward the elderly population, we can offer better care to the older patients and not being limited in medical issues. We explored the knowledge and attitude toward the elderly on our medical staff in community service and compared with the volunteers who care the dementia patients.

Purpose / Methods

A cross-sectional comparison study was conducted. A sample of 92 participants was recruited; 35 volunteers, 23 clinical physicians and 34 nurses in community service. All of 92 participants in the study were asked to complete Palmore's Facts of Aging Quiz (FAQ 1; Palmore, 1980) and Kogan's attitude toward older people scale (KAOP; Kogan, 1961). Reuben's UCLA Geriatrics Attitudes Scale (GAS; 1998) was administered to 23 physicians and 34 nurses.

Results

Demographic data of 92 participants are summarized (Table 1). There is significant difference at age, gender, marital status, education level, family structure and living with the elderly (P < 0.05). The volunteers are older than medical staff (52.9 vs. 32.1 years old). It showed no difference at self rated conversation content with the elderly and experience. There is no difference of FAQ1 or KAOP scores between volunteers and medical staff. But FAQ 1 scores of physicians are higher than nurses. There is also no difference between physicians and nurses on GAS scores (Table 2 and 3). Physicians hold relative negative atti-

tude on social behavior of elderly and get into conversation with elderly less.

Conclusions

Knowledge-Attitude-Practice/Behavior model indicated that more knowledge will lead to a more positive attitude. Although there is no difference of KAOP and FAQ 1 scores between volunteers and medical staff, but the physicians had more misconceptions on social factors regarding elderly and less casual talks with elderly population. It reminds us that both medical humanity and empathy is not a training program of medical students but further more should be in clinical practice.

Comments

We suggested that medical humanity and empathy is not a training program of medical students but further more should be in clinical practice.

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**Session M 1-5:
Migrant-friendly and culturally competent hospitals**

Mother and Child Health Promotion in Migrant Population

MENDEZ Elvira, SANTIÑA Manuel

Introduction

Collaborative partnership project developed during 2008-2010 by the Asociación Salud y Familia (ASF) and Hospital Clínico de Barcelona (HCB). ASF is a non-governmental, non-profit-making organization which designs and promotes models for improved accessibility to and use of health services, targeting vulnerable groups as migrants. HCB is a high level public hospital in clinical, technological and research fields which provide care for all people. The expected effect is improving health gain by strengthening migrant-friendliness policy and cooperation with other settings.

Purpose/Methods

- Availability in hospital setting of intercultural information groups oriented to Latina, Maghreb and Chinese pregnant women before childbirth
- Availability in community settings of intercultural support groups oriented to Latina, Maghreb, Pakistan and Chinese mothers having children under the age of three
- Both the information and support groups were coordinated by health staff with the collaboration of an intercultural mediator
- Joint leadership between ASF and HCB to encourage collaboration and the sharing of knowledge, expertise and innovation

Results

The project called by the popular name "Mothers between cultures" given support to 774 migrant mothers. The intercultural information groups in hospital setting covered 481 pregnant women and the intercultural support groups in community settings 293 mothers. The origin of migrant mothers was: 38,7% Latina, 21,2% Maghreb, 33,3% Chinese and 6,8% Pakistan. All the groups checking the way of mother's health needs are met and reinforcing health knowledge, social skills and functional social support networks.

Conclusions

The partnership project improves intercultural support conditions for the provision of healthcare to migrant mothers. The partnership project provides a feasible and innovative model of good intercultural practice connecting hospital and community settings for improving mother and child health gain by strengthening migrant-friendliness policy. The collaborative effort and cooperation of ASF and HCB improved reproductive and mental mother's health, child care and social inclusion.

Comments

The building up knowledge and expertise of health staff which participated in this good practice is very useful for continued intercultural training.

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Organizing a Group-Based Training Session Targeted at Parents of Bilingual Hearing-Impaired Patients

GUARNACCIA Sebastiano

Introduction

The ever-growing number of children of who are diagnosed with severe bilateral neurosensory hearing impairment before the age of 18 months and whose parents are bilingual by virtue of their immigration history warrants the creation of small ethnicity-based groups of hearing-impaired parents wearing hearing aids in order to provide the latter with useful information on how to use a hearing aid, foster their children's cognitive-perceptual development, and allow them to exchange opinions and experiences.

Purpose/Methods

- Providing parents with additional guidance as to the rehabilitation pathway designed for their child by getting them involved in the process of auditory stimulation
- Increasing their autonomy in the use of the hearing aid
- Stimulating the child's perceptual abilities and fostering neuro/psycholinguistic development
- Enabling parents to exchange opinions, experiences and emotions
- Materials and methods: a theoretical and practical training session during which educational pamphlets are handed out, followed by the elicitation of parent feedback on the changes they have experienced

Results

At the end of each session, a feedback questionnaire is administered to all parents to calculate relapse rates. The six-monthly relapse indicators we defined are: (1) an incorrect handling of the hearing aid, to be assessed in the presence of the hearing-aid technician (2) an absence of improvement / a deterioration in the parents' stimulation of their child's perceptual and auditory abilities, to be assessed by the hearing therapist after Auditory-Verbal Therapy has been performed.

Conclusions

Until now, two groups have been formed for a total of 13 families with bilaterally hearing-impaired children, the first one consisting of parents of recent-onset children, and the second one of parents of bilingual children aged 12 to 24 months who received a prosthesis or a cochlear implant and whose communicative abilities are mutually comparable. The data emerging from the first feedback questionnaire we administered proved quite encouraging; more questionnaires will be administered on a six-monthly basis.

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Providing Health Care For Undocumented Migrants: An Integrated Approach Among Health Services, Local Authorities and The Voluntary Sector

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Introduction

Under current legislation, undocumented migrants in Italy do not have the right to register with the national health services.

However, undocumented migrants do have the right to access health care services when urgent and essential medical care is required, as in the cases of:

- Emergency care
- Essential primary and secondary care
- Mother and child care
- Elderly care
- Prevention, diagnosis and treatment of infectious diseases

Treatment services are provided once a health card identifying the migrant as temporarily residing within the country has been issued. Services are free of charge for those individuals who do not have sufficient economic resources. Access to health care must not entail any form of reporting to the authorities. Regional Authorities are responsible for "identifying the most appropriate methods in order to ensure that essential and continuous medical treatment (Art.35 paragraph 3, Unified Text) can be provided within the framework of territorial services (Local Health Authority - LHA) in public health institutions or accredited private facilities, hospitals or out-patient clinics, and possibly in partnership with qualified voluntary organisations". As such, implementation of the law varies considerably from region to region.

Purpose/Methods

The Local Health Authority of Reggio Emilia Services are initiated at local level to respond both to humanitarian and organisational needs. To face these challenges the LHA of Reggio Emilia activated a number of coordinated measures in order to improve on the one side the knowledge of the health status of the migrant population and, on the other side, the responsiveness of health care services to migrants needs. LHA, involving Hospital trust, frames the health care services for UDMs in an overall strategy for migrants:

- Include migrant-friendly concepts in the organisation policy
- Create a coordinating team at central level
- Centralised intercultural mediation service
- Centralise information and translation services
- Continuous professional development for cultural competence
- Monitoring system of migrants health and needs
- Community involvement and participation

The aim of this approach is also to provide services in a sensitive way to meet the needs of UDM: direct access, flexible opening hours, connecting with other services of the LHA and Hospital, ensuring continuity of care, networking with NGOs and community services. For this reason services in place provide for specific measures to facilitate access: large use of cultural mediation services; multilingual information material; training courses to improve cultural competence among health staff.

Results

In this global approach we realized different actions all in connection with the territory. In these years we implemented a dedicated service for irregular migrants: the Centre for the Health of Foreign Family guarantees to temporary refugees and paperless migrants who have no social-healthcare coverage:

- Mental-physical health care
- Prevention and control of infectious diseases
- Provision of assistance on social problems

It ensures connections with other services of the LHA and the Hospital Trust for specialist care, psychiatric and psychological care, vaccinations and surgery, and in particular Caritas NGO is involved. In fact as Local Health Authority we have realized an Official agreement with the CARITAS clinic and Local Authority. The LHA of Reggio Emilia started it in 1998 and in 2008 it provided health care for 3.122 UDMs. Services provided include: general medicine, internal medicine, general surgery, TB

surgery, obstetrics and gynecology, pediatrics, dental care, psychiatry and social support and permanent staff includes 4 GPs, 10 nurses, 3 pediatricians, 2 gynecologists, 3 obstetrics, 2 social workers, 6 cultural mediators. Moreover LHA runs projects with Caritas: Dental care project with the dental school and another on for Care of prostitutes and Roma. The network grows and involves more new actors.

This allowed to implement new projects and attracting new actors and new professional figures. For example, in the last few years were settled two new projects in collaboration with the Municipality. For example EVA LUNA project: women who work as prostitutes are usually young, who move around frequently and who often have no resident's permit. In Reggio Emilia, public healthcare and social workers (local health authority and town council), private social workers and voluntary workers have worked on a project aimed to guarantee information about healthcare rights and social rights, protection and healthcare prevention and promotion to prostitutes.

Conclusions

So we have realized an integration of UDMs in the mainstream services, mainly in existing services for vulnerable groups: homeless, primary care, antenatal clinics, drug addiction services, establishing partnerships and alliances with the civil society as local authorities, NGOs, Schools, Communities. When Mainstream services are integrated with NGOs - sharing tasks, information and resources - a good form of welfare mix is realised in a given territory. This optimizes the job and permits to use less economic resources to obtain more results. We can also say that "Non Dedicated services" seem to be more inclusive as they provide services for other group of people. However "Dedicated services" act as gate keeper and pro

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Session M 1-6: Supporting smoking cessation

Non-Smoking Turku 2015

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Introduction

Turku municipal Health Care and Social Services has a non-smoking work community agenda since 2007. It has links to the World Health Organization and the Finnish national health for all programs. The agenda addresses both the employees and the patients/citizens. It is intersectoral and comprehensive. The free of charge non-smoking interventions are carried out at each of the municipal health stations (11 per population 176 000) by specifically trained non-smoking nurses. The interventions are low-threshold and equitable.

Purpose/Methods

Maximum of 200€ benefit for cessation medication is available to employees and hospital smoking areas are few and far between. In-patients are provided with cessation products while in hospital. Continued training for both health station nurses and doctors and the non-smoking nurses is provided by the agenda. Clients' participation to the regime is voluntary. Regime comprises three visits and three follow-up calls. Fagerstrom nicotine addiction test is made and cessation help is provided to every-one willing to give up smoking.

Results

The aim is to support clients to one year's time without smoking. There is evidence that this time is required for successful cessation. Treating chronic diseases (cholesterol, high BP and diabetes) will be significantly more effective if the patients do not smoke. Non-smoking as a lifestyle is the one most important behaviour to prevent disease and improve life quality. The target population is 88 000, out of which 20 000 are smokers. The expected coverage is 50%.

Conclusions

The Non-smoking Turku 2015 participates in the national Non-smoking Finland 2040, and in the Finnish Parliament's resolution on health care and especially the goal of prevention and promotion of health by supporting the citizens' autonomy and self-care. Another aim in the resolution is to decrease social and health costs to the GDP. Health and work ability are central goals of national policies, likewise the high quality service systems, versatile and adequate services and competent staff.

Comments

Congruent to non-smoking legislation and national programmes, Turku has put in place a comprehensive non-smoking agenda for all municipal health stations. This is a cutting edge result in Finland, the agenda incorporates the work of nurses, public health nurses, physiotherapists, dental hygienists, midwives and geriatric nurses. They all collaborate with doctors and specialists responsible for Turku population age-groups' health. Future intervention models will be extended to maternity clinics, student health care services and to the oral health services

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Factors Associated with Cigarette Smoking Among Young Military Conscripts in Taiwan

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Introduction

There is growing concern that during military service, young adult conscripts might develop a habit of cigarette smoking. Adequate understanding of the risk factors associated with smoking will not only lead to understanding the total burden to society, but is also useful in the development of effective prevention strategies. The purpose of this study was to identify the most important risk factors that influence cigarette smoking among young adult military conscripts in Taiwan.

Purpose/Methods

A cross-sectional survey was conducted among young adult military conscripts in the southern and eastern regions of Taiwan from August 1 to December 31, 2001. A total of 3,617 young adult conscripts (19–25 years old) who had served more than 1 month were included in this study. Forty-eight subjects with incomplete or missing data were excluded from the final analysis. Informed consent was obtained from the participants before survey.

Results

Subjects whose lifestyles included betel-nut chewing and alcohol drinking were more likely to smoke compared to subjects without these adverse behaviors. Subjects whose education stopped at junior high school were more likely to smoke compared to those with a university degree. Subjects who had a higher proportion of peers who smoked were more likely to smoke compared to those with no peers who smoked. Subjects whose parents and peers approved of smoking were also at a higher risk for smoking.

Conclusions

From this study, we found that education level, betel-nut chewing, alcohol intake, smoking of peers, and the attitudes of parents and peers toward smoking are all associated with the risk of a young adult conscript becoming a habitual cigarette smoker. Subjects with more education may have more cultural, intellectual, socioeconomic, and psychosocial resources to help them face adverse. The cross-sectional survey design limits exploration of the causal relationship between lifestyle factors, attitude of peers and adverse behaviors among young adults.

Comments

This study has identified the most effective ways to approach young individuals at high risk for cigarette smoking, and the results provide insight for targeting critical risk factors to develop population-based multifactorial interventions to help young adult conscripts control or quit smoking habit in the future. We should also propose more anti-smoking programs and a cigarette smoking-free environment to the Department of Defense in Taiwan.

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Information on Smoking in Preoperative Leaflets for Patients in France

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Introduction

Three years after the minutes of the French conference of experts on Perioperative smoking which showed that smokers were 3 times more scars and complications of general complications and stop 6-8 weeks before surgery until the end of the healing removed the excess risk, it seemed interesting to investigate how this information was delivered to patients information sheet before surgery scheduled.

Purpose/Methods

By tapping the search engine Google France "information patient surgery", the first 100 patient information sheets before surgical intervention were recorded and analyzed. The 100 leaflets analyzed come from 32 transmitters, 2 issuers information sheets over 6, 4 are between 7 and 10 information sheets, 20 of the 32 issuers only one information sheets. Informations sheets concern 13 subspecialities. Only plastic surgery and orthopaedics have more than 10 information sheets.

Results

In 76% of cases the word "tobacco" is not present when the Cochrane Collaboration confirms the interest to quit before surgery. Only three specialties at least say a word smoking in half of information sheets, it is in the order of highest occurrence: Surgery vascular surgery and maxillofacial surgery plastic. Only 2% of information sheets address all aspects of tobacco. These 2 information sheets are about plastic surgery. The way to stop is the parameter least approached (18%).

Conclusions

Although this work shows a dramatic gap in information on smoking in the leaflets for information of patient on future surgery. Actions had to be proposed to correct the lack of information on tobacco.

Comments

We propose to all editors of leaflets to have this sentence: "Smoking increases the risk of surgical complications of any surgery. Stop smoking 6-8 weeks before intervention removes this excess risk. If you smoke, talk to your doctor, your surgeon and your anesthesiologist or call the quitline Tabac Info Service (as 3989) to help you reduce risk and put all chances on your side."

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Providing Nicotine Dependence Treatment During Inpatient Treatment for Other Diseases

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Introduction

At present there are about 4 million smokers in Taiwan. However, among these smokers only 1.76% received smoking cessation treatment through out-patient settings in 2009. With such low initiatives in smokers, physicians and counselors need to be actively providing smoking cessation services. Hospitalized patients with smoking offer a good opportunity of approaching nicotine dependence treatment for these patients. This inpatient smoking cessation treatment model is in lack of native data.

Purpose

The purpose of this study is to measure the smoking cessation effectiveness of inpatient smokers in accordance with the guideline of "Treating tobacco use and dependence" of United States. This research can help us in establishing the guideline of nicotine dependence treatment in Taiwan.

Methods

Inpatient who was current smokers was selected in a regional teaching hospital in Northern Taiwan, collection period from August 16, 2009 to May 24, 2010. During the collection period, all inpatients were asked to report their smoking history while admitted; the current smokers were then referred to smoking cessation counselors for evaluation. All these patients were admitted for treatment caused by other diseases and had no smoking cessation objective before the research. Nicotine dependence treatment was provided during hospitalization of these inpatients and follow up 2 weeks later after discharging from hospital. To help build a no smoking environment, the smoking cessation volunteers also patrol the adjacent areas around the hospital and encourage smokers to stop smoking.

Results

A total of 67 patients were identified as current smokers and received nicotine dependence treatment; the mean \pm SD number of cigarettes that they smoked per day before intervention was 18.660 ± 11.115 . Two weeks after discharged from hospital, the mean \pm SD number of cigarettes they smoked per day was 4.520 ± 5.919 . A number of 26 patients reported no smoking after discharge; the smoke cessation rate was 52%. There were significant decrease of tobacco use after the intervention during hospitalization ($t=9.924$, $p<.0001$).

Conclusions

Active approach of inpatient smokers can help initiate the intention of smoking cessation and has very good results. Smoking cessation can also help the patients obtain better prognosis from diseases.

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**Session M 1-7:
Improving integrated and continuous care**

The Experience of Implementing “Plan For The National Public Health Insurance Family Doctor Integrated Delivery System”

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Introduction

This article aims to introduce the experience of “Plan for the National Public Health Insurance Family Doctor Integrated Delivery System” which was initiated by the Bureau of Central Health Insurance in 2010 in Taiwan.

Purpose/Methods

The purposes of the plan are (1) to implement the hierarchical medical care system and the referring system from providing people comprehensive, coordinate and continuing medical service; (2) to establish the patient-centered healthcare climate; (3) to reduce the utilization of medical resource and improve the medical service quality. All patients enrolled for this plan had higher medical utilization based on national public health insurance database.

Results

The family doctor care network was organized by family medicine department of a medical center. Care managers of this care network are in charge of (1) patient’s referral coordination service between clinics or between the clinic and medical center; (2) holding health promoting activity for community patients; (3) continuous education for family doctors. Then, horizontal and vertical integrated delivery system was constructed. The patient satisfaction was evaluated and revealed high satisfaction (100% answered very satisfaction or satisfaction).

Conclusions

The experience of the project will provide to the government for building more comprehensive basic medical service network and as a consultation for pushing the local family doctor policy.

Comments

According to the implementing experience, some suggestions were given to Department of Health: 1. to continue implement “Family Doctor Integrated Delivery System Plan” and to allow the local family doctor to organize the efficient care system with community hospital; 2. to establish the exterior assess system to make sure the basic medical quality and the effects.

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Health Promotion By Implementing Health Information Ordering System (Hios) In Clinical Pathway: Consistent, Understandable And Appropriate Information Delivery Service For Patients

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Introduction

Health information in hospital setting is varied from a simple explanation about a test procedure to complicated description about specific disease management. In a large general hospital setting, it is a challenge to make time to provide detailed information to each patient. To provide health information to all the patients effectively and systemically, we created a Health Information Ordering System (HIOS) for healthcare providers to order patient-specific health information for delivery to patients in a same way as a drug or procedure would be ordered as part of comprehensive medical care.

Purpose/Methods

- To develop a systemic and effective information delivery system for patients to receive consistent, understandable and specialized information to enhance the ability to self-manage their own disease

Health promoting hospital team developed the framework of HIOS. First part of this project is to establish a database of health information packages. For now, we have primarily focused on information related to management of various chronic diseases. For example, an information package for high cholesterol consisted of medical definition, related risk factors, treatment and drugs, and the suggested lifestyle modifications. For information to be specialized and expert, it is essential to have the input and cooperation between physicians and other health services professionals like pharmacist, nutritionist, nurse specialist, physical therapist as well as the health information technology team.

Next step is to determine effective methods for information delivery because health information must be understandable to all the patients regardless of age and education level. Information may be formatted as an animated video file and/or audio file. Once we establish database and effective method of delivering information, we can apply this ordering system to EMR (electronic medical recording) system so that information could be ordered in the same as drug ordered.

Results

Project evaluation:

- Patient satisfaction survey on receiving health information
- Patient survey on effectiveness of information for disease management
- Medical professionals satisfaction survey on ordering information
- Survey on information quality (information is clear, easy to understand, appropriate to manage disease)

Expected result and outcome:

- Patient will increase awareness of their own disease as well as disease self-management
- Medical staffs will save time on giving information to patients, but still become satisfied with patient management by having opportunity to disease information to own patients
- Improve quality management in hospital through more effective use of medical staffs and improved patient care process

Conclusions

Ultimately, we could achieve increased patient satisfaction and health promotion by implantation of HIOS in clinical pathway.

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A Collaboration Model Between Hospital and Indigenous Community to Gain Accessibility of Medical Resources for Minor Injuries.

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Introduction

In Taiwan, the poorer health of indigenous people in remote areas is partly due to geographic isolation that limits their access to health resources. Although Tzu-Chi hospital provides mobile medical services twice a week under "Integrated Delivery Service program (IDS)", the difficulty for them to access medical help, even for minor injuries, remains when IDS is not in service. If people in remote areas can practice quality self care, they can rely less on IDS services when encounter minor injuries.

Purpose/Methods

Three remote communities with no local clinics or pharmacies available were included. In Nov. 2008, easily accessed Self Care Medical Spots (ESCMS) were established in these communities and managed by trained local volunteers. A first-aid kit and a "guide to self care" were distributed to each household free of charge. The services that ESCMS provides include extra first-aid materials at a low cost, free "guide to self care", and free consultation lines. All services were under supervision by IDS staff.

Results

One year after the establishment of ESCMS, even though only 58% of the household still kept the first-aid kit, the average number of first-aid materials available at home had increased. Thirty-six percent of the residents were aware that ESCMS offering extra first-aid materials at a low cost. Among conditions that kept residents from having first-aid materials available at home, the percentage of "no money" decreased. However, the tendency of "go see a doctor if self care failed" increased slightly.

Conclusions

Self care is an important alternative to care for minor medical condition in remote areas that had inadequate medical resources. ESCMS, which are in convenient locations, offers assessable and affordable resource for residents to self care for their minor injuries. The fact that residents were better quipped with first-aid materials at home may partly contribute to the ESCMS services. Residents' preference to see a doctor for sustain minor injury may reflect better and safer practice of self care.

Comments

We have developed a friendly environment via ESCMS for residents in remote areas to self care for minor injuries. However, only 1/3 of the residents were aware that they could get extra supply of first-aid materials from the ESCMS, which may limit their use of the first-aid kit when in need. Efforts to further publicize this service may lead residents to make the most of the ESCMS. Continuous evaluation and timely adjustment of the ESCMS are needed for better outcomes.

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Active Relations of the Hospital With Foreign Partners- Cooperation and Improvement of Service Quality

LEVINGER Vilma

Introduction

Palanga Rehabilitation Hospital was founded in 1991. The facility was taken over by the then existing KGB Palanga Health Resort intended for healthy people. Facilities were not designed for people with physical disabilities and movement disorders. A stressful period began right away as it was necessary to create a new purpose establishment- rehabilitation hospital. According to the stages of our hospital development you can trace changes in attitude of the state authorities and Lithuanian society towards people with challenges.

Purpose/Methods

One of our most important achievements of the hospital is wide international ties. Those were very important for definition of the hospital's operation, i.e. to decide which direction to go, what to achieve, whom to look up to. That's why we are cooperating with Vyborg Hospital in Denmark, Notwill Rehabilitation Center in Switzerland, Tallinn Jarve Hospital, Haapsulu Rehabilitation Center, Hiiuuma Isle Hospital in Estonia, Froedtert Medical College Hospital in Wisconsin, UNITED STATES, Latvia National Rehabilitation Center Vaivari, Stockholm Royal Hospital.

Results

Water, electricity and heat consumption was estimated, while energy- saving measures were specified to implement the program. After the hospital was equipped with a combined heat and power plant, the cost of energy use was reduced by 20%. This project as a result of cooperation of an enormous international experience and a very good idea contributed a lot for an independent power plant to save the entire economy of the hospital.

Conclusions

International contacts were beneficial in many ways: With the exchange of work experience medical skills improved, new ideas brought from abroad and assistance helped in not only managing structure and power facilities of our hospital, but also in forming attitude towards rehabilitation of people with disabilities. The cooperation has helped to immediately establish Palanga Rehabilitation Hospital policies and structure, to create and improve our hospital every day with consideration of global innovations in the science of medicine.

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**Session M 1-8:
Developing organisations and departments towards health promotion**

Joint Commission International (Jci) Accreditation: Patient and Family Education Standards and Quality Levels in the Health Promoting Hospitals And Health Services (Hph) Network. The Experience of the University Hospital in Udine, Italy

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Introduction

The University Hospital in Udine (AOU UD), member of the HPH network of the Friuli Venezia Giulia region, has achieved the excellence accreditation from the Joint Commission International in December 2010 after a process lasting 3 years. In the JCI manual, 3rd edition, effective January 2008 to December 2010, there are 6 specific standards related to the Patient and Family Education, each with its own measurable elements.

Purpose/Methods

During the 3-year JCI accreditation process the format of clinical chart was reorganized in order to direct the personnel to good practices and to document the measurable elements of the JCI standards. During admission to the hospital the nursing staff records the patient's educational needs. The care plan includes a section related to the educational needs and interventions. The discharge letter reports the educational interventions and the recommendations given. Instructional pamphlets have been prepared for the patients.

Results

The results, documented in the clinical chart (2 samples: 546 in 2009, 532 in 2010), show the following improvements:

- Assessment of the patient's educational needs by the nursing staff: from 0% in 2009 to 61.8% in 2010
- Educational needs and interventions recorded in the care plans: from 0% in 2009 to 43% in 2010
- Information given to patients in the discharge letter (produced electronically): from 64.1% in 2009 to 74.2% in 2010.

Conclusions

Instruments such as the excellence accreditation of an entire organization according to JCI are effective in pursuing and achieving the Ottawa Charter (1986) objectives and the JCI standards.

Comments

The Ottawa Charter identifies the development of personal skills among the Health Promotion Action Means: the development and documentation of patient education during the hospital stay is a critical factor in reaching this objective.

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A Development of the Maternity Health Clinic Services in Southwest Finland by the 10points -Project

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Introduction

In Finland, maternity health clinics (MHC) are traditional and salient places for the health promotion, counseling and supporting of the child bearing families. Recently, service system of the maternity and well-baby clinics has been encountered many challenges for the developing according to national guidance, laws and studies. It is shown that MHC practices vary from one side to another in Finland, and even in the same health center. Furthermore, the scarcity of resources is clearly perceived. Essential objectives for the development of the MHC's action were among others: supporting more intensively for the parenthood, reinforce position of the fathers, multiprofessional co-operation, the continuity of care, and local and national standardization of the services.

Purpose/Methods

The 10Points -project was created to response to these challenges of the development of the MCH action in Southwest Finland. Furthermore, the major goal was to create innovative health promoting learning environment for the Turku University of Applied Sciences (TUAS) health care students interested in maternity and child health care. Project name, 10Points, describes project outcomes, like healthy and perfect newborn baby which will be given maximum 10 points by Apgar's score after birth.

Results

Development and all results have been conceived on several subprojects produced by the Master and Bachelor degree students on health care and the doctoral thesis connected with the project. 10Points -project is carried out during years 2007 – 2011 in co-operation with health centres, Women's Clinic of the Turku University Hospital, Institute for Child and Youth Research of the Turku University, Child Welfare organization of Southwest Finland and Turku and Kaarina Evangelical Lutheran Parish Union.

Conclusions

Added to new evidence and knowledge reached by the thesis, e.g. following outcomes can be presented: multiprofessional models of the antenatal and postnatal family training, PleaseS-top! – the websites of the nausea and vomiting during pregnancy and Care and Service Chain for pregnant families with intoxicant abuse. Expected outcomes are e.g. VIRVA – virtual birth training and guidebook to the leader of the multiprofessional family training group. Also some other outcomes of the overall project will be presented.

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"The Path Of Birth" in Reggio Emilia: Citizens and Health Operators Meet to Share Improvement Proposals

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Introduction

In the Province of Reggio Emilia, a Mother and Child Inter-healthcare Service Program (local health authorities and hospi-

tal) has existed for many years, through which a joint program of accompaniment in the birth process, from the period of conception and up to the first year of life, has been developed. During this period, women and couples have access to various hospital and territorial services and continuity is an important element of the program. The two healthcare structures have introduced a project for improvement of the birth process which uses instruments of joint planning.

Purpose/Methods

The objective is improvement of the birth process services in the province of Reggio Emilia, through development of joint planning which involves users, citizens, operators and managers in the triple perspective of assessment of the existing services, discussion of problems and production of guidelines for the possible solutions. The project is in two phases: an initial phase of reflection, broad-based and loosely structured, which uses the Open Space Technology (OST) method. The second phase involves identification of actions for improvement or re-planning of the services, performed through the focus group method

Results

The first phase was performed on 22 May, 2010. The initiative was widely publicised through a brochure, meetings and presentation in the local press (newspapers and TV). 125 people took part and proposed and discussed 16 topics in freely created work groups. The results are available on the websites of the local health authority and Reggio Emilia Hospital and form the basis of reflection for creation of the focus groups serving to produce proposals for improvement for the services of the two healthcare structures in the area of the birth process.

Conclusions

The experience of the OST was enjoyed by the participants and allowed open dialogue between people and not between roles, where it was possible to understand the difficulties and opportunities, meanings and wishes as far as concerns the question of birth in today's society. The participants were mainly individuals already present in the two healthcare structures, who highlighted the desire for dialogue between the hospital and the territory, with a view to continuity, and between professionals and citizens on the question of health. The focus group produced operating proposals.

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When Citizens Contribute to Risk Management

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Introduction

It is generally recognised that every adverse event (AE) which causes damage to the patient must be communicated to them, particularly if serious. This is important for ethical reasons, impartiality and legal reasons, but also to keep the relationship active. However, it is documented that this occurs in very few cases. We have therefore attempted to identify those aspects considered most important by patients in communication of the adverse event and to make the actions of the operators consistent with the expectations of citizens and ethical guidelines

Purpose

- Defining a "Recommendations Charter" which defines the cultural, ethical and organisational elements for good

management of an AE, shared by patients, professionals and the management of the local health authority

Methodology

- Collection of information on AE through a press conference, complaints, requests for compensation, scientific literature
- Organisation of focus groups with professionals (involved and not involved in AE) and with citizens representing the voluntary services
- Preparation of the "Recommendations Charter" on management of AE, agreed among the citizens, professionals and company management

Results

We have created a "Recommendations Charter", with the purpose of guiding professional conduct after an AE towards the following recommendations:

- Strengthening of acceptance of the patient
- Acceptance of the responsibilities of communication with the patient
- Sharing with the team, in order to guarantee consistency of verbal and non-verbal communication with the patient
- Shared identification in continuation of the assistance process, inside and outside the Operating Unit
- Assistance in diagnostic/therapeutic follow-up for diagnosis and treatment of the results of the AE

Conclusions

The project has been experienced by the patients and by the professionals involved as innovative and directed on the one hand towards transparency with citizens and, on the other, towards support of professionals. The "Recommendations Charter" is aimed at supporting a change in the approach to management of AE. The hope for the future is that the work performed may contribute to changing the model centred on the search for the guilty party of an AE towards a model directed at safety and improvement.

Comments

In the near future, we will present the document to the managers of the professionals, in order to supplement it with other suggestions and to share it with citizens and professionals on a broad basis, achieving widespread disclosure of the Charter and training for all operators.

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**Session M 2-1:
Baby-friendly hospitals & Patient
empowerment**

**Effectiveness of Need-Oriented
Breastfeeding Care Through Inter-
disciplinary Cooperation**

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Introduction

The Baby Friendly Hospital initiative has been initiated since 1991 to build supportive environments for breastfeeding integrated into routine practice in health care institutes. Since 2001, the Taiwan government has been implementing the National Baby Friendly Hospital initiative certificate. The exclusive breastfeeding rates (EBFR) of 47.3%, 46.8%, and 37.8% during the hospitalization month, one and two months after birth, respectively, still fell short of the WHO standards. Inadequate consideration into local need could be a key problem.

Purpose/Methods

The study aims to evaluate the effectiveness of need-oriented breastfeeding care through interdisciplinary cooperation in one case hospital in Taiwan. In light of the previous survey in the hospital, worries for insufficient breast milk and inadequate family support are two key barriers. In addition to giving adherence to 10 steps to successful baby-friendly hospitals, the case hospital has considered cultural characteristics of Taiwanese expectant mother and families to develop six strategies regarding care content, equipments and procedure since October 2007.

Results

EBFRs during maternal hospitalization in the case hospital increased from 43.6% in 2007 to 65.2% in 2010, which of one-month and two-month after birth increased from 52.1% and 45.0% to 58.9% and 58.8%, respectively, over the same period. These three EBFRs were higher than the national average. Notably, over that period, the EBFRs at six-month after birth increased from 29.7% to 58.8% and the rate of mothers and room in 24 hours a day increased from 54.3% to 77.7%.

Conclusions

Culture and social change had a great influence on attitude of breastfeeding from the perspective of Taiwanese. The interdisciplinary team with consideration of local needs could effectively improve breastfeeding rate and such an experience could be reference to cross-cultural breastfeeding care.

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Enhance the Rate of 24-Hour Rooming-In in the Postnatal Ward

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Introduction

Breast milk is the best food for infants. Rooming-in is convenient for breastfeeding. Since November 2007, 24-hour rooming-in has been launched in our postnatal ward. However, the

rooming-in rate has failed to improve till March 2009. A 24-hour rooming-in rate survey from November 2008 to March 2009 was done, and found that the rooming-in rate was 6.75% and exclusive breastfeeding rate was 19.2%. Twenty-four rooming-in rate is closely related to exclusive breastfeeding. So we set a QCC to improve 24-hour rooming-in rate and exclusive breastfeeding rate.

Purpose/Methods

We use a questionnaire to realize the maternal attitude to rooming-in. Brainstorming of our circle members performed and draw a fishbone diagram. In accordance with policy, personnel and equipments, we developed the following measures: (1) to set a rooming-in case manager, (2) to develop newborn home care education leaflets, (3) to develop rooming-in standard operating procedures, and (4) to develop rooming-in infection control operation specifications.

Results

From November 2009 to March 2010, 24-hour rooming-in rate was 13.72%, with an increase of 103.26%. Exclusive breastfeeding rate was 48.76%, with an increase of 110.54%.

Conclusions

Adequate health education and standard operating procedures improved the 24-hour rooming-in rate and exclusive breastfeeding rate. In our hospital, we respect the maternal and family's choice, and we do not force them to choose 24-hour rooming-in. So to improve the rate, we need more efforts on maternal cognitive education and family communication. We hope that through the promotion of quality circles and the continued implementation of hospital policies, maternal and her family can understand the benefits of 24-hour rooming-in and enhance the implementation.

Comments

Adequate health education and standard operating procedures are useful to improve 24-hour rooming-in rate and exclusive breastfeeding rate. It is worthy of our efforts to promote.

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Therapeutic Education: A Strategy to Promote Empowerment and Safety of Both Patients and Health Personnel

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Introduction

Empowerment of patients and their carer relatives is a key-issue of HPH. Indeed, the Budapest Declaration suggests to "enhance the provision and quality of information, communication and educational programmes and skill training for patients and relatives". By contrast, incorrect patient/carer education about disease and therapy may be misleading and causes adverse effects. This is particularly true for people receiving harmful medications and for aged-fragile patients. Veneto Region HPH Network (Italy) has launched a Project on Therapeutic Patient Education (TPE) to Safety and Empowerment.

Purpose/Methods

- Health professionals will receive a training including both interdisciplinary and inter-professional teamwork to TPE, in order to learn skills for teaching patients and carer relatives to self-manage safely therapy and disease after hospital discharge.
- Healthcare professionals, after having assessed patients' needs (educational diagnosis), will agree with

them specific safety issues and tasks aimed at disease control and clinical risk management (safety educational agreement).

After having trained them (therapeutic education), healthcare professionals will eventually assess patient's learning and measurable outcomes (evaluation).

Results

According to a W.H.O. Europe working group (Geneva, 1998), TPE can provide patients and carers with the expertise and empowerment required to self-manage safely their own disease and treatment. In addition, by TPE, healthcare professionals can also reinforce a lasting partnership with them and promote a more rational access of patients to health facilities and resources. Indeed, empowered and skilled patients are likely to become a resource for themselves as well as for the people who take care of them.

Conclusions

In line with the principle of Servuction (Eiglier e Langeard, 1988), a customer (patient) may actively interact with a service provider (e.g., the hospital or another health facility) to achieve a final common goal (e. g., safety). Following HPH principles, our project is intended to improve health and wellbeing (empowerment) of both healthcare personnel and patients. The introduction of TPE in standard care procedures meets the criteria of quality, efficiency and continuity of care of an up to date public health system.

Comments

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Patient engagement and empowerment require dynamic structures and processes. These processes seeking to transform the healthcare culture must be empowering and enabling at four levels: healthcare system, organisation, community and individual (Tritter and McCallum, 2006). Quality of health care should be evaluated holistically including patient's preferences and involvement, and influences of the socio-political environment (Papanikolaou, 2003). Quality assurance is linked to patient better choices and engagement; many focus on explicitly linking quality data to patient engagement strategies (Chase, 2010).

Conclusions

Patient involvement and empowerment and their various elements are linked to health gain orientation. They are very closely associated with the Standards for Health Promotion in Hospitals, i.e. patient assessment and patient information and intervention, but also management policy, promoting a healthy workplace, and continuity and cooperation. Patient involvement and empowerment strategies in hospitals and health services should be reinforced and evaluated to this effect.

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Health Gain Through Patient Involvement and Empowerment

BOUDIONI Markella

Introduction

Patient involvement and empowerment are linked to patient-centred services, better patient experiences and quality of services. They may be also linked to health gain for patients and communities but also staff, through health promoting hospital setting; health promoting workplaces, the provision of health (related) services, training, education and research; the hospital as an advocate and 'change' agent for health promotion in its community / environment; the 'healthy' hospital organisation (Pelikan et al, 2001).

Purpose/Methods

This presentation will explore theoretical concepts, definition and typologies on patient involvement and empowerment and their link to health gain and Standards for Health Promotion in Hospitals. A substantive and wide-ranging worldwide literature search and review using a structured approach was undertaken. However, examples derived from the English and Greek health systems and hospital settings will be also presented.

Results



**Session M 2-2:
Health promotion for patients with
chronic diseases - Diverse**

**Two Perspectives on Disability Three
Months After Stroke: A Mixed Meth-
ods Approach**

THAM Kerstin, VON KOCH Lena

Introduction

Disability may prevent people to achieve health and is one of the phenomenons that underlie peoples' needs of health services. People who have suffered a stroke perceive to a large extent unmet needs of rehabilitation. Needs of health care services can be described from the perspective of the disability that generates the need and also from the perspective of the people with stroke (felt problems) as well as the health professionals (assessed problems).

Purpose/Methods

To describe felt problems three months after stroke including differences between people <65 and >65 years of age and to explore the concurrence between felt problems and assessed problems. The patients (n=203) received care at stroke units at Karolinska University Hospital, Sweden. Felt problems, collected using an open question, were categorized. Results from three assessment tools: Katz Extended Index of ADL (KE); Barthel Index (BI) and Stroke Impact Scale (SIS) represented assessed problems. Felt problems and assessed problems were compared.

Results

Fatigue was the category in which the largest number of patients reported felt problems (n=58, 28%). More people <65 years of age (n=74) compared to those >65, reported felt problems in categories Environment (p=0.05), Employment (p<0.001) and Parent-child relation (p=0.05). Fourteen out of the 28 categories of felt problems had corresponding items/domains in the KE/BI and the SIS. The KE/BI failed to capture 16-57% of the felt problems whereas the SIS failed to capture 0-33%.

Conclusions

There was a substantial lack of concurrence between felt and assessed problems indicating that the use of assessment tools has to be complemented with an informal interview if health services are to address the problems experienced by the patients. Health, defined as the ability to achieve what has high priority in life, might to a larger extent be promoted if the health services supplied are based on felt problems and not only on results from assessment tools i.e. assessed problems.

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**Continuity of Active Life and Com-
munication After Rehabilitation**

**LANKAUSKIENE Vaida, VYSNIAUSKIENE
Irma**

Introduction

Nearly twenty years after creation of medical, vocational and social rehabilitation programs began, attitude towards people with disabilities in the society changed significantly, as well. Treatment programs began to change and improve. Services are provided not only for the patients to recover after physical

injuries, but also to recover psychologically to integrate into society completely.

Aim

- To discuss how proactive training for people with disabilities which begins in Palanga Rehabilitation Hospital (PRH) is continued after rehabilitation

Results

Due to a well-organized rehabilitation team work and cooperation of the hospital with non-governmental organizations, the patients are aware of all possibilities of active post-injury life. Since 2001, the hospital has training specialist working here in the sphere of independent living skills development. Along with medical rehabilitation, vocational rehabilitation begins for the patient to keep his or her motivation to be employed. To ensure the continuity of an active lifestyle at home, it is necessary to educate family members, caregivers.

Conclusions

After rehabilitation, activities of the people with disabilities continue through efforts of non-governmental organizations that organize independent living skills training camps, sports and recreation and creative camps. There are all conditions for the disabled people to communicate, combine leisure and sports activities and take part in cultural events. The people with disabilities can still be active in sports, learn and develop physically and spiritually.

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**A Comprehensive Care Plan for
Hansen's Disease Patients in Taiwan**

**HWANG Kung-Chang, LEE Nie-Sue, YEH
Chien-Yu**

Introduction

Leprosy or Hansen's Disease (HD), a chronic disease caused by the bacteria Mycobacterium leprae and lepromatosis, was named after physician Gerhard Armauer Hansen. Losheng Sanatorium, the only government-run leprosy institution in Taiwan was built in 1930 by Japanese colonial government. Compulsory segregation policy in Losheng Sanatorium was executed to control leprosy until 1962. When the isolation policy was ended, some patients returned back to the "normal society" while others still stayed at Losheng Sanatorium because of social discrimination. The purpose of this comprehensive plan was to give the better life of quality of HD patients.

Purpose/Methods

Left untreated, leprosy can be progressive, causing permanent damage to the skin, nerves, limbs and eyes. Sometimes, patient's joints become deformity and fingers or toes may need to be amputated when severe infection happened. The Losheng Sanatorium has started the comprehensive plan for totally 224 handicapped residents to achieve the goal of disability limitation since 2005. We have evaluated the scale of activities of daily living (ADL) and the rate of fall, wound infection and pressure score every other year to see if the holistic rehabilitation plan can do some help on these patients.

Results

The leprosy holistic care team includes doctors, nurses, dieticians, pharmacists, social workers, occupational therapists, physical therapists and well-trained attends. The comprehensive plan includes nutrition assessment, living space reorganization, reasonable care-provider manpower and continuous rehabilitation plan. The fall rate decreased significantly from 12 to 6 person-times. Numbers of suicide were 1 in 2006 and 2007 separately and 0 after biopsychosocial supports from social

workers and religionists. The scale of ADL (2005, 2007, and 2009) is not statistically significant via paired-t test.

Conclusions

Although the stigma still exists, all of us in the leprosy holistic care team are always focusing on continuously caring HD residents in Losheng Sanatorium as usual. We are proud to say that after our holistic care, we not only remain their health but also improve the quality of lives. Moreover, our mobile medical services are being provided to the HD patients who live in "normal society" once a month in Taiwan. Indeed health gain orientation and continuity of care of HD patient on this island are the goals of Losheng Sanatorium.

Comments

Stigma of leprosy is worse than disease itself. Leprosy is on the retreat but the stigma, fear and isolation associated with the disfiguring condition is now providing more damaging than the disease itself, health and human rights groups said on Jan 28, 2008. Since the 1980s, a cocktail of antibiotics has helped cure HD patients. Accompanied with the comprehensive care plan, the medical services can do more help for these patients and reduce the discrimination as possible as we can.

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A Study of the Health Promotion Work of the Patients with Chronic Kidney Disease in a Regional Hospital

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Introduction

Chronic kidney disease (CKD) is the world's major public health problem. Kidney failure patients in the United States are rapidly increasing. Taiwan, just like the United States also faces the threat of the kidney disease. Chronic kidney disease is a permanent, progressive and not reversible loss of nephron functional disease. The adverse outcomes of chronic kidney disease, through early detection and early treatment, can be avoided or delayed. The purpose of this study is to understand that the hospital cases of chronic kidney disease care, through the track records and a record of inspection and care closed form to explore the effectiveness of the management of patients with chronic kidney disease case.

Purpose/Methods

This study uses social science methods, content analysis of the tables of the care track records, laboratory and record of care-close tables. SPSS 17.0 is used to analyze the correlation of the quantitative data.

Results

The results showed that the new record of enrolled 271 people, male average age of 68.17 years, chronic kidney disease mainly Stage 5, also mainly with systemic or family history of diabetes, hypertension, anemia, and autoimmune diseases. Most cases of track care record table are Stage 5 and need health education of the end stage renal diseases.

Conclusions

The self-assessment and care patients take medicine and follow up regularly. The numbers of care-close cases are 16. Most care-close cases are due to the doctors' diagnosis of the need of dialysis. Among them, there are 6 patients pre-setting peritoneal catheter. There are 14 patients with CKD completing nursing health education (at least twice).

Comments

This study suggests that when patients are diagnosed with renal dysfunction, the medical staff is required to emphasize the importance of early treatment to reduce delays in medical treatment of the situation. In the care process the analysis can be proceeded about the impact of the improvement between before and after the health education. The medical personnel can arrange education training to increase the new knowledge about CKD. In addition to giving indeed can be arranged to increase the medical knowledge of chronic kidney disease, chronic kidney disease stage by giving health education and nursing guidelines according to the stage of CKD, patients' club and Internet blogs will be established to increase the information exchanging among patients and their families, as well as information about the professional information of the medical care and delaying the offset of CKD.

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The Effectiveness Of Health Management Platform Intervention on Health Behavior and Health Indicators Among Career Women with Metabolic Syndrome Risk Factors

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Introduction

People with Metabolic syndrome need health management to modify their diet and exercise in daily life. However, it is difficult for the busy career women to perform the right way of health management for their metabolic syndrome. This research applied experimental study design.

Purpose / Methods

The purpose was to evaluate the longitudinal effects, after 1.5month and 3 month, of a internet health management platform (IHMP) intervention for career women with metabolic syndrome risk factors. This study was conducted at one region teaching hospital in Taipei city during December, 2009 to June, 2010. There were two instruments and one interview for the evaluation effects of IHMP: (1) the practice of health behaviors scale (2) the health indicators including the measurement of blood sugar, Lipid profile, waist circumference, body weight, blood pressure. (3) the subjective experiences of using internet platform of health management for women in experimental group. The intervention effects from the study baseline to 1.5month and 3month follow-up were estimated using the mixed effect model for repeated measures of health behaviors and using ANCOVA for health indicators.

Results

A total of 31 women were in the experimental group, while 32 women were in the control group. After 1.5month and 3 month follow-up, IHMP intervention had significantly increased the practice of exercise health behavior ($\beta=2.55$, $P=0.025$). Meanwhile, IHMP intervention had significantly decreased the following health indicators after 3 month follow-up: the waist circumferences ($\beta=-2.63$, $P=0.046$), blood sugar ($\beta=-5.86$, $P=0.040$) and metabolic syndrome risk factors ($\beta=-0.59$, $P=0.009$).

Conclusions

In addition, there were two women in experimental group had successfully reversed from metabolic syndrome to normal cases. Women in experimental group expressed that IHMP can provide them an easy and friendly access to health information,



help them to establish self monitoring and evaluating their own health status, knowing someone else to concern their health and push them to practice health behaviors. IHMP can be recommended to other companies or organization for the health promotion for staff in the future.

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Session M 2-3: Health promotion for patients with specific diseases

A Survey of Hiv Patients on Antiretroviral Therapy in Northern Malawi

YU Joseph, WU Joseph

Introduction

Malawi is one of the most resource-poor countries in the world. In 2009, the HIV prevalence among Adults aged 15-49 is 11% and ART coverage for adults is 48% based on 2010 WHO guidelines. With the population movement getting popular in southern Africa, continuous care and sustained treatment might be a challenge for HIV cross-border patients. However, there is scarce data demonstrating HIV ART users' cross-border experience, and how this associated with continuity of care.

Purpose/Methods

To explore ART users' cross-border experiences, a survey had been conducted in the Mzuzu Central Hospital, Mzuzu, Malawi. The expected sample size is 800. The ART clients visiting Rainbow Clinic in the Mzuzu Central Hospital during the time from the 8th July to the 3rd August 2010 were enrolled into the study after obtaining their oral consent to respond to the interviewers. A semi-structured questionnaire was used to collect data, and descriptive and differential statistics were used for data analysis.

Results

There are 799 cases recruited in the study for data analysis. 63.5% of them are females and the average age is 34.6. There are 102 cases (12.8%) reported cross-border experience, and among them 11 cases reported being expatriates in Malawi, and 96 cases reported their migration activities only limited in the countries of southern Africa. Besides, respondents who reported cross-border experience have significantly higher chance of having default experience, and have significantly lower chance of having good drug compliance.

Conclusions

This study indicated that migration might be a barrier for HIV patients to sustain treatment. With the population movement getting popular in southern Africa, harmonized regional policies and bilateral/multilateral discussion and collaboration in the SADC region should be developed in order to allow all the HIV patients equally access to ART treatment anywhere in the region, no matter of their nationality, and to achieve the goal of continuity of care for HIV patients in southern Africa.

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Raising the Social Awareness in Terms of Necessity for Skin Examinations and Curability of Malignant Melanoma in its Early Stages.

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Introduction

Among all skin cancers the most dangerous is malignant melanoma. The key role in its curability lies in early detection. The prophylaxis is of crucial importance which is based on the removal of nevi which are dubious and may be affected by the

skin cancer. The Prophylaxis of malignant melanoma should be primordial (raising the social awareness in terms of necessity for skin examinations and curability of melanoma in the early stages of its advancement) and secondary which is medical examination.

Purpose/Methods

- Raising the social awareness in terms of necessity for skin examinations in the early stages of its advancement through an organization of social campaigns
- Stressing the importance of conducting prophylactic skin examinations through presentation of participants' histopathological results that are relegated to further diagnosis
- Presentation of prophylactic skin cancer campaigns as a useful tool for raising social and local awareness and knowledge
- Participants' skin examinations
- The analysis of documents: histopathological results
- Observation of participants' interest together with media reaction

Results

- 245 participants underwent medical consultation
- Out of 139 examined participants, 56.7 % were advised to undergo a surgery
- Among all surgery patients: 36% had one nevus excision, 31.7% two excisions and 16.5 % had three excisions. One patient had 15 excisions (comprising for 4.5% of performed excisions)
- During 20% of all surgeries more than one nevus has been removed, which gives in total 433 nevus excision
- None of the removed nevi was considered to be a malignant melanoma

Conclusions

The above mentioned data together with the media interest in the campaign strongly confirm the validity of continuation for skin cancer prophylaxis in the future. The campaign was very popular among the residents of the Greater Poland region which again corroborates the key importance of diseases such as skin cancer. The campaign was held during summer holidays, due to the fact that the main cause for skin cancer is exposure to the sun and UV.

Comments

The prophylaxis of skin cancer is of crucial importance when it comes to staying healthy. In spite of the fact that the social awareness raises it does not commensurate with the reporting it to doctors in the early stages (when it is still possible to cure skin cancers). Campaigns should help in promoting and raising health awareness in the big cities and small villages.

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Relatives: A Salutogenetic Approach?

GASSMANN Walter

Introduction

Psychoeducation is an effective treatment intervention for schizophrenic disorders. However, there has been little discussion regarding the theoretical basis of psychoeducation. The present study analyzes the psychoeducative family intervention (PEFI), in terms of Antonovsky's sense of coherence theory. We propose that one of the processes through which psychoeducation works is in maintaining and enhancing an individ-



ual's sense of coherence (SOC). The question was, if SOC works as a protective factor for schizophrenic patients and if PEFI can increase the SOC.

Purpose/Methods

In a randomized longitudinal study over one year 46 outpatients with schizophrenic or schizoaffective disorders either participate with their relatives on a course of PEFI or get treatment as usual. All patients were assessed with the Sense of Coherence Scale (SOC-29), the Positive and Negative Symptom Scale (PANNS), the Quality of Life Questionnaire (QOL-Bref) and a structured interview with qualitative questions.

Results

All patients showed a significant highly reduced SOC compared with a reference group. SOC significantly correlated with quality of life, global assessment of functioning and contentment of treatment, additionally there was a significant inversely correlation with psychopathology. Interestingly, SOC was not correlated with medication compliance. The patients who participate in PEFI benefit over all variables in comparison to the control group, especially the SOC increases significantly in the intervention group, while the SOC in the control group remains stable.

Conclusions

The results support the thesis, that SOC is an important protective and predictive factor for patients with schizophrenic disorders. It can be shown, that psychoeducative familyintervention can improve SOC as well as quality of life within schizophrenic patients. So far it is a powerful instrument to support the process of recovery.

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Session M 2-4: Accident prevention & Lifestyle promotion

Identification of Patient's Alcohol Abuse and Depression.

AHONEN Juha

Introduction

Depression is a common problem in all somatic patients groups. Continuous heavy drinking can cause depression, which also increase the risk of suicidal behaviour. Depressive symptoms may interfere with patient recovery and reduce the disease prognosis. In Pirkanmaa Hospital District too, there was need for common and valid depression scale for the somatic nursing staff to reliably identify patients at risk of depression or alcohol abuse.

Purpose/Methods

The project objectives were:

- To create a method to identify patients with risk of alcohol abuse and depression
- To increase knowledge and skills of the nursing staff to meet the patients abusing alcohol and or being depressed
- To establish prevention and treatment model for patients with alcohol abuse or risk of depression

Results

Identifying patients with risk consumption of alcohol or depressive symptoms were based on Audit (Alcohol Use Disorders Identification Test) and the DEPS (Depression Scale) scales. Depending on the patient's scores in scales, there was written operating manual for discussing with patient, printed information of alcohol and depression, self help methods and a list of mental health services available in patients' residing commune. For patients with severe depressive symptoms and in need immediate treatment, there were instructions for psychiatric consulting.

Conclusions

Identifying patients' alcohol abuse and depressive orders is possible with one-page background information form consisting of two scientifically valid scales, AUDIT-C and DEPS. Using the model requires training of nursing personnel and courage to meet the patients with symptoms of alcohol abuse or depression, no matter what has been the main reason for entering in the hospital. This early intervention of health gain may prevent patients' early symptoms developing into psychiatric diagnoses.

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The Tools for Identifying Late-Life Alcoholism in Health Care Settings

ARIFULLA Dinah, SUHONEN Riitta

Introduction

In the late-life alcoholism the use of alcohol starts with lesser usage. On the late-life alcoholism the similarity of alcohol consumption and regular medication causes the health problems. Identification of late-life alcoholism is difficult because the withdrawal symptoms might not occur and the perception of drawbacks is not comprehensive. As a mini-intervention, the identifications of substance abuse and awareness of the dangers of drinking is very effective, because of a positive attitude

to treatment.

Purpose/Methods

One solution is to detect alcohol use disorders in routine care. This can be done by using a questionnaire such as the WHO-AUDIT and WHO-SADD. However, these tests do not reveal the drinking habit, which causes mainly the problems for late-life alcoholism. To know more about other available alcohol consumption questionnaires, the experience of their usage and the impact on health were a search done in various national and international databases.

Results

The following two questionnaires were found. WHO-AUDIT will reveal the risks of alcohol use and it has been found to be very useful in recognizing high alcohol consumption. WHO-SADD aims to evaluate the alcohol dependency. The most used instrument for screening was the WHO-AUDIT. Alcohol related health problems can also be revealed with other tests although the tests are missing any kind of validation. The experiences of completing the questionnaires and their use in health care have not been reported.

Conclusions

Scientific evidence of the validity and reliability of the late-life alcohol usage questionnaire was not identified. Nationally, some non-validated tests to identify personal alcoholic behavior have been identified. However, more research is needed as well as a need to develop of a targeted questionnaire for late-life alcohol usage. The early detection of alcohol consumption is important in order to effectively intervene. Late-life alcoholism can also increase the risk of the mental health problems, so the prevention is essential.

Comments

In the 2010, has the WHO published an intervention guide, which has step-by-step instructions to recognize any kind of alcohol usage.

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Missed Opportunities to Intervene in Patients with Obesity in Irish Health- care Settings

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Introduction

The global epidemic of overweight and obesity provides a challenge to healthcare providers (HCPs) in identifying and providing treatment to presenting patients. This study aimed a) to assess the ability of key HCPs (general practitioners [GPs], dietitians, physiotherapists and endocrinologists) and medical students to recognise obesity of varying degrees by visual inspection, and b) to establish the extent to which body mass index (BMI) is determined in a hospital outpatient setting.

Purpose/Methods

219 HCPs and 33 medical students were asked to estimate the BMI of five photographed people with levels of obesity ranging from 32 - 72 kg/m². A systematic survey of hospital charts took place over one week in a stratified random sample of 26 outpatient clinics in a teaching hospital. Each chart in the sample was surveyed for recording of height, weight, BMI and waist



circumference at that clinic, or if not measured then, during the preceding year.

Results

The study group underestimated the BMI of obese people, though specialisation increased accuracy: 47.4% of endocrinologists versus 15.4% of GPs could place a person with a BMI of 32kg/m² in the correct obesity class. Only 3% of students could do so. Of 515 hospital charts identified, weight was recorded for 33.4% of patients, height for 4%, waist circumference for 1.4% and BMI for 0.4%. Patients appeared to be weighed for clinical purposes other than obesity identification, e.g. drug dosage.

Conclusions

This study showed that HCPs frequently fail to recognize obesity. All types of staff surveyed underestimated the degree of obesity, though specialised staffs (endocrinologists and dietitians) were more accurate. To compound the problem of underestimation, significant anthropometric measurements were not routinely recorded, despite the Irish Obesity Task Force recommending such measurement in 2005 and 2009. This leads to missed opportunities for providing brief intervention or onward referral for obesity management.

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Session M 2-5: Health promotion for older patients - Improving lifestyles and safety

The Effects of Nutrition Intervention on Metabolic Syndrome in the Eld- erly

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Introduction

In Taiwan, the metabolic syndrome related diseases are ranked in top five of leading cause of death. And with aging, the cases of chronic diseases related to the metabolic syndrome also increased. In consideration of Taiwan's aging population, the health of senior citizen is progressively important. Currently, there are many documents supporting that through health promotion measures, the appropriate lifestyle and nutrition education can prevent and improve the disease.

Purpose/Methods

We use focus groups to consist a suitable form of education, and then applied the health belief model, theory of planned behavior, social cognitive theory to build for multimedia presentation of the theoretical framework. Participants match one of the criteria for metabolic syndrome of adult, and over the age of 65. A longitudinal pre-test and post-test design was used. A total number of 121 people were randomized to experimental and control group. The experimental group received six months of nutrition education intervention. Outcomes were evaluated by anthropometrics (bodyweight, waist circumference and blood pressure), nutrition knowledge, and blood biochemical tests including glycated hemoglobin (HbA1c), glutamic pyruvic transaminase (S-GPT) and triglyceride (TG). Analysis methods are descriptive statistics, inferential statistics, Chi-squared, and ANOVA.

Results

In experimental group, after nutrition intervention, the scores of the concept of healthy diet (4.9 ± 1.2 vs. 5.3 ± 0.7 , $P < 0.01$), total nutrition knowledge (13.2 ± 2.6 vs. 13.9 ± 1.7 , $P < 0.05$), negative dietary behavior-" eating high-lipid meat, fried food, drinking beverage" (3.5 ± 1.5 vs. 4.1 ± 1.2 , 3.9 ± 1.0 vs. 4.3 ± 0.8 , 4.4 ± 0.8 vs. 4.7 ± 0.6 , $P < 0.05$) and total dietary behavior (57.4 ± 6.2 vs. 60.7 ± 6.5 , $P < 0.01$) increased significantly. The difference of scores decreased significantly in waist circumference (male: -3.8 ± 1.1 cm; female: -4.2 ± 1.2 cm, $P < 0.01$), systolic blood pressure (-5.7 ± 2.7 mmHg, $P < 0.05$), HbA1c ($-0.1 \pm 0.1\%$, $P < 0.05$). In control group, the difference of scores decreased in SBP and HbA1c significantly, but increased in the triglyceride level. Comparing differences between two groups, significant results were found in decreased waist circumference ($P < 0.01$) and increased triglyceride level ($P < 0.01$).

Conclusions

The total post-test scores of nutritional knowledge in the experimental group were significantly upgraded, which means that teaching courses in nutrition and diet are effective to improve participants' concept. The overall dietary behavior has significantly improved, especially in regard to reduction of fat intake and regular meal intervals. This intervention was also effective to improve metabolic syndrome.

Comments

As elder people are increasing rapidly in our country, we should try our effort to promote health of the senior citizen. This study supported that nutrition education can improve dietary behavior and decrease the factors of metabolic syndrome; however, for different educational and economic subgroups, individual ways should be concerned. Additional research is needed to monitor the maintenance of this intervention effect.

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Weight Control Project in an Aging Community - A Hospital-Community Collaborative Model

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Introduction

According to the National investigation in 2009, there were 2,450,000 elderlies over the age of 65 in Taiwan and was 10.63% of total population. In Taipei, the elderly population is 12.66% and keeps rapid growing. Disease prevention and health promotion become an important task in this aging society. This project combined the resources from our hospital and the neighboring community to create an exercise-friendly environment for both the elderlies and pre-elderlies and help them achieve weight control.

Purpose/Methods

A walking group was set up in one of our neighboring communities from May, 2010 to September, 2010. Our trained medical volunteers helped the participants do exercise record and gave proper safety instructions when they exercise. The participants walked at least once a day, 30 minutes each time. Blood pressure, body weight, waist circumferences and body fat were recorded before and after the project.

Results

A total of 102 participants were included with the average age of 60. The average body fat reduction was 0.62% ($t=0.853$, $p=.396$), average body weight loss 4.12Kg ($t=47.240$, $p=.001$), average waist circumferences reduction 2.34cm ($t=31.941$, $p=.001$). There was 2.1% reduction in average body mass index ($t=71.188$, $p=.001$).

Conclusions

To help people have successful aging, government resources, community forces and hospital's medical professionals are all indispensable. Building an exercise-friendly environment can make achieving this goal easier. Hospitals need to have active approaches to the communities in disease preventing field.

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Explore the Physical and Psycho- logical Condition of Elderly in the Community

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Introduction

Since 1993 Taiwan has become national society for the elderly, it's vital to keep them in healthy condition. In order to get a better perspective of the physical and psychological condition of elderly in the area, the hospital held community outreach events with health inspections and referral services.



Purpose/Methods

The purpose of this study was to explore the physical and psychological status of elderly through community care service and activity. With the resource of governmental agency, community authorities, and volunteers, the hospital provide services such as health talks, health screenings, counseling, community festivals, beautify the environment, home visits, and etc, for people over the age of 65. Measurement tools used for this research include GDS-15, MMSE and IADL...

Results

A sample size of 256 elderly was collected. Based on the data, 57.4% of elderly have hypertension and 62.1% have above average BMI. From the six held events: 222 elderly out of 238 filled out Geriatric Depression Scale form (GDS) with average GDS score of 4.01 and standard deviation of 3.05, 36.5% of elderly scored 5 and above on GDS, 45.5% of elderly with mild disability and above, and 50.4% with mild dementia and above.

Conclusions

According to the data collected, female sex is a risk factor for dementia, more than three percent of elderly have depression, more than 5 percent have dementia, and there is an indication of age-related degeneration and other chronic diseases in the elderly population, which is a major contribution to disability and obstacles in activity of daily living.

Comments

The care from family members is crucial to elderly wellbeing; it can help them to overcome tough times. The hospital provides community care services to strengthen health promotion, education, and environmental improvements, in the elderly population with dementia and disability.

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elderly was reported. Overall, most elder people have more safety device being installed in their houses for fall prevention. As comparing with the pre-training check-up, the number of unstable walking elderly improved from 4 to 2.

Conclusions

After the 14-week session training program including fall prevention knowledge and lower extremities exercises, the assessment of body functions among the attendance in balance and walking all showed improvement and most of them were within normal range.

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Fall Prevention Project

LIU Huoy-In, FENG Man-Hsuan, CHUNG Yu-Chu

Introduction

Taiwan's elder population hits 2.41 million, about 10.47% of the total population in 2009. On average, one out of every ten people is the aging group. Falling is the second leading cause of injury-related death.

Purpose/Methods

The purpose of this study is to increase the recognition on preventing falls and self-protection, and to improve safety in the living environment. We Started "Fall Prevention Training for the Elderly" and "Assisted Reading Program" from community volunteers, and "Home Visit and Home Assessment Program" in community among those who aged over 65 and were interested in preventing falls from 05/01 /2010 to 11 /30/2010. For volunteers, we held a total of 14-week training session with a practice course of leading the elderly to prevent fall. We conducted the behavioral questionnaire for attendance on their body functions to evaluate their learning experience before and after the class, and used the point card system to promote the increase of attendance rate.

Results

The results showed the attendance rate was 90%, overall satisfaction rate was 85%, and a total of 30 elder people joined the home assessment program. Before the program, 6 senior citizens had fallen during the past year. Most of the falls took place in stair halls, living rooms, bedrooms or on the road. Friction and falls occurred because of no fixed handle in the stair hall, and no protection device being installed on the furniture in the living room and bedroom. Uneven road surface was also found the cause of fall. After intervention, no falls in the

Session M 2-6: Communication tools for improving continuity of care

Welfare and Health Promotion Communication Cooperation in Northern Ostrobothnia

AHLSTEN Martti, HELANEN Suvi, JÄRVI Leea, KESO-LAITINEN Arja, KUJALA Veikko, TAPANINEN Ilpo

Introduction

Our communication cooperation was born due to the fact that a national model for communication on welfare and health promotion does not exist. Regional welfare communication began by combining three organizational resources. The participants involved in the cooperation are the provincial programme Hyvinvointi-ohjelma (programme for welfare work), the project Terveempi Pohjois-Suomi and the Health Promotion Unit of the Northern Ostrobothnia Hospital District. In this way we promote and coordinate welfare and health communication, work towards a common "goal", and support basic health promotion work by communication and by exploiting new media arenas.

Purpose/Methods

- To be a national pioneer in the field of cooperation in welfare and health promotion communications
- To create a leading image of promotion work for the Oulu Region
- To achieve identical messages of welfare and health promotion for the public, health-care professionals and decision-makers
- To activate, motivate and promote different networks to communication cooperation in welfare and health promotion
- To motivate citizens to promote their own well-being

All this is achieved by: setting up a network of experts, creating a common plan of welfare and health promotion communication, visual layout, newsletters, web pages, Face project, printed material, events and education.

Results

A common communications plan has been drawn up, a common visual identity has been created, the Muutos.Nyt newsletter has started to come out with wide distribution, printed material has been published and designed with a common visual layout, events information and news are being standardized.

Conclusions

Our cooperation will be evaluated by continuous collecting of feedback from citizens and health-care professionals, the number of web site and newsletter users, other indicators set up during the process, by developing seminars and meetings and expert evaluation. After evaluation we will be able to report and draw conclusions and develop further our cooperation of communications.

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The Validity of Services from the Tele-Healthcare Contact Center Managers

CHEN Mei-Ju, WOUNG Lin-Chung

Introduction

The Tele-Healthcare is a brand new service model, and many sectors, service manpower and technology network are filled with challenging and uncertain factors. The technology intervention is also a new attempt for caregivers and patients. On the system design and adjustment, the caregivers and case managers also require systemic adjustments. Because the Tele-Healthcare contact center managers are the key to success of the Tele-Healthcare service. How to design management process and establish a high quality service delivery model are the important issues.

Purpose/Methods

In Taiwan, there were no relevant conformance criteria for the professional competence identification of the Tele-Healthcare contact center managers. This study tries to discover that the process assessment of services for contact center managers. The training programs based on the social cognitive theory (environmental determinants of behavior and self-regulation) and new humanism theory (congruence, acceptance, empathy and unconditional positive regards). Social cognitive theory on the self-regulation had been applied in many health promotion fields.

This study based on the theory to teach the contact center managers to apply the skills to educate patients, to remind the self-measurement of blood pressure at home and to provide medical information. Humanistic psychologists pay attention to the learning process rather than results. Our study for the standardization process assessment enclosed observation-oriented assessment, individual archival records appraisal, performance evaluation and self-assessment by themselves which conducted by case study and content analysis.

Results

With regard to observation-oriented assessment, the majority of managers are warm and enthusiastic. The professional abilities are almost adequate and the attitude with enthusiasm and empathy are observed among most managers, respectively. However, the Team-Identity still remained room for improvement. As for individual archival records appraisal, most managers should strengthen the systemic application and operation. The ability for integrating the healthcare plan into the information system should be intensively trained. With regard to performance evaluation, except one manager should examine once more, others reach the standard scores. As for the achievement of self-assessment, it is needed to be seen lifting. The education programs, administration and information systems also have room for improvement to meet the needs of managers.

Conclusions

Results will be used to reflect upon the training programs which the administration is currently providing, and to determine if further investigation may be required to establish whether or not the service model currently provided succeeds in meeting the needs of chronic patients. While, integration competence in contact center managers should not be ignored. Suggestion for the modifying information systems and service model, the training courses and further assessment may be based on Parasuraman, who in 1988, stated that five dimensions of quality of service: visible, guarantees, reliability, responsiveness, and empathy.

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Continuity Of Care: Telemedicine and Pulmonary Rehabilitation at Home May Reduce Episodes of Respiratory Failure in Patients with Neuromuscular Disease

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Introduction

This study was conducted in order to evaluate the efficacy of a home follow up program combining cardio-respiratory telemonitoring and Chest Physiotherapy (CPT) at home in patients with chronic respiratory failure due to neuromuscular disease

Purpose/Methods

Prospective observational study in a period of 24 months (April 2008-March 2010); enrolment criteria: reduced efficacy of cough, degree of family support, home to hospital distance; exclusion criteria: absence of motivation of the patient or care-givers. Each patient was equipped by a service provider with a pulse oximeter with a modem for transmitting data to a remote control centre, in charge of alerting the General Practitioner/home nurses and the Pulmonologist when needed. The care-givers or patients had to: 1) register daily respiratory signs and symptoms, 2) transmit the pulse oximeter parameters to the remote control centre.

On the basis of the data and telephone consultation, the CPT intervention at home was agreed upon in case of hypersecretion and bronchial mucus retention. Primary outcomes were the number of emergency room admissions or hospitalization following respiratory exacerbations.

Results

13 patients were enrolled. In the first year of monitoring, 18 alerts were transmitted by the remote control centre to the Pulmonologist, with an average of 1.38 ± 1.38 (Standard Deviation) alert/patient. In the second year (April 2009 - March 2010) the numbers of alerts were 5, with an average of 0.38 ± 0.65 alert/patient. In 24 months, 241 respiratory Therapist's interventions were conducted in 11 patients: 34% involved postural drainage, 17% basic clinical and functional evaluation, 23% use of mechanical cough assistance with an in-exsufflator device and 19% combined treatment (mechanical cough assistance or postural drainage and mobilization), 4% muscular exercises and 2 % training of care-givers. In the first 12 months there were 4 episodes of hospitalisation, none in the next 12 months. In the year prior to the project, there were 7 cases of hospitalisation and 1 case of emergency room admission.

Conclusions

Continuity of care based on cooperation among hospital pulmonary specialists, General Practitioners, Home nurses, service provider and using telemonitoring and a CPT program at home can reduce hospitalisation and emergency room admissions in patients with neuromuscular disease.

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Discharge Planning From Hospital: A Biella Hospital Hph Experience

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Introduction

Discharge planning is a routine feature of health systems in many countries. It is increasingly evident that effective hospital discharges can only be achieved with a good joint working between hospitals, local authorities, nursing homes, primary care and the voluntary organisations. The aim is to reduce hospital length of stay and unplanned readmission to hospital, and improve the co ordination of services following discharge from hospital thereby bridging the gap between hospital and place of discharge. Sometimes discharge planning is offered as part of an integrated package of care, which may cover both the hospital and community.

Purpose/Methods

Discharge planning is defined as the development of an individualised discharge plan for the patient prior to them leaving hospital for home. Where possible the process of discharge planning will be divided according to the following steps:

- Pre-admission assessment
- Case finding on admission
- In-patient assessment and preparation of a discharge plan based on individual patient needs
- Implementation of the discharge plan
- Monitoring

Results

The Biella Hospital HPH group developed a discharge toolkit, "Manuale Dimissioni", to reduce unplanned readmission to hospital. The Manual focuses on the practical steps that health and social care professionals can take to improve discharge. It supports members of the multi-disciplinary team by providing practical advice, factsheets and case studies. The toolkit has been designed and tested with practitioners in the field and is grounded in the reality of day to day practice.

The majority of patients discharged from hospital can be classified as simple discharges: they are discharged to their own home and have simple ongoing health care needs which can be met without complex planning. Changing the way in which discharge occurs for this large group of patients will have a major impact on patient flow and effective use of the bed capacity. It can mean the difference between a system where patients experience long delays or one where delays are minimal, with patients fully informed about when they will be able to leave hospital.

Complex discharges relate to patients: who will be discharged home or to a carer's home, or to intermediate care, or to a nursing or residential care home, and whose length of stay in hospital is more difficult to predict.

Conclusions

Our experience suggests that the discharge toolkit is a useful instrument to know the different patient needs. Patients and carers are at the centre of care and should be involved in discharge plans early in the patient's stay. They also need information about how their treatment will be managed, when they should be discharged and what they can expect after they leave hospital.

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Session M 2-7: Health promotion for hospital staff

Do Physicians and Nurses Working in Hph Are Healthy?

ZALNIERAITIENE Kristina, MISEVICIENE Irena

Introduction

The health of medical personnel is very important not only for its well being, but for the effective performance of the hospital. Recent studies suggest that medical practice is very stressful. Little is known about the self-rated health of this group and prevalence of major risk factors of noncommunicable diseases (NCD).

Aim and objectives

- To evaluate the opinion of physicians and nurses about their health and to assess the prevalence of NCD risk factors

Methods and material

The survey of all physicians and nurses from clinical departments was performed in two selected hospitals of Lithuanian HPH network. The anonymous questionnaire included questions about self reported health, levels of blood pressure, cholesterol, weight, height, smoking and drinking habits. Self reported health was assessed within three categories "good" (combined answers – "very good" and "good"), "average" and "poor" (combined "poor", and "very poor"). The level of blood pressure – $\geq 140/90$ mmHg was evaluated as hypertension, hypercholesterolemia - $\geq 5,0$ mmol/l, overweight when body mass index was more than 25 kg/m² and regular smokers were these, who smoked at least one cigarette per day . Totally 613 physicians and nurses filled in the questionnaires.

Results

More than half (59.9 %) of medical personnel evaluated their health as good. The self rated health as "good" differed among age groups and professions. Among medical personnel younger than sixty, their were statistically significant more respondents evaluating their health as "good", than in older group, correspondingly – 85.0 % and 43.6 %, ($p < 0.05$). More physicians assessed their health as "good", than nurses 37.6 % and 25.1 %, ($p < 0.05$). Quite big percent of medical personnel indicated, that they are ill. 67.7 % of respondents said that they have one or more NCD. The morbidity of older group was higher. There was no difference of respondents morbidity in relation with their sex and profession.

According to the presented data concerning levels of blood pressure, cholesterol, weight and height, such prevalence of risk factors was stated: hypertension – 28.8%, hypercholesterolemia – 70.4% and every second, i.e., 56.3% - had overweight. It is important to mention, that only every third respondent indicated the level of cholesterol. There was no relation between prevalence of risk factors and sex, profession, but the risk factors were more prevalent among older respondents. Respondents with overweight and hypercholesterolemia rated their health worse in comparison with respondents without these risk factors. 8.4 % respondents answered that they are smoking everyday, correspondingly – 8.5 % of women and 13.3 % of men.

Conclusions

More than half of medical personnel evaluated their health as good, but the NCD morbidity and prevalence of major risk factors is quite high. The health promoting programmes within HPH should include projects related with HP among physicians and nurses also.

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The Role of Health Promoting Hospital in Propagating Physical Activities Among its Workers and Their Families Based on the Experience of Greater Poland Cancer Center

KAŹMIERCZAK Daniel, BOGUSZ Karolina, BOGUSZ-CZERNIEWICZ Marta

Introduction

Relations between physical activities and health have been the subject of many studies. Regular physical activities connected with moderate exercises serve as an indication to maintain adequate body weight, especially for people who lead sedentary lifestyles. Moreover, both physical activities and moderate exercises are of crucial importance when it comes to the prophylaxis of serious diseases, including cardiovascular diseases and cancer. Lack of physical exercises disturbs many processes within human body (fat burning, the acquisition of calcium, and carbohydrate metabolism).

Purpose

- Promoting the role of the Greater Poland Cancer Centre as a member of the Network of Health Promoting Hospitals in motivating their employees together with their families to take up physical activities, through an implementation of additional benefits (sport and recreation)
- Showing the process of implementation and the interest level from May 2009 to May 2011
- Presentation of the idea behind the "Multisport" program

Methods

- The analysis of documents
- Statistical analysis of employees joining the program in each month

Results

- The implementation of "Multisport" program together with its additional benefits (connected with sport and recreation)
- The huge increase of "Multisport" participants in the Centre since May 2009 until January 2011:
 - May 2009- 74 workers participating in "Multisport" program
 - 2010- 92 workers participating in "Multisport" program
 - January, February 2011- 109 workers
- The huge interest of "Multisport" program among participant' kith and kin
- Allowing participants' children to join the program for preferential price (max.3)

Conclusions

Allowing workers/ employees to join the "Multisport" program which offers sport services in Poland led to an increased interest in taking up physical activities among the Centre. The fact that every employee can participate in program together with one accompanying person or maximum 3 children makes the possession of the "Multisport" card not only attractive for young workers but also for their families. The employer should take steps to improve the health status of workers.

Comments

"Multisport" program was not designed by the Greater Poland Cancer Centre. It was designed by a separate company. However, it is both attractive and effective for companies which take care about satisfaction, motivation, and health of their employees.

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A Strategy to Improve the Psychological Health Risk Factors Among Staffs at a Private Hospital in Taiwan

HIAO Tien-Mu, CHAU Tang-Tat, CHANG Huan-Cheng, HSU Shih-Tien

Introduction

A strategy to improve the stressful, low satisfaction of work and quality of life in a health risk factors investigation among staffs in a private hospital in Taiwan

Purpose/Methods

A health risk factors investigation was performed in 2009. About 81% of staffs, in 844 subjects of study sample, felt stressful in work, 76% and 75% of staffs felt low satisfaction of work and low quality of life, and 29% showed anxiety in Chinese Health Questionnaire. A project of improving psychological health risk factors combined with sports, psychological health lectures, spiritual relaxation music were proposed in 2010 and 2011.

Results

Sports and body weight control activities showed a total 4494 participant. Artist gallery activities showed total 4347 participants. Psychological health lectures presented 447 participants. Only 215 people attended music salon. The satisfaction response showed that relaxation spiritual music broadcasting ranks the first - 50%, physical exercise ranks the lowest - 33%.

Conclusions

The relaxation spiritual music broadcasting was the most popular health promotion activities related to psychological health.

Comments

The final results, effects on stress and quality of life, need further investigation in the near future.

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Influence of the Caring Behavior on the Work Stress and Job Satisfaction Of Nursing Staff : A Research in a Health Promotion Hospital in Northern Taiwan.

HSU Tzu-Chuan, YANG Ju-Yu

Introduction

People-centered care was emphasized in the professional nursing, and caring has been seen as a core value in the nursing. From nursing education to clinical practice, nurses are constantly educated the value of caring for patients and their families. However, there are only a few literature of caring for nursing staff. Therefore, the aim of this research is to investigate the influence of the caring behavior on the work stress and job satisfaction of nurses.

Purpose / Methods

This is a quasi-experimental study. The information was collected by purposive sampling with structured questionnaires. 202 qualified subjects were recruited from health promotion hospital in northern Taiwan. Intervention of the caring behavior for nursing staff was conducted in the concepts of "SWEET"-sincerity, warmth, efficiency, empathy, trust. The work stress and job satisfaction of nursing staff was measured with a ques-

tionnaire. The collected data was analyzed included descriptive statistics, Chi-square, paired t-test, ANOVA and Pearson r.

Results

Most subjects agree that "empathy" is the most effective caring concept. "Spiritual growth workshop" is the most popular activities of caring intervention. There was a significant decrease in work stress of nursing staff after the intervention of caring behavior ($t=5.07$, $p<.001$). The significant difference items of stressor were the life stress, physical discomfort, patient's family, work loading, manager of department and work overtime. The work satisfaction of nurses was also significant improved ($t=12.89$, $p<.001$).

Conclusions

After the caring intervention for nursing staff, significant decrease of work stress and improve in job satisfaction are noted. Especially in emergency room, operation room, delivery room and intensive care unit were more significant than others. By building a warm and caring environment, the nursing staff can have more positive adjustment methods and supporting resources for work stress. In addition, we expect that the caring behavior intervention can promote nurses' job satisfaction and decrease their turnover rate.

Comments

The results of this study showed the effects of caring behavior for nursing staff on their work stress and job satisfaction. However, the limitation of this study is the limited source of subjects in single institution. Therefore, more studies in difference hospitals are required for more general application of our findings. In the future, the researcher may increase the diversity of samples and impact on the turnover rate in order to provide nursing education and administration of the reference implementation of the policy.

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Influencing Factors of Depressive Disorder Among Hospital Employees

LAI Yu-Min, TSAI Tzung-Yi, SUNG Fung-Chang

Introduction

The hospital employee's health is critical to the safety in health-care services; however, the information concerning their psychological issues, especially in depressive disorder, is still very limited. The aims of this study are to explore the depression and its related factors among hospital employees.

Purpose/Methods

We used a cross-sectional correlation design with purposive sampling to recruit 219 hospital employees who have more than one year work history by July 2010 at a southern Taiwan hospital. A structured questionnaire was applied during their cyclic health check-up to collect information on demographic statics, working characteristics and information provided by the Chinese version of Taiwanese Depression Questionnaire. Data were analyzed by descriptive statistics, independent t-test, chi-square test, and multiple logistic regression.

Results

The depression prevalence in this study population was 16.9% (37/219). The hospital employees with sleep disturbance (adjusted odds ratio [AOR], 4.34; 95% CI: 3.14-5.22), lower job satisfaction (AOR=1.16; 95% CI: 1.07-1.25), and having longer time of computer usage (AOR=2.14; 95% CI: 1.32-3.14) showed a significantly higher risk of depression compared with those without these conditions.

Conclusions

Our findings may be beneficial in identifying the prevalence and pinpointing those groups with a higher predisposition of having depression, which will allow the early assessment of psychological health status as well as provision of psychiatric services in our workplace health promotion program for hospital employees.

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**Session M 2-8:
Miscellaneous health promotion topics**

The Study of Helping Disaster Victims' Mental Health by Precede Model.

SU En-Ping, CHIU Hsien-Jane, WANG Jing-Jy, SHEN Shu-Hua

Introduction

Global warming brought a lot of uncertain disasters in many place around the world. In Taiwan, floods and mudflows especially brought many threats recently. Typhoon Morakot in August, 8, 2009 caused people in Taiwan facing the threat of death. In the past, the key point of disaster rescue was the rescue of emergency & critical case and reconstruction. Since 2009, with the instruction of the department of health, started the rescue of mental health promotion for disaster victims.

Purpose/Methods

This study we assessed disaster victims' mental health problems by the environmental diagnosis of Precede Model and then provided medical treatment helping them to pass through psychological trauma and to promote mental health. We combined with local health centers in the most server area proceeded in-depth interview for cases with mental illness, victims' family and cases who would like to interview. to accomplish induction and analysis of qualitative research.

Results

We interviewed 6 cases with mental illness, 6 victims' family and 21 disaster victims. This study inducted and analyzed that disaster victims had problems of:

- Fear: because of neighbor was flowed whose corpse could not be found
- Guilt: because of witnessing family's death resulted from flowed away
- Selfish: because of asking rescuers to rescue them first during floods
- Alarm: feeling they were going to death while facing the sudden floods
- Helpless: they were empty-handed after floods

Conclusions

We found that if victims' family who witness the death was much harder to pass through the pain. We also noticed that cases who had to flee for their life were easier having nightmare and insomnia. Besides noticing that victims' family had various kinds of psychological trauma since they could no rescue their family, such as fear, guilt, selfish, alarm and helpless. However, in Taiwan, the general acceptance of going to the mental hospital while had mental disease was limited.

Comments

In the past, the key point of disaster reconstruction in Taiwan was the recovery of prevention and control of infectious disease, intervene of mental health promotion and reconstruction was little. This study showed that it was more effective to invest in mental reconstruction by using the environmental diagnosis of Precede Model to assess disaster victims' problems and then to provide medical treatment & follow-up. This also could be the rescues standard for mental health promotion in future.

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Violence Intervention in Specialist Healthcare

JUUTILAINEN Minna

Introduction

In my presentation I will introduce a good practice for systematically intervening domestic violence (= DV) in a specialist healthcare setting, more particularly in three clinics of Central Finland Healthcare District: gynecology & maternity unit, emergency unit and psychiatric units. The good practice is based on an intervention model which is created especially to meet the needs of healthcare settings. The model consists of special tools for broaching DV with patients and helping those in need of treatment or support.

Purpose/Methods

Promote health with salutogenetic approach by affecting an essential public health problem proposed by WHO, that is DV, and morbidity caused by it, and by preventing harmful effects of DV on people's physical and psychic health and well-being. Intensify health promoting activities in clinical practices by broaching DV as a significant part of accurate anamnesis, and assess health effects of DV, patients' necessity for acute care and treatment, and diversion of further care as part of good quality health service.

Results

People with experiences of DV, past or present, approach healthcare services, estimated 5 to 7 times more than people with no history of DV. Percents of patients experiencing DV mount extremely high especially in gynecology & maternity unit (prevalence of over 30 percent) and psychiatric units (prevalence of over 50 percent). On the grounds of our practices routine forthright questioning about patient's DV experiences is effective, and those living in suffocating situations can be helped and supported with proper intervention.

Conclusions

Healthcare service system must bear its responsibility in the societal service system: take care of people's all kinds of health, well-being and sickness matters – even then they are directly or indirectly affected by DV, and even security when it has to do with protecting patient's somatic and mental health. Based on our clinical experiences and research we emerge routine forthright questioning about patient's DV experiences in healthcare service system and various healthcare settings. Proudly we would like present our workable model.

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Designing Sustainable Healthcare Environments

ELF Marie, MALMQVIST Inga, ÖHRN Kerstin, VON KOCH Lena

Introduction

There is a need for reorientation when designing healthcare environments, aimed to be sustainable and gain health for patients. Healthcare environments must be planned by interdisciplinary team (healthcare professionals, architects, building planners) and be more user-driven. The pre-project planning before architectural design details are presented, when the goal of the design are set and the users' requirements established is particularly important. Mistakes at this stage can lead to low quality of project outcomes, dissatisfaction among end-users, and higher costs.

Purpose/Methods

We have used system dynamics and group-modelling in four various design projects in order to improve the quality of the design process by increasing the understanding of the care process and care system prior to detail architecture design plans.

Results

The project is still running. However, the project has resulted in various healthcare models created together with stakeholders in the design group. The stakeholders have for their first time used complex modeling methods for presenting their healthcare systems. The models have a clear patient focus. In the next step of the project, we will analyze the stakeholders' opinion of using the method in the design process.

Conclusions

The demand for an user-driven and effective design process is increasing but studies on various methods for supporting this are scarce. The outcome of the present project is its significant contribution to developing the design process towards a user-driven process by using a new innovative instrument.

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Dual Diagnosis: Promoting Improved Outcomes and Reducing Risk in Psychiatric and General Hospital Settings

MCKEOWN Olive

Introduction

Dual diagnosis is recognised as a significant clinical problem. The study reported here (McKeown 2004) indicates that patients within acute mental health in-patient settings often continue to use both alcohol and drugs while undergoing in-patient treatment for acute psychiatric problems. This situation frequently leads to substantial risks for patients such as respiratory depression related to opiate use and to aggressive behaviour which may be either alcohol or drug related. Nurses and others can help to minimise risk and improve outcomes.

Purpose of the Study

- To establish how mental staff approached the growing problem of Dual Diagnosis within an acute mental health in-patient setting.

Summary of Methods

- Study of Dual Diagnostic patients within an acute mental health setting in SE London
- Semi-structured interviews were employed within a Grounded Theory framework

Results

Nurses and others were cautious and often reluctant to work closely with this patient group as they felt ill equipped to achieve positive therapeutic outcomes. Generally they maintained a negative view of dual diagnostic patients and were uncomfortable with engaging effectively with them. This led to poor patient outcomes and opportunities to improve patients' substance related health and other health problems being inadequately addressed. Staff needs improved training and increased support and leadership if the current circumstances are to be improved.

Conclusions

Staff tends to avoid becoming therapeutically involved with dual diagnostic patients. They feel that acute mental health settings are an inappropriate setting in which to manage these patients

and that some "other" service should be responsible for their care and treatment instead. There is a clear argument for better training for staff in the substance misuse area and for better support managerially. Middle managers need to be encouraged to improve their understanding and skills to improve leadership.

Comments

The study reported here was carried out within a large busy mental health Trust in SE London. Demographically this area is representative of other inner-city acute mental services within the UK.

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Session P 1-1: Health promotion for children and adolescents in hospitals and health services

P 1. "A Proposal for Life

GOZZINI Armando, COSENTINA Roberto, LUALDI Emilio, SERVADIO Giorgio, FRATTINI Fabrizio, ZAFFARONI Cinzia

Introduction

The incidence of road accidents is slowly decreasing, but the social burden is still relevant. These events cause less than 1.5% of total annual deaths, but over 40% in young people between 15-24 years, representing the main cause of death. The School Territorial Office of Varese developed an inter-institutional project which was signed by the Hospital entitled "Preventing injuries from road traffic - the effect of taking alcohol and drugs" for the upper secondary schools in the province of Varese.

Purpose/Methods

This project intends to make young people aware of damage that may arise as a consequence of violation of road rules and use of alcohol and drugs through a series of meetings. The Hospital puts itself forward as an Institution that complements the School, and at the same promotes health-related education events. A second aspect is the information concerning the donation of organs and tissues as an altruistic vision of existence.

Results

The project, which involves the Hospitals of Busto Arsizio and Saronno has been active since 2005 and has involved 1,167 students attending high schools. The project involves preliminary discussions in schools regarding traffic accidents and organ and tissue donation, these are then followed by organized tours and discussions moments in hospitals. The guided tours, besides supplementing the information provided, are carried out in emergency departments, intensive care, orthopaedics, dialysis with the purpose of stimulating the emotions of young people.

Conclusions

The kids are then asked to fill out a questionnaire concerning their state of mind at the end of the guided tours. The scrutinized sample proved to be pleased about the expectations in terms of: degree of interest (80%), increased reflexivity on the subject (78%), high curiosity (48%), and low percentage of boredom (1%).

Comments

Promoting health also means encouraging the spread of the culture of responsibility actively putting at disposal of the territory.

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P 2. Child-Centered Family Counseling for Divorcing Families

HAKALA Hannele, LUOMALA Jaana

Introduction

Many children are faced with their parents' divorce. As the divorces have grown in number, also the disagreements regarding children have become more common. After divorce the spouses are no longer husband and wife to each other, but they

are still parents to their children. It is difficult for the parents to cooperate during the divorce crisis. Divorce means big changes in the children's lives and there is a risk that they lose their contact with the other parent permanently.

Purpose/Methods

Child-centered family counseling was developed in the Forssa region in order to promote the children's well-being and to prevent negative consequences of divorce on the children's mental health. The purpose is to protect the child from losses and the stressful influence of parent's heavy arguments. The aim is to make the child's voice heard. The counseling helps the parents to reach common understanding on practical affairs, such as the residency of the child or the meeting arrangements.

Results

Child centered family counseling has become an established service in the Forssa region. Authorities, who meet divorcing parents, are aware of this service and refer families to use the services. Parents who have used counseling have apparently found it useful, because they tend to contact the counselors also afterwards in other problematic family situations. The children have been heard and it has become easier for the parents to make agreements regarding their children.

Conclusions

Counseling has proved to be a necessary service. It offers a neutral forum for the parents to discuss child-related matters. Otherwise these discussions may be overwhelming for the parents, living among their divorce crisis. The counselors have obtained appropriate training to understand the interactions in families and to properly help divorcing families. The service is free of charge for the families.

Comments

Developing child centered family counseling services was one of the sub-projects of the "Mental health promotion project in the Forssa District", which was accomplished in the Forssa region, in Finland, during the years 2007-2009. The sub-project was executed by the family counseling office of The Health Care District of Forssa (FSTKY).

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P 3. Counselling on Limited Pre-operative Fasting in Paediatric Ambulatory Tonsillectomy

KLEMETTI Seija, KINNUNEN Ilpo, SUOMINEN Tarja, ANTILA Heikki, VAHLBERG Tero, GRENNAN Reidar, LEINO-KILPI Helena

Introduction

The purpose of this study was to examine preoperative nutritional face-to-face counselling of the parents by nurses on limited preoperative fasting and active preoperative nutrition: how the parents adopt the knowledge, and whether postoperative recovery of the paediatric ambulatory tonsillectomy patients is safely promoted.

Purpose/Methods

The data included 58/58 families, with a child of 4 – 10 years. The intervention group received face-to-face counselling on preoperative fast (4h solids/2h fluids) and active preoperative nutrition. The control group received in written information about fasting times. Parental knowledge was measured before preoperative information, and next morning. The child's postoperative pain, nausea, thirst and hunger were assessed, 2h, 4h, 8h, and 24h postoperatively, by the children (VAS- scale) and by the adults (0 – 1). Data were analysed statistically.

Results

The knowledge in both groups was significantly increased but the anxiety of the control group was not relieved. The children in the control group fasted preoperatively significantly longer. Also, in fluids the perioperative fasting time was significantly longer in the control group. Postoperatively the children in the intervention group were significantly less in pain and the VAS scores remained on a low level. Following morning, the children in the control group, were significantly thirstier and hungrier.

Conclusions

The preoperative face-to-face counselling of the parents on the child's limited preoperative fast is an effective way to increase parental knowledge and decrease their preoperative need for information and anxiety, and to safely promote the child's experience during the surgical process. On the other hand, there is not always a possibility for face-to-face contact with the parents which means challenges for nursing research to explore other possibilities for interactive counselling of the parents.

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P 4. The Effects of Group Learning Hand Hygiene in Children.

CHO Yen Hua, CHANG Chun Chu, HUANG Fang Yi

Introduction

In order to enhance the awareness of hand hygiene, the WHO initiated the Global Hand Hygiene Awareness on May 5th 2009. Children are prone to have infectious diseases and the best way for prevention is through proper hand washing. Every child has the right to learn about accurate. While a child is hospitalized for treatment, we can use this as an opportunity to effectively teach him the methods of proper hand washing to help keep them away from infectious diseases.

Purpose/Methods

The purpose was to investigate how children respond to "the five moments for hand hygiene", "the five steps for hand hygiene", and "correct hand washing" and the effects of group learning hand hygiene in children. This cross-sectional study was conducted and a total of 32 children were included in the study. Pre-testing was done under party game settings, followed by group learning session and interactive gaming. A post-testing was collected after group learning to evaluate the effectiveness of the group teaching.

Results

Our result suggested that age and education level were associated with the effects of group learning, indicating that the elder learned better. After group learning, the percentage of children with proper hand washing increased from 31% to 91%. The age is related to "pointing out five moments for hand hygiene", "performing five steps of hand hygiene" (OR=0.562, $p<0.001$), and "correct action of hand washing" (OR=0.605, $P<0.001$). In addition, the education level is associated with "pointing out five moments for hand hygiene" and "correct actions of hand washing" ($p<0.05$).

Conclusions

According to Piaget's cognitive development theory, the primary developing task of preschooler are egocentric thinking, teaching geared to the sensorimotor system and ritualizing behavior. The implication of appropriately matching the teaching strategies with the children's development stage will maximize learning effectiveness. Children younger than 3 years old showed poor learning effectiveness and needed help from the parents. Parental education level was not included in this study, therefore whether it had any influence in the learning outcome remained unclear.

Comments

The previous learning experience in hand hygiene did not have significant difference pre and after group learning in this study. Results from this study, we recommend age-dependent teaching methods of universal hand hygiene for all children regardless for any previous learning experiences might enhance childrens' overall well-being.

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P 5. "Organizing a Group-Based Training Session Targeted at Parents of Bilingual Hearing-Impaired Patients"

BAREZZANI Maria Grazia, MARAVIGLIA Simona, GUARNACCIA Sebastiano

Introduction

The ever-growing number of children of who are diagnosed with severe bilateral neurosensory hearing impairment before the age of 18 months and whose parents are bilingual by virtue of their immigration history warrants the creation of small ethnicity-based groups of hearing-impaired parents wearing hearing aids in order to provide the latter with useful information on how to use a hearing aid, foster their children's cognitive-perceptual development, and allow them to exchange opinions and experiences.

Purpose

- Providing parents with additional guidance as to the rehabilitation pathway designed for their child by getting them involved in the process of auditory stimulation
- Increasing their autonomy in the use of the hearing aid
- Stimulating the child's perceptual abilities and fostering neuro/psycholinguistic development
- Enabling parents to exchange opinions, experiences and emotions

Materials and Methods

- A theoretical and practical training session during which educational pamphlets are handed out, followed by the elicitation of parent feedback on the changes they have experienced

Results

At the end of each session, a feedback questionnaire is administered to all parents to calculate relapse rates. The six-monthly relapse indicators we defined are: (1) an incorrect handling of the hearing aid, to be assessed in the presence of the hearing-aid technician (2) an absence of improvement / a deterioration in the parents' stimulation of their child's perceptual and auditory abilities, to be assessed by the hearing therapist after Auditory-Verbal Therapy has been performed.

Conclusions

Until now, two groups have been formed for a total of 13 families with bilaterally hearing-impaired children, the first one consisting of parents of recent-onset children, and the second one of parents of bilingual children aged 12 to 24 months who received a prosthesis or a cochlear implant and whose communicative abilities are mutually comparable. The data emerging from the first feedback questionnaire we administered proved quite encouraging; more questionnaires will be administered on a six-monthly basis

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P 6. The Breastfeeding Patterns and Reasons for Early Cessation Among Immigrant and Taiwanese Mothers

FU Jung-Chung, HSIEH Lan-Chi

Introduction

The health of migrant people has been a critical issue in public health. The birth from migrant mothers is about 12-15% of total birth in Taiwan. Promotion of breastfeeding is one of effective measure to improve health in immigrant people. Vietnamese immigrants, giving birth 5.7% of total delivery were more likely married to lower socioeconomic status, lower education, lower income and living in rural residential families. Previous research has shown that breastfeeding is most common among highly educated, and highly income mothers.

Purpose/Methods

The purpose of the study is to explore the infant feeding patterns and reasons for early cessation of breastfeeding at three months postpartum in immigrant people versus Taiwanese mothers. Method: We collect birthing information from Kaohsiung Municipal United Hospital from January 2009 to July 2010. The hospital is one of Baby Friendly Hospital in Taiwan that routinely conducts infant feeding pattern survey in one, two, and three months for postpartum mothers. Only singleton live births without neonatal resuscitation were included.

Results

There are 627 births meet the inclusion criteria for analysis. The breastfeeding rates at postpartum three months were 59.2%, 61.5% and 75% for Taiwanese, immigrant Vietnamese, and immigrant Chinese respectively. The first three major reasons for cease breastfeeding were inadequate breast milk 42.1%, back to work 25.4%, infant sick 8.1% for Taiwanese, inadequate breast milk 26.7%, mother infant separation 25.4%, back to work 20% for immigrant Chinese, and inadequate breast milk 60%, back to work 10%, infant sick 10% for immigrant Vietnamese.

Conclusions

The immigrant Chinese presents higher breastfeeding rate 75% in the first three months postpartum compared to native Taiwanese and immigrant Vietnamese. Inadequate breast milk is the most frequent reason for breastfeeding cessation. The reasons for early cease breastfeeding were quite similar among Taiwanese and immigrant Vietnamese. One unusually finding is that the immigrant Chinese has relatively higher percent 20% for cease breastfeeding because of mother infant separation

Comments

Many immigrant Chinese married to Taiwanese husband still live and work in China. They went to Taiwan for delivery and postpartum care and back to China thereafter. When they leave many of the baby were taken care by the husbands' relatives in Taiwan that made the mother baby separation. Psychological support from family, professional, or peer is important for continuing breastfeeding. Few mentioned about psychological support as the reason for cease breastfeeding.

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P 7. Improving the Health Gain of Children by Tackling Maternal Depression: Effective Care Models and Strategies

AGAPIDAKI Eirini, DIMITRAKAKI Christina, TOUNTAS Yannis

Introduction

Maternal depression is strongly linked to child's physical and mental health due to the serious and lasting consequences that might have on child's cognitive, social and emotional development. It may affect infants' and toddlers' physical health and behavior, while it can have long-term effects on their mental health. It also impairs parenting skills, pediatric health care utilization and attention to pediatric preventive practices. Although it can be successfully and easily treated, maternal depression remains under-recognized, undiagnosed and under-treated.

Purpose/Methods

The present study aimed to identify effective care models and organizational and educational strategies which improve the detection and management of maternal depression and increase the benefits of children health and wellbeing. A literature search was conducted in MEDLINE, SCOPUS and PsychInfo databases (2000 - 2010) with the use of terms "maternal depression", "under-recognition", "child development", "care models", "best practices" and combinations. Results concerning pharmacological interventions were not included. Sixty studies meeting the search requirements were identified.

Results

Eighteen percent of studies demonstrated that in countries with integrated health care services, stepped care models which focus on intersectoral collaboration between primary and secondary health and mental health services indicate positive results in detection and management of maternal depression. Eighty two percent of the studies suggest that in non integrated health care systems, multifaceted educational interventions for primary health care professionals can increase the awareness and systematic screening for maternal depression within the context of family oriented care approach.

Conclusions

Intersectoral collaboration approaches, as well as multifaceted training of health care professionals are suggested as the indicated organizational and educational strategies that can be implemented in order to tackle maternal depression. Specifically, comprehensive educational interventions for primary health care professionals and especially pediatricians are of great importance. It is the most simple, easy to implement and cost effective approach in order to improve the assessment and management for maternal depression and therefore improve children's health, development and wellbeing.

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P 8. Children Who are Dependents

MOBÆK Randi, SKRAM Silje Tara

Introduction

When one in a family becomes seriously ill, it will affect the entire family. Serious illness often involves a dramatic change in life situation. Children and young people in grief are dependent on adult help. They need adults who talk with them and are helping them to articulate feelings and thoughts. Our main aim is to improve the hospitals practice and make a better follow up service of children and young people. We will show how Stavanger University Hospital is working with this issue and using the standards developed for the Health Promoting Hospitals and Health Services.

Purpose/Methods

In January 2010 came a new law in Norway that will safeguard children and young people's rights as dependents. It means that health professionals should offer conversation with the patient about the child / youth information or follow-up needs and offer information and advice on relevant measures. We will show how this has been done across the Stavanger University Hospi-

tal and in collaboration with municipalities. At Stavanger University Hospital, we have established a group of division managers "Children accountable" that organizes and develops this work.

Results

At Stavanger University Hospital, all treatment units have their own "Children accountable".⁷³ "Children accountable" is participating in supervision from qualified tutors who are recruited from the somatic services, mental health services and alcohol and drug services. It has been designed routines that ensure that all children and young people who need this service, get this offer. All the staff at the hospital has been informed about children and young people's rights and needs as dependents. In our information work we emphasize openness, early participation and age customized information. We recommend to inform the school nurse, school and / or kindergarten so that children / youths can be seen and taken care of in a difficult situation.

Conclusions

Our work with regard to Children who are Dependents is a good example of how the standards for health promoting in hospitals may be operationalized in a good way. The work depends on a clear management policy (standard 1), we have established clear procedures for assessment in this area (standard 2), the information is evidence-based and age customized (standard 3), and the work is characterized by continuity and cooperation.

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Session P 1-2: Health promotion for patients with chronic diseases: Cancer & diabetes

P 9. The Experience of "Four Cancers Screening Program" in Changhua Christian Hospital

CHIANG Yi-Chen, JHOU You-Shan, KAO Jui-Chun, CHEN Wan-Chin, KU Hui-Hsien, HSIEH Man-Ni

Introduction

Cancer has long been the leading cause of mortality in Taiwan. Therefore, our government has promoted "four cancers screening program" aggressively for high risk groups in recent years, including oral cancer screening exam, fecal occult blood test (FOBT) for colorectal cancer, mammography for breast cancer, and PAP smear test for cervical cancer. This article shared the experience of Changhua Christian Hospital of promoting cancer screening, which was achieved via interdepartmental cooperation to develop convenient serves process and information management system.

Purpose/Methods

To popularize cancer screening, we built up "popup reminder system", "integrated connection system", and "exclusive examination center" since 2010/01/01. Reminder window pop-up automatically when physicians use OPD computer system, which enables physicians to print a referral note and to refer the patient to the specific windows. So that patients are able to receive screening at the same day. In addition, we also send information via leaflets, hospital publicans and held public screening activities.

Results

From 2010/01/01 to 2011/01/03, 18899 people received pap smear testing, 180 were positive, and 8 were diagnosed with cervical cancer; 10960 people received mammography, 762 were positive, and 86 were diagnosed with breast cancer;

10963 people received FOBT, 978 was positive, and 16 were diagnosed with colorectal cancer; 6416 people received oral cancer screening exam, 2193 were positive and 148 was diagnosed with oral cancer.

Conclusions

Changhua Christen hospital successfully let more people received cancer screening. In the campaign of improving medical quality of cancer care, held by bureau of health, our hospital have the largest number of screening cases and won 13 prizes, which was listed top of all medical centers.

Comments

By interdepartmental cooperation, we successfully promote cancer screening thorough multiple ways, such as community, outpatient unit etc. Compared to single departmental promotion, it has better effect.

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P 10. Hospital-Based Cancer Screening Strategies in Eastern Taiwan

PENG Hui-Shan, LIU Dai-Wei, HSU Wen-Lin, KAO Ruey-Ho

Introduction

Since the implementation of National Health Insurance, people have received much improved care for their health, and the awareness of preventive medicine has gradually become important. Hualien Tzu Chi General Hospital has cooperated with the Department of Health, Public Health Centers and other hospitals, providing direct and immediate preventive healthcare services for communities, putting cancer prevention and screening into effect, establishing a community health database platform and a complete cancer screening tracking system, which ultimate goals are to establish the concept of self-care, reduce medical expenditures and attain to holistic care.

However, due to the unequal distribution of medical resources between Eastern and Western Taiwan, and the narrow strip of Eastern Taiwan in geography with low population density, how to design an effective cancer screening promotional program with health promotion as the central strategy, using the medical center resources to establish the complete and thorough awareness of cancer prevention in the hospital and community, has become the main purpose of this project.

Purpose/Methods

In 2010, there were six cancer screening creative programs met the strategy of HPH and were promoted collectively in the hospital and community. They are: (1) cancer screening mobile trolley service in the hospital, (2) cancer screening services for resident patients, (3) the OPD actively suggestive system, (4) women's cancer screening pick-up and drop-off services for remote areas, (5) friendly workplace program (includes volunteers, staff and outsourcing manufacturers), and (6) community health day.

The objects of research were those who received the following cancer screenings in the hospital in 2010. (1) oral mucous membranes screening: 30-year-old and over, checking every two years. (2) Pap smear test: 30-year-old and over, checking every year. (3) mammography: between 45 and 69 years old, checking every two years. (4) fecal occult blood testing: between 50 and 69 years old, checking every two years.

Results

In these cancer screening creative programs, the OPD actively suggestive system clocked the highest volume growth, which followed by the friendly workplace program and the cancer screening mobile trolley service. Then again, in terms of time



efficiency, the friendly workplace program achieved the highest benefit, which followed by the community health day and the cancer screening services for resident patients.

- (1) Cancer screening mobile trolley service in the hospital: volume growth (annual) 26.75%, time efficiency ratio (per person-time): 2.30.
- (2) Cancer screening services for resident patients: volume growth (annual) 8.48%, time efficiency ratio (per person-time): 6.40.
- (3) The OPD actively suggestive system: volume growth (annual) 350.86%, time efficiency ratio (per person-time): 3.45.
- (4) Women's cancer screening pick-up and drop-off services for remote areas: volume growth (annual) 7.33%, time efficiency ratio (per person-time): 2.08.
- (5) Friendly workplace program (includes volunteers, staff and outsourcing manufacturers): volume growth (annual) 32.1%, time efficiency ratio (per person-time): 14.54.
- (6) Community health day: volume growth (annual) 17.66%, time efficiency ratio (per person-time): 14.29.

Conclusions

Cancer screening promotion cannot be done by a single unit, which requires the cooperation of all associated units in the hospital, and most importantly, the attention and support of hospital leaders. These creative programs, as a reference for other hospitals, showed that although the time investment of the OPD actively suggestive system was high, the volume growth was relatively high as it covered all departments in the hospital; the time investment of the friendly workplace program and the community health day were low, but the benefits were high. Thus, the more the activities were held, the higher the amount of cancer screening would get.

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P 11. Mammography Screening: What Do Women Know about Early Detection of Breast Cancer?

REZGIENE Loreta Rasute

Introduction

Breast cancer is the most common type of cancer in Lithuania women. As well as in other countries breast cancer is a leading cause of cancer death. Breast cancer cases diagnosed in late stages cause great anxiety and they make up about near to 60% of all diagnosed breast cancer cases. Morbidity and mortality related to breast cancer increases year to year. The breast cancer mammography screening program in Lithuania started at the end of year 2005. Today's data of mammography screening program showed more new breast cancer cases in early detection – I –II stages. Number of Siauliai county (one of the biggest counties in Lithuania) women participated in mammography screening is still low: only 12 % of age group 50 – 69 of Siauliai county women has participated in mammography screening.

Purpose/Methods

900 women of Siauliai County, of age 50 – 69, were asked about their knowledge and attitude towards early breast cancer detection. The anonymous questionnaire was carried out to women hadn't participated in mammography screening.

Results

15 % of respondents ascertained that preventive and prophylactic means of breast cancer are ineffective. Most of respondents pointed no breast checking by GP's and no information of

GP's about mammography (40 % respondents); 27 % of respondents stressed women's inability for self detection of cancer. 29 % of respondents stated that it is impossible to detect breast cancer in early stages. 18 % of respondents think that women reluctance to check up because of the fear to hear cancer diagnosis. 26 % of respondents stressed that women are lacking information about breast cancer. 96 % of respondents considered that female community must be informed about breast cancer more actively.

Conclusions

Community women don't have enough knowledge about breast cancer, especially breast cancer prevention and early detection means. Promotion of importance of breast self-examination and importance of mammography test is not sufficient. Increase in community literacy on breast cancer prevention would enhance the early detection of breast cancer. Women with breast cancer should join associations in order to enhance the awareness of population in cancer.

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P 12. Improving Mammography Screening in Rural Area Through Free Transportation Service

WANG Wen-Li, HSU Wen-Lin, TSENG Chian-Wei

Introduction

For the past 20 years, breast cancer prevalence is increasing with 4 times of rapid growth. Currently, it remains the first leading cause of death of female population in Taiwan. Hualien is located in eastern part of Taiwan, a county with terrain strip but relatively low population density, causing an imbalance of medical resources distribution. In order to improve the screening rate of mammography, a "rural areas mammogram shuttle service" program was developed in conjunction with Health-Promotion Hospitals program to encourage more women participated in breast cancer screening program.

Purpose/Methods

From July to December 2010, we provide transportation service for 50-69 year-old women from different parts of Hualien for mammogram screening. Mass education campaign for breast cancer screening was also delivered to the community.

Results

There are 63 subjects included in this study, 41(61%) with primary education level, 36 (57.1%) never underwent mammogram screening. High satisfaction rate (4.97 in Likert scale, 5 highest) was noted for the screening program. 81% women denote that they are willing to participate this screening program in the future.

Conclusions

Since July 2004, Bureau of National Health Insurance in Taiwan encourage 50-69 year-old women to undergo breast cancer screening by providing them a free mammogram every 2-3years. The providing of shuttle bus for mammography greatly increases the participation rate of the screening. In combining with mass education campaign for breast cancer screening, the program was highly acceptable for female residents in rural area.

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P 13. The Related Factors of Taking Breast Mammography Among Young Women: Using Taoyuan County As the Examples in Taiwan

LAI Su-Yu, WU Wan-Ru, HSIEH Chuan-Fa, LEE Chin-Ying, LEE Pei-Chia

Introduction

The incidence rate and mortality rate of breast cancer were increase in recently. Mammography is an effective technology for breast cancer detection, but it is underused by Taiwanese young women.

Purpose/Methods

The study analyzed the related factors of taking breast mammography Among Young Women. In the study, we evaluated the demographic and maternal characteristics on the underuse of mammography. We analyzed responses from 1853 women, ages between 30 and 44, who participated in a longitudinal study of community health screen from 2002 to 2007.

Results

The findings demonstrated that women: had regular breast self-examination habits were 1.96 times (95% women CI=1.34-2.87) to use mammography than those who didn't; Women who had breast disease history were 2.27 times (95% CI=1.61-3.20) to use mammography than those who didn't; Women who having family history of breast cancer were 2.34 times (95% CI=1.25-4.36) to use mammography than those who didn't.

Conclusions

Our findings reveal that women's use of mammography significantly correlated with their self-care attitude and past history of breast diseases. Our findings could be as references while considering mammography encouragement plan for young women.

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P 14. Changing Lifestyle of Women: A Case of Breast Cancer and Network Collaboration with Community Setting

JONGVANICH Jaruwun

Introduction

Breast cancer is one of the major cause of deaths among women around the world. Women aged 35-75 years is the duration aged of increasing rate of breast cancer in Thailand. Therefore, breast cancer is the disease which can be detected at the early stage by women themselves. The role of health care system started from community up to hospitals at all levels is the major intervention to enabling women on breast cancer control. Breast cancer can be detected by women by breast-self examination themselves in every month and correctly.

Purpose/Methods

The research study is to

- empower the women for breast self examination as their lifestyle
- develop the health care system as a network for health promotion started by breast cancer

Selection of areas to study had been appointed in 12 provinces in Thailand. The intervention for implement is to improve the capacity building of health personnel and health volunteer to be as a major action on breast self examination for women in those

community. The screening model had been initiated by technique and quality control on breast self examination which provided to women together with role of network on breast cancer for coordination and cooperation had been functional in health care system (community to hospital). The women had been learnt and practiced a "Triple Touch" for breast self examination in every months for 6 months. After 6 months, 285 from 33,918 women who had been trained and practice for the skill on breast self examination finding of breast disease (including early stage of breast cancer) and women had been screening to verify and referring for further treatment. The health personnel both hospitals and community played as a major role on motivation and supportive function on breast self examination which caused the impact between on pro and con active for women health.

Results

Women had gained knowledge and skill on breast self examination for early detection on breast cancer to reduce the latest stage of breast cancer which cause the impact of the reduction of women death from breast cancer and also to improve the quality of life of women.

Conclusions

There is quite some potential for more extensive trained the skill and technique on breast self examination for health personnel to be a qualified training for trainer for health volunteer and women. The hospital would be a major actor to cooperate and coordinate the pro active programme for health promotion and protection is very essential in community setting.

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P 15. Buddhist Tzu Chi General Hospital Taipei Branch, Effectiveness of Health Screening Services for Foreign Spouses

CHEN Chu-Yueh, CHIANG Cheng-Yang, LAI Yi-Chun, LIN Chia-Te, HSIEH Hung-Yu, CHAO You-Chen

Introduction

According to statistics 1 January 2006 ~ December 10, 2010 [1], the new Taipei City new-inhabitants number of total 76,900 people, including Xindian district Chinese spouses of 4332, other national spouse 2407 people. spouses may be due to low level of education, functional illiteracy, health belief differences and other factors, resulting Health care utilization barriers, lack of access to health care information pathways (Li, 2004, Yang, 2001, Nicholson, Grason, & Powe, 2003).

Also, according to foreign and mainland spouses to understand not complete pre-entry health checks and due process of naturalization of immigrants that are not readily within 4 months to obtain health insurance status, in addition to health problems unable to be protected, but also can not accept the health services.

Buddhist Tzu Chi General Hospital Taipei Branch uphold the "guarding lives, health, and love" the responsibility for the implementation of the integrity of this population health care, provide health care services, in 2010 and the Taipei City Health Bureau to apply for a new Xindian district's foreign spouses health screening services. Expect to achieve the effect of early detection and early treatment to enhance the foreign spouses individual and family health and happiness

Purpose/Methods

- screening programs: physical examination, liver function (GOT, GPT, Anti-HCV, HBsAg), fecal parasite egg, pap smear, health consultation, questionnaire.
- screening object: the spouses domiciled new Taipei City



(the main Xindian district) to the new entry, or within one year students who return to the nationality of the main countries and Southeast Asia

- Screening Fee: Free
- screening period: from May 2010 until the end of November 2010, adopted a two-stage approach, the first stage of screening, the second stage, the family physicians to explain the screening results of foreign spouses, health education, And provide treatment referral document
- health screening abnormal cases follow: screening implemented within three months publicity
- in the monthly hospital out-patient table, published spouses health screening information.
- the use of mass media. by the way DaAi TV publicity messages to marquee.
- to apply for a new resident orientation counseling classes in school advocacy.

Results

- screening method: Application of individual mining group screening sessions were conducted with 4 screening activities, points on May 26, 2010, July 28, Sept. 29 and Nov. 24 held
- screening sample: a total of 76 screening, the following distribution
 - age: 19 years of age: 1, 25-29 years old: 16 30-34: 20, 35-39 years old: 15, 40-49 years: 19, 50-59-year-old: 5
 - native Nationality: Chinese: 42, Vietnam: 13 people, the Burmese: 8, Filipino: 4, Indonesia: 3, Thai 2, Cambodian: 2, Japanese: 2
 - Entry Time: AD 1982-1986 (25 years): 1, AD 1987-1991 (20-24 years): 1, AD 1992-1996 (15-19 years): 3, AD 1997-2001 (10-14 years): 25, AD 2002-2006 (5-9 years): 30, AD 2007 -2010 years (5 years): 16
- 3. screening results
 - liver function: GOT: normal 73, abnormal 3; GPT: 71 normal and abnormal 5; HCV: 74 normal and abnormal 2; HbsAG: normal 71, abnormal 5
 - fecal parasite test results: normal 72, abnormal 4 (both infected with B. hominis)
 - Pap smear results: screening of several 29 9 normal and abnormal 20 (18 inflammation, atrophic inflammation 1, human papilloma virus 1)
- 4. follow up in (three months after the date of completion of screening track, the existing data up to the December 31, 2010)
 - liver function abnormalities: abnormal number of total 7 (abnormal rate of 9.21%), complete the referral tracking number 6 (85.71% referral rate), are receiving out-patient drug treatment, abdominal sona, and regular follow up.
 - fecal parasites: 4 Total number of abnormal (abnormal rate of 5.26%), complete the referral tracking number 3 (75% referral rate), receiving drug treatment, review the results are all normal.
 - Pap smear: abnormal total number of 20 (68.96% abnormality rate), for the tracking number for the 15 referrals (75% referral rate), three months after the review results: normal 9, drug treatment 5, regular colposcopy 1

Conclusion

The inflow of foreign spouses in Taiwan reproductive and family care, have a key change, not of Chinese nationality of the spouses, most of Taiwan's entry to fertility as the main social mission; Chinese spouses Zeyi family care-based. Health problems of foreign spouses and their families relevant to

health, so the population health management is important and urgent.

Foreign spouses to provide screening services, as part of the foreign spouse to the short time it is not available in Taiwan national health insurance eligibility for reducing health inequalities and other social or economic factors affecting health promotion opportunities for foreign spouses, the screening for free Services and someone to accompany, Events open to the public invitation. and on a voluntary registration service object-oriented program.

References

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P 16. Body Mass Index (Bmi) and Abdominal Obesity in Relation to Breast Cancer Stage at Diagnosis

BUKHOLM Ida

Introduction

Overweight and obesity are associated with an increased risk of developing breast cancer and recurrence or death from breast cancer. Obesity is also associated with hyperinsulinemia, insulin resistance and metabolic syndrome. There is little information about whether or not increased physical activity and weight loose may protect breast cancer relapse and mortality.

Purpose/Methods

All patients with breast cancer diagnosis admitted to Hospital, are asked about weight, height and leisure time physical activity. We also measure abdominal circumference at umbilicus level. Data about BMI and abdominal circumference are correlated to breast cancer disease stage. Information about follow up is collected prospectively. Patients with high BMI and low leisure time physical activity are invited to follow a program. This program is in cooperation with municipality health services.

Results

Preliminary data suggest a correlation between BMI and abdominal wall circumference and higher stage.

Conclusions

Study show an important example of how HPH philosophy may be integrated into a specialized health system, by focusing on also prevention, not only damage repair, and the study is also an example of integrated patient care between hospitals and primary health care. We would like to invite other countries which are part of the HPH network to join this prospective study, which may give very valuable information about a big and very important disease.

According to HPH philosophy, hospitals should work together with primary health care to improve health of the population. We are planning to offer breast cancer patients with high BMI a course in collaboration with primary health care to reduce BMI and insulin resistance and follow these patients to evaluate if interventions are associated with reduced relapse and improved survival. Overweight and obesity are associated with an increased risk of developing breast cancer and recurrence or death from breast cancer. Obesity is also associated with hyperinsulinemia, insulin resistance and metabolic syndrome. There is little information about whether or not increased physical activity and weight loose may protect breast cancer relapse and mortality.

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P 17. Promote Pap Smear Screening for Women in Taiwan from 2006 To 2010

CHANG Pei-Chi

Introduction

Cervical cancer was the fifth leading cause of death in 1996 in Taiwan. Pap smear screening has well effective and economic benefits to cervical cancer, but Taiwan women screening rate was only 54% in 2005. Research indicated some reasons which women refused screening: have no time (21.4%); screening place are too far (19.6%); have no pap smear screening advise (17.9%).

Purpose/Methods

To increase accessibility for community women to accept pap smear screening, we set up screening promotion project that try to except rejective screening factors. The projects include:

- Community screening service regularly
- Reducing Screening process time
- Improving computer alert system
- Building special clinic
- Mailing care card to eligible patient

Results

During 2006 and 2010, the pap smear screening rate increased. In 2006, 2008 and 2010 screening rate were 23.6%, 30.4%, 33.4% separated. The case who took screen was because routine annual (55%), alert system (33%) and care card (12%) by questionnaire. About 88% screen case wish have annual remind to do smear.

Conclusions

The results showed that care through real-time reminder, created supportive environment and reduced the screening process time for promoting women to do Pap smear is effective.

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P 18. Improvement of Revisiting Rate For Women with Positive Result of Pap Test

CHIU Shu-Pi, HUNG Shih-Yu, CHANG Yu-Cheng

Introduction

Cancer has been the leading cause of death since 1982 in Taiwan. It causes great burden for the society. Taiwan government provides free annual Pap test for women above 30-year-old since 1995. The statistics shows that the re-visiting rate is 54-86%. The revisiting rate will dramatically affect the health gain of those who have positive result of Pap test.

Purpose/Methods

To improve the revisiting rate of those women with positive result of Pap test, we try to shorten the time between the reporting and the first revisiting by effectively reforming the process of reporting. Besides intense phone-call reminder, we provide a "green-channel" to speed up the process of OPD revisiting.

Results

There were 119,105 person-times received Pap smear. 1918 were found abnormal and the revisiting rate was 97.3%. The 15-day revisiting rate increased from 49.4% to 67.6%, and 30-day revisiting rate from 82.8% to 95.8%.

Conclusions

This study proves that the integration of reporting, intensive phone-call reminder and friendly OPD arrangement can improve the revisiting rate. The individual intension is also the key factor. The reasons of not willing to come back need to be further analyzed. It will provide valuable information to improve health gain of the women with positive result of Pap test.

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P 19. Factor That Influence Women's Intention to Obtain Pap Smears in One Taiwan Community

LEE Mei-Ying, CHANG Min-Yu, SHIAU Chii-Shinn

Introduction

In Taiwan, cervical cancer is the 5th most prevalent type of cancer in women. Cervical cancer can be effectively identified by obtaining a Papanicolaou (Pap) smear examination. The research reported here surveyed women who had not had a Pap smear for at least three years.

Purpose

The purpose of this study was to identify the factors that predict whether or not women in this community intended to obtain a Pap smear in the future.

Methods

This community survey study recruited subjects who were identified from the Registry of cancer statistics, in the health center of Songshan District, in Taipei city. Women who had no record of receiving a Pap smear during the past three years were invited to participate in the study. Self-report questionnaires, including Pap smear knowledge, health beliefs, and demographic data were used to collect data.

Results

Sixty percent of women had very little Pap smear knowledge and only knowledge was related to women's intention to obtain a Pap smear examination from the Mobile Pap Smear Unit. Logistic regression analysis shown only perceived barriers and Pap smear knowledge were predictors of their intention to obtain a Pap smear screening at hospital or local community clinics in the future; and perceived barrier was the only predictor for the intention to do the screening at Mobil Pap Smear Unit.

Conclusions

These findings suggest that health care professionals can positively influence women's intention to obtain a Pap smear in the future by providing resources including patient education about the value of the examination, convenience and accessibility of the testing environment.

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P 20. The Experience of Oral Cancer Screening on Prisoners in Taiwan

HUANG Chun-Feng, HE Yi-Sang

Introduction



As a health promoting hospital, we have a mission to promote the health of population in the community, including the adjacent jail. Therefore, we performed oral examination in prison and provided valuable insight into the overall health and well-being of the male prisoners. The aim is to explore and evaluate oral cancer awareness and to identify associations between oral cancer awareness and tobacco or betel nut use in a sample of male prisoners in a local Taiwan prison.

Purpose/Methods

A systematic selected random sample of male prisoners participated and a structured interview schedule was used, generated from two different sets of validated standardized questionnaires: the WHO STEPS instrument for NCD (Non Communicable Diseases) Risk Factors to assess tobacco consumption and the modified Humphris Oral Cancer Knowledge Scale to assess oral cancer knowledge. Betel nut use consumption was assessed by a self-designed rating scale.

Results

Prevalence of tobacco consumption, mainly smoked, amongst prisoners was 97.8 % (95% CI 96, 99.6%). Prevalence of betel nut chewing amongst prisoners was 76.2 % (95% CI 68.3, 85.9%). The mean oral cancer knowledge score amongst prisoners was 12.6 (95% CI 11.4, 13.8). Statistically significant associations ($P < 0.05$) were found between duration of tobacco consumption and abnormal oral mucosa finding, age and abnormal oral mucosa finding, years of education and starting age of tobacco or betel nut use.

Conclusions

Tobacco and betel nut use was high. Knowledge did not appear to impact on this behavior, indicating the need for effective smoking and betel nut chewing interventions in this sample.

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P 21. The Care Chain for The Prevention and Care of Type 2 Diabetes For Adults In Pirkanmaa

PÖLÖNEN Auli, KUUSISTO Leena, HOLMBERG-MARTTILA Doris

Introduction

The purpose of the care chain is to ensure that the care received by the client is appropriate and fluent also when crossing borders between different organisations and professionals. The aim is to harmonise care practices, to organise the treatment in accordance with structured expert procedures, to co-ordinate the work, and to improve the quality of the care.

Purpose/Methods

The health care centres and private providers of occupational health care services in Pirkanmaa participated in The Project for the Prevention of the Type 2 Diabetes (FINLAND-D2D, in 2003-2007 and 2008). The experience gathered and the working models developed were compiled and edited by a multidisciplinary group to create the care chain for the Valkeakoski Hospital Region (Terveystoiminta 2008). The work having been evaluated, negotiations were carried out under the guidance of Centre for General Practice in order to develop a common care chain for all of the Pirkanmaa Hospital District. This updated version with stronger emphasis on client-centeredness was completed in 2010.

The Valkeakoski care chain for type 2 diabetes was the first one in Pirkanmaa covering prevention. It focuses on the prevention and on detecting undiagnosed patients and defines the duties of the personnel in screening and guidance. It also accentuates early intervention, care and counselling. The care chain opens up possibilities to organise regional interventions, to improve the quality of care, and to prevent complications.

Results

The regional care chain further clarifies the areas of responsibility among actors. The active role of the patient and the support needed for self-care has been emphasised. Genuine client-centered approach in support, guidance and services has been aimed at. The range of the services has been broadened and profiled to suit different client groups. The services and the follow-up procedures are based on the individual treatment plan and co-ordinated by a person in charge.

Conclusions

The implementation and evaluation of the care chain will be carried out as a joint project between the local actors and Centre for General Practice.

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P 22. Predictors of Self Care Behavior for Patients with Type 2 Diabetes in Greece

STATHOPOULOU Harikleia, PASCHALI Antonia, KARANIKOLA Maria, GROZOU Anna, KATOPODI Anastasia, TOUNTAS Yannis

Introduction

Type 2 diabetes is a chronic disease, presenting multiple self-care requirements upon patients, on a daily basis. Self-care is an integral part of diabetes management and it is necessary for the achievement of adequate glycaemic control and for the prevention of acute and chronic complications. The investigation of factors that affect the levels of self-care in type 2 diabetes patients can inform the design of programs for the promotion of diabetes self-management.

Purpose/Methods

The study aimed to a) explore the relationship between levels of self-care and demographic and disease related factors (gender, age, duration of disease, medication for depression, type of diabetes medication, BMI, attendance of diabetes education) b) predict self-care levels based on demographic and disease related factors in type 2 diabetes patients. The sample consisted of 342 patients on oral antidiabetic medication and/or insulin. The Summary of Diabetes Self Care Activities was used to measure levels of self-care (diet, exercise, blood glucose testing, foot care, smoking).

Results

Multiple regression analyses were performed. Insulin medication as opposed to oral antidiabetic medication was positively correlated with general diet self-care. A negative correlation was noted between avoidance of meat/full fat dairy products and age, whereas positive correlations were observed between meat/full fat dairy products and a) insulin medication b) attendance of diabetes education. Insulin medication was positively correlated with blood glucose self-care. Demographic and disease related factors proved to have limited contribution in the prediction of individual aspects of self-care.

Conclusions

Insulin medication is positively correlated with several aspects of diabetes self-care, which may be explained by factors such as higher perceived disease severity, broader impact of the disease on patients' lives, higher demands on behalf of patients. Attendance of diabetes education can reinforce a healthy diet, a finding that underscores the role of diabetes education in the promotion of self-management. The limited contribution of demographic and disease related factors in self-care levels suggests that chronic disease self-care is complex and multifactorial.

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P 23. The Evaluation Of Obese Diabetic Patients' Chewing Behavior Change When Taking Food, and Change of Weight and Biochemical Values

LAI C.-L., SUN K.-T., CHEN S.-C., SHEN K.-T., HUANG C.-J.

Introduction

To chew carefully and swallow slowly is a healthy dietary behavior; to integrate diabetes healthcare medical team to provide a supportive environment and let them understand that chewing carefully and swallowing slowly when taking food is good for health; by means of increasing time and number of chewing when taking food to understand its influence on obese diabetic patients' control of weight, waist, BMI, and biochemical tests, and to cultivate a good and healthy dietary behavior in personal skills.

Purpose/Methods

Computer-based randomly selecting 30 diabetic patients whose BMI was >25 (16 females and 14 males; average age: 63.1±2.8 years old) in this hospital, understanding the time and number of chewing when taking food in a meal via the questionnaire, making the measurement of weight, waist and hips, and doing biochemical tests with items and doing the chewing behavior change experiment through an educator's explanation. After executing for three months, the results were analyzed statistically with SPSS 19 version.

Results

After three months, there were 20 patients (11 females and 9 males; age: 62.4±2.6) finished the project and pre- and post-tests; the results showed: body weight (71.54±12.25 kgw: 70.06±12.65 kgw, P<0.001); BMI(30.54±2.25 kgw/m2: 29.71±2.63 kgw/m2, P=0.02); the waist (92.04±10.83 cm: 89.88±11.42 cm, P=0.01); the fasting blood glucose(120.2±29.28 mg/dl: 108.8±19.3 mg/dl, P=0.036); serum triglyceride(143.68±70.19 mg/dl: 128.21±62.68 mg/dl, P=0.033); however, HbA1c(6.90±0.94%: 6.83±1.01%, P=0.452); besides, the results also showed that more number of chewing was, wider the range of lowering blood sugar was(P=0.001).

Conclusions

From the results above, we can know that by means of instructing obese diabetic patients to do the healthy dietary behavior of chewing carefully and swallowing slowly when taking food, and increasing the time and number of times of chewing at ordinary times, there was an apparent phenomenon of improvement on obese diabetic patients' control of weight, waist and BMI, and fasting blood glucose level; it should be a healthy lifestyle promotion model worthwhile for popularization.

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P 24. Structured Education and Pre-Discharge Acceptance of a Diabetic Patient Undergoing Insulin Treatment, at Montecchio Hospital, Ausl Reggio Emilia (Local Health Authority)

MANICARDI Valeria, MICHELINI Massimo, FINARDI Lorenzo, BORGHI Francesca, CAPUANO Elena, GALLIANI Simonetta, IEMMI Marika, CHIARENZA Antonio, RICCO Daniela

Introduction

People with diabetes are admitted to hospital with a frequency 4 times higher than non-diabetics. Hospital admittance is frequently linked to acute pathologies, such as fractures, strokes, heart attacks, infections, Heart Failure or planned surgery, which make metabolic stress in themselves and require insulin treatment during hospitalisation and after discharge. A diabetic patient in hospital is a fragile patient who requires structured education, supervised discharge, and continuity of care from the hospital to the territory.

Purpose/Methods

The purpose is to organise supervised discharge of diabetic patients from hospital, through structured education and pre-discharge acceptance by a diabetology team, to guarantee continuity of care of the discharged patients with insulin therapy. The supervised discharge procedure involves: 3 days prior to discharge, organised diabetological consultancy which includes – within 48 hours – training in the use of insulin, training in the use of reflectometers, delivery of material for management of the therapy and scheduling of the first post-discharge appointment.

Results

From September, 2009, to December, 2010, at Montecchio Hospital, AUSL of Reggio Emilia,(It) 94 supervised discharges of admitted diabetic patients were performed, discharged with insulin therapy: 59 from Medicine, 19 from Long-term stays, 8 from Surgery and 8 from brief and Intensive observation. Each patient was instructed by the diabetology nurse on the use of insulin, pens and performance of the glycaemia self-test, and information was provided on performance of the therapy. 90% of consultancies were performed within 48 hours, 10% within 72 hours from request.

Conclusions

Organised nursing consultancy with education of the patient in management of insulin therapy and pre-discharge acceptance of admitted patients with diabetes guarantees continuity of care of diabetic patients discharged with insulin therapy.

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P 25. The Preliminary Study on the Changing Experience of Exercise Behavior for Pre-Diabetes

KUO Yu-Lun, CHANG Shu-Chuan

Introduction

People with pre-diabetes have a high incidence of developing diabetes. The way of preventing diabetes is doing positive lifestyle, such as regular exercise, diet modification and weight control. Even studies indicated that the effects of multi-approach health education on exercise behavior of pre-diabetes, but no studies explored how they change and what the difficulties existed in the change process. Therefore, this study investigated the changing experience of exercise behavior after the diabetes-prevention health education for Pre-diabetes.

Purpose/Methods

The study used a semi-structured depth interview of qualitative study, and selected the interviewee by purposive sampling method. Participants were middle-aged people, who were pre-



diabetes with fasting blood glucose levels 100-125mg/dl, and started to exercise after receiving diabetes-prevention health education. The interview guide included their experiences, feelings and opinions about difficulties in the process of implementing exercise. The manuscript of data was analyzed by using content analysis.

Results

Three working women participated in the study. Four themes emerged: integration of exercise in the daily life, often being self-vigilant, having responsibility to their own body, and discovery of good efforts for self-control blood glucose. Besides, the weather factor, self-inertia, irregular lifestyle, inconvenience of exercise, not able to catch up the progress, limitation because of age and lack of family support were also the reasons why they stopped exercising.

Conclusions

The results were different from Health Promotion Theory. They were not focused on the stages of behaviors change, but emphasized on behaviors change that should be rooted in heart through change of mind. This is only a pilot study and more data are continuing collected. We will further explore with more cases in order to provide a scientific basis for nurses to empower exercise behavior for pre-diabetes people.

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P 26. The Effectiveness Of Inpatient Case Management on A1c of Patients with Type 2 Diabetes

YEH Hsiu-Chen, CHANG Shu-Chuan, YOU Shene-Fong

Introduction

Good diabetes control needs a shared care model to effectively prevent or delay complications. The diabetes mortality rate in Hualien County, located in eastern Taiwan, has ranked the second since 2005.

Purpose/Methods

To investigate the effectiveness of inpatient case management on A1C for diabetes patients. In order to enhance self alert for health among diabetes inpatients, we set up a case manager since 2007 to provide care for patients with high risk of diabetes complications. The case manager assessed patient knowledge and self-care ability, defined problems, cooperated with inter-professionals, monitored outcome indicators, and provided phone-visiting at 1st, 6th, and 12th weeks after discharged, and referred patient to community health center if necessary.

Results

Results in 2008 has showed that the case management significantly improved inpatient satisfaction, diabetes knowledge, self-care behaviors, and A1C level, and reduced length of stay ($p < .05$). We analyzed 339 participants' A1C levels 4 months after discharge in 2010. The average A1C level (7.8%) was much lower than that in the hospital (10.1%). The good control rate ($A1C < 7.0\%$) increased from 10.7% to 32.9%, and poor control rate ($A1C > 9.5\%$) decreased from 58.6% to 15.2%.

Conclusions

The inpatient case management model can improve the A1C level of diabetes patients after discharged. The model also achieves the goal of health promotion in controlling chronic diseases that may postpone diabetes complications.

Comments

In the process, we found that self monitoring blood glucose was more insufficient. A strategy combined with promoting self monitoring of blood glucose and keep outpatient service of diabetes are recommended for the future researchers.

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P 27. A Model of Therapeutic Education

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Introduction

Diabetes is a chronic disease with a very large spread. A report by the World Health Organization in 2005 shows that over 2% of deaths is due to diabetes. The impact of this disease on quality of life and public health is strong. In recent years it has established a fundamental role in the approach to diabetes, not only of common behavioral and / or pharmacological therapies, but also of health education programs, aimed at patients and their families, by healthcare professionals (doctors, nurses, dietitians).

Purpose/Methods

The ETS program was attended by a total of 28 people. It included four meetings for six months last. At the beginning and at the end of the study glycated haemoglobin and weight were evaluated for each patient and GISED questionnaire (a measure of diabetes knowledge) was administered. Moreover, during each meeting, educational group lessons have been taken about these issues: instructions for use and contract of care, diet, physical activity and medication; complications. Pre-post data about weight and glycated hemoglobin were analyzed by paired T-test.

Results

Patients showed improvement in knowledge about the disease (10% increase of right answers to questionnaire), weight loss ($p < 0.005$) and reduction in glycated hemoglobin ($p < 0.001$). The educational therapy sessions help to change some habits: i) food control; ii) practice of physical activity; iii) regularity in taking drugs.

Conclusions

The programme showed not only an effect on the knowledge of the disease but also on the clinical aspects of diabetes. The results are indicative of how, by changing lifestyles, increasing physical activity and following a balanced diet, patients can improve metabolism.

Comments

To assess the effectiveness of a therapeutic education structured program (ETS) in improving knowledge and clinical aspects of the disease in patients with type 2 diabetes.

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P 28. 100 Sending Out a Warning, 126 Being Careful of Diabetes- The Effects of Innovative Multi-Approach Health Education for People With Pre-Diabetes in Eastern Taiwan

CHANG Shu-Chuan, KUO Yu-Lun, YEH Mei Chang, WANG Ying-Wei, YEH Shiu-Chen

Introduction

Most individuals with increased risk for diabetes don't realize that their blood glucose levels are higher than normal and do not take ways to prevent diabetes.

Purpose/Methods

A quasi-experimental research examined the effects of a creative and convenient diabetes prevention health education (DPHE) for people with pre-diabetes. Potential participants with fasting blood glucose 100 to 125mg/dl in health examination were randomly assigned to experimental and control groups (final n=41 & 35). The experimental group received a specific DPHE including a class, a poster, a campaign bowl, and telephone-reminders. The control group only had a handout. Pre- and post- test six weeks later were to evaluate the effects.

Results

The results showed significant difference in knowledge of diabetes prevention between both groups, experimental group was greater than control group ($p < .01$). Experimental group presented significant improvement in exercise prevention behavior ($p < .01$) and physiological indicators including body fat ($p < .05$), body weight ($p < .05$) and body mass index ($p < .05$), but no significant difference in fasting blood glucose and diet prevention behavior. However, both prevention behaviors and physiological indicators of the control group did not improve.

Conclusions

We found effects of the creative multi-approach health education on diabetes prevention knowledge, improvement of exercise behavior and physiological indicators.

Comments

The results can offer clinical and health organizations to implement DPHE for people with increased risk for diabetes. However, which one element of the DPHE is most effective for people to prevent diabetes needs further investigation.

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P 29. Hba1c Control in Patients with Diabetes Mellitus

HSU Tsui-Tzu, TIAN Yu-Sian, MU Chia-Fen, HSU Chao-Yu

Introduction

The HbA1C test is one of the best ways to check whether the diabetes is well control. It indicates blood glucose levels for the previous two to three months. The objective of this study is to investigate the project of HbA1c control in our hospital during the last few years.

Purpose/Methods

There were 731, 789 and 851 patients enrolled in the project of HbA1c control in the year of 2006, 2007 and 2008. HbA1c was checked every 3 months. Individual health education (about 20 minutes) was offered to each patient every 3 months. A project-specialist (in endocrinology and metabolism) was enrolled in 2007. A well control of diabetes was defined as HbA1c less than 7%.

Results

There were 286 (36.7%), 283 (35.9%) and 364 (42.8%) patients with well control of diabetes in the year of 2006, 2007 and 2008. Diabetes control was improving after enrolling a project specialist, there was a significant difference ($p = 0.001$) between 2007 and 2008 in the control of diabetes.

Conclusions

In patients who have diabetes, health promotion can start from a well control of diabetes.

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P 30. Health-Promoting Lifestyle Between Metabolic Syndrome Patients And Non- Metabolic Syndrome Patients- Among Adults And The Elderly

CHEN Wen-Chun, SU Pei Hung

Introduction

Metabolic syndrome is one of the diseases, which is focused all over the world. In Taiwan, the prevalence rate of metabolic syndrome for the people above 20 is approximately 30%. This study mainly focuses on patients' promoting lifestyle, and those who are with metabolic syndrome health, to help the doctors or medical related workers in Taiwan promote a prevention of metabolic syndrome and improve the health and quality of life.

Purpose/Methods

A cross-sectional research design was used in this study. Purposive sampling was used to recruit a total of 222 community population from a community-based multiple screening program to in Chiayi, Taiwan from late April to early August 2010. Using The Chinese version Health Promoting Lifestyle Profile II in the 52-item and plus 5 basic information questions, totally there are 61 questions.

Results

The statistics shows a clear difference on the adults in the aspect of exercise and dietary behavior, no matter towards those with metabolic syndrome or not ($p < .05$); while among the elderly, the noticeable differences are found in social support, sports, and self-realization ($p < .05$).

Conclusions

For those with Metabolism syndrome, the nursing staffs may be able to serve as commanders, negotiators, and researchers, to help them improve and promote healthy life styles in order to reduce the complications that might come with diseases and the extra financial burden. Therefore, they can help the patient develop a better life; what's more, they can reduce the waste of medical resources and the cost of our nation.

Comments

To decrease the formation rate of the Metabolism syndrome among Taiwan adults, we suggest that we form correct diet ideas and a habit of regular exercise by school and family education. As for the elderly, most of them are willing to live with a healthier life style to improve their health behaviors; therefore, we think can hold a series of related courses for them like movement classes, cooking classes and so on, to decrease and control the Metabolism syndrome.

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P 31. Exploring the Relationships Between Lifestyle and Quality of Life Among Community Dwellings With Metabolic Syndrome in Taiwan

LIN Mei-Hsiang, LIU Huoy-In, LEE Chin-Ying, HSU Hsiu-Chin

Introduction

Metabolic syndrome is a cluster of medical disorders that increase the risk of developing diabetes and cardiovascular



disease. Consequently, this condition deteriorated quality of life and even increased the mortality rate.

Purpose / Methods

The purposes of this study were to explore the distribution and differences of lifestyle and quality of life among community dwelling adults. 182 subjects with metabolic syndrome who participated a compound health screening were recruited from a medical center. SF-36 and lifestyle questionnaire were employed for data collection. Descriptive analysis, one-way ANOVA, and t-test were used to analyses data.

Results

The results of physiological index of metabolic syndrome in this study showed 57.5% of participants were systolic blood pressure greater than 130 mmHg, 62.4% of male participants had High-density lipoprotein \geq 40 mg/dl, and 53.1% of female participants had High-density lipoprotein $<$ 50 mg/dl, 54.4% of participants had Cholesterol level \geq 150 mg/dl, and over 50% of participants had waist circumference greater than 80cm. In addition, comparing to the norm of SF-36 quality life in Taiwan, the score of the physical function, vitality, and social function were greater 50 points in this study, also the score of role limitation due to emotional and physical problems were greater than the norm. In lifestyle and quality of life parts, drinking and general health, social function, as well as overall quality of life showed significantly different ($p < .05$), and there was a significant difference between smoking and physical function ($p < .05$). Moreover, the results found there were significant differences as following: diastolic blood pressure and physical function, waist circumference and role limitation due to physical problems, blood sugar and general health, as well as blood pressure ($p < .05$).

Conclusions

The results of this study showed that education, smoking, drinking, and exercise are essential factors affecting quality of life to metabolic syndrome patients. These findings of this study can provide useful information as a reference to health organization when amending health policy.

Comments

By participating the compound health screening, community dwellings recognized the importance of health prevention to decrease the risk of diabetes and cardiovascular disease. Therefore, it is crucial to educated people how to recognize self-health through regularly joining compound health screening to reduce metabolic syndrome, even decrease social cost in the future.

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P 32. Empower People With Obesity or Metabolic Syndrome by Diet And Exercise Education

HUNG Ling-Yu, KUO Ying-Ling, CHANG Pei-Li, CHOU Jih-Chyun, MA Hon-Kwong

Introduction

Metabolic syndrome is well documented about major cardiovascular disease, such as ischemic stroke and myocardial infarction. Besides, obesity also increased the hazard of knee degenerative arthritis. These diseases are most originated from poor diet and exercise habits. In order to improve these diseases, it is very important to empower people by correct diet and exercise education.

Purpose / Methods

Community-integrated health exam was performed yearly in our city. From screening data base, people with obesity or meta-

bolic syndrome in Yonghe and Zhonghe districts were invited to join a free 12-week program of diet and exercise in our hospital. All expenditure was sponsored by government. The lessons were held 2.5 hours per week including nutrition or exercise lecture, 30-minute exercise time and individual diet and exercise diary counseling. We teach them how to count daily calorie they need and food calorie, how to cook a low-salt, low-oil and low-calorie diet, how to choose and do safe and effective exercises and other associated topics. In this program, we never give any medicine or low-calorie products for meal replacement.

Results

There are a total of 226 participants with 47 men (20.8%) and 179 women (79.2%) in our program. The averaged age is 54.2 ± 11.7 years old. After 12-week program, significant improvements were found in weight (72 vs. 70 kg, $P < 0.001$), body mass index (28.7 vs. 27.9, $P < 0.001$), body fat rate (38.1 vs. 35.2 %, $P < 0.001$), waist circumference (91 vs. 89.9 cm, $P < 0.001$), hip circumference (102.3 vs. 100.1 cm, $P < 0.001$), systolic blood pressure (133 vs. 124.3 mmHg, $P < 0.001$) and diastolic blood pressure (77.6 vs. 74.7 mmHg, $P < 0.001$). In participants with $SBP \geq 130$ mmHg or $DBP \geq 85$ mmHg, averaged blood pressure fall down to near threshold (SBP: 145.1 vs. 130.6 mmHg; DBP: 91.2 vs. 82 mmHg; $P < 0.001$). Participants were satisfied with this program.

Conclusions

A 12-week program of diet and exercise is effective to improve obesity and metabolic syndrome. Except the significant improvements in metabolic syndrome associated factors, the most important thing is that participants have learned the correct diet and exercise knowledge and they can keep it going on by themselves without medicine or any low-calorie products.

Comments

Diet control and exercise are two important key points to control obesity and metabolic syndrome. Through series of education program, we empower people to treat obesity and metabolic syndrome by themselves. This program is a safe and effective way and it is worthy to promote.

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Session P 1-3: Enhancing pregnancy, birth-giving and caring for babies with health promotion

P 33. The Present Status and Ways of The Developing of the Maternity Health Clinic Services – The Point of View Public Health Nurses Working in Primary Prenatal Care in South-west Finland

TUOMINEN Miia, AHONEN Pia, RAUTAVA Päivi

Introduction

The primary maternity health care system in Finland was mandated by law in 1944, for to guarantee free health services for every pregnant woman. These services are provided by communal maternity health clinics (MHC). There are some unique features in Finnish maternity care system compared to other European countries' maternity services. Firstly, primary prenatal care in Finland is provided in communal MHCs by public health nurses (PHN), in contrast to many other countries main prenatal care provider is usually a midwife. However, in Finland midwives are also able to work in MHC, but then they typically have

a PHN degree, too. Secondly, Finnish MHC activities are organized in varying ways in different parts of the country, even in the same health care center. Laws and information management concerning the work in the MHC do not define the manner in which the work should be organized.

Purpose / Methods

The different models of organising the MHC services and argue about the main care providers best possible education raise the question of what is the best way to organise the MHC work? The purpose of this study was to find out how the MHC services should be organised and developed according to PHN's working in MHCs of Hospital District of Southwest Finland (HDSF). Secondary objectives were to determine and compare PHN's and midwives perceptions about their own clinical competencies in MHC work, focused on communication skills and expertise in maternity care. All PHN's working in MHCs in district of the HDSF (N=107) were recruited to this study. Data were collected using a web-based questionnaire.

Results

Data of the study is under analyzing. As a preliminary results can be presented following assumptions: PHNs opinion about developing of the MHC services depends on professional education (PHN or midwife) and on organizational models of the MHCs action (PHNs working unit). It seems to be that there are no significant differences with communicational skills between PHNs and midwives, or between those who are working in MHCs organized in varying ways. There might be differences between above-mentioned groups with some clinical competence.

Conclusions

Nowadays, there is a great variation in providing and management of MHC services and of personnel resources in Finland. Previous research on MHCs in Finland has focused mainly on maternal and newborn health results (e.g. pre-eclampsia, preterm birth, women's satisfaction) or expectations and experiences of child bearing families. The opinion of maternity care providers and the point of view in service system has been largely neglected. This study is part of wider research combination focusing on developing and harmonizing of the MHC services in Finland. The results of this study and other studies in research combination will be bring new arguments to discussion about what really is the best way to organise the MHC work in Finland in the future.

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P 34. Measuring and Improving Vitamin D Promotion and Prescribing to Prenatal and Postnatal Women Within the North West of England

JAGATIA Sophie, LEE Deborah, HAYNES Charlotte, COOK Gary

Introduction

Vitamin D is an essential nutrient for maternal health; inadequate amounts of vitamin D may lead to lasting consequences on foetal bone growth. Currently there is no consistent approach to ensuring that the benefits of Vitamin D supplements are promoted and that the implications of low intrauterine vitamin D levels during pregnancy are discussed during pre and postnatal appointments with healthcare professionals. Research has highlighted the need to promote the uptake of Vitamin D pre conception, during and post pregnancy.

Purpose/Methods

An audit of current practice across maternity care within the North West is currently in process. Providers of maternity care based in community facilities, hospitals, and pharmacists have been asked to undertake a provider services audit. This is being

followed by a case note audit of maternity clients' records to evaluate whether they are provided with advice on vitamin D and/or prescribed vitamin D supplements.

Results

So far we have gained an insight into midwives and health visitors training needs, the supply and demand of vitamin D supplements, level of patient assessments for risk factors associated with low levels of vitamin D, vitamin D advice/prescribing, and the availability of literature promoting the importance of vitamin D to maternal, fetal and child health, all of which will be reported at the conference.

Conclusions

It is hoped that the findings will contribute to a consultation with commissioners of maternity services allowing the development of a coherent standardized service in promoting vitamin D to pre and postnatal women across the Northwest of England.

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P 35. Enhancing Dental Visit for Pregnant Women

CHEN Ho-Chin, CHEN Shih-Ming, LIN Po-Yen, HUANG Hui-Ting

Introduction

A mother's prenatal health can play a vital role in the health of both her and her baby's teeth, gums and mouth. As a pregnant woman, it is no secret that making healthy choices will directly benefit the developing baby, such as balanced diets and proper oral hygiene habits. Many pregnant women need to have a snack periodically throughout the day. Frequently eating of these kinds of sugary foods can make one more susceptible to cavities, and an increase in hormone levels can also have some negative effects to oral health condition.

Purpose/Methods

Going to the dentist is probably not at the top of pregnant woman favorite's list particularly in our country, so in fact we have quite a few of dental emergency call of pregnant women. In Taiwan Adventist Hospital, the Gynecologic and Dental Departments work together, provide a special service for pregnant women. Since 2010, any first appointment with gynecologist of TAH can also visit dental dept for free exam and prenatal consultation. We also ask the pregnant women to complete a structural questionnaire during the exam.

Results

In 2010, we preformed 108 services for pregnant women. The mean of the pregnancy was 20.14±5.88 weeks. 77% had normal temporal-mandibular joint condition and 89% had normal oral mucosa. About periodontal status, 11.22% were healthy and 85.71% were diagnosed gingivitis. Fortunately, there were no severe dental problems noted.

Conclusions

Many patients of pregnant woman appreciated our efforts and recognized the important of oral health.

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P 36. Buggy Walking: Developing an Innovative Approach to Improving Health Gain For New Mothers and Their Babies



**MCCONNELL Barbara, MURRAY Carol,
BREWSTER Lynn, ROBINSON James**

Introduction

New mums can often experience feelings of social isolation and be overwhelmed by the responsibility and challenge of caring for a new baby. Adopting the philosophy that every health care contact is a health improvement opportunity, a network of buggy walks have developed across Falkirk, Central Scotland. Buggy walks provide an innovative approach to mother and baby contact with a health professional whilst maximising opportunities for health gain through social interaction, physical activity and lifelong learning.

Purpose/Methods

The initiative, developed in partnership between health professionals, community-based walking initiatives Step Forth and Paths for All, and local mums, aims to provide professional and peer support to new mums through organised local weekly walks. Buggy walks provide a mechanism for Health Visitors to introduce new mums who would benefit most from peer support to participate in health walks. A focus group and in-depth interview was undertaken with participants and key professionals, including Health Visitors and General Medical Practitioners.

Results

Participants valued support contact outside of the clinical environment. Further health benefits reported included:

- Greater social interaction
- Improved mental wellbeing
- Increased physical activity for mother and wider family
- Greater confidence and progression to other adult learning opportunities

Health professionals reported mums at greater ease and open to talk away from distractions of home or constraints of a clinical appointment. Weekly group contact was also considered a more effective use of Health Visitor time preventing the need for individual appointments.

Conclusions

Buggy walking demonstrates opportunities for health improvement through working collaboratively with community-based organisations and the practical promotion of health utilising the wider social and physical environment. The initiative provides a tool for the Health Visitor to maximise contact time in a group setting, thereby releasing time for individual contact with the most vulnerable families. It also offers a means for the Health Visitor to facilitate introduction for new mums into a peer support network with wider healthy living benefits.

Comments

Buggy walks allow practitioners to provide professional advice and develop peer support mechanisms. Traditional approaches offering clinical appointments, or forming groups within the health centre, also provide support to mums coping with a new baby. However, this initiative has highlighted that developing contact outside of the health centre through the health walk, and in collaboration with other services, offers greater potential to maximise health gain for new mums and their families in a practical and sustained way.

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**P 37. From Research to Action:
New Anc Model st Health Promotion
Hospital, Khon Kaen**

WINIYAKUL Narong

Introduction

The situation of maternal mortality in Thailand has been decreased from 660/100,000 live births in 1951 to 170/100,000

live births and 50/100,000 live births and 1984 respectively. At present, the maternal mortality is during 17-27/100,000 live births and also the decreasing rate of infant mortality is 9.5/1,000 live births because of the development of public health services. Mostly, safe a motherhood and neonatal care is the major responsibility of the Ministry of Public Health under the core function of the Department of Health. The Health Promotion center Region 6, Khon Kaen has adopted the WHO declaration on WHO new antenatal care model since 2003. The implementation was to develop the model to help improve the maternal and child health quality of life.

Purpose/Methods

WHO new ANC model was implemented since 2003 in Health Promotion hospital, Khon Kaen. There were approximately 2000 deliveries each year with more than 12,000 visits at the antenatal clinic. The median number of visits was 6 times during 2004 to 2009 decreased from 9 times in 2003. After six years of implementation we recruited all the patients who visited antenatal clinic and delivered in 2009 were collected and analyzed the characteristics of antenatal cares, interventions and complications and outcomes of the deliveries.

Results

There were 899 cases who had antenatal care and delivered in 2009. Median aged was 25 years (15-44). 48.2 percents first visited before 12 weeks. Median number of visits 6 times (1-15) with 19.6 percents risks by classifying form. Vaginal infections were 11.95percents in 86.5 percents of pelvic examination screening, mostly moniliasis. 40 percents found asymptomatic bacteriuria. 70.7 percents of the cases had an ultrasound screening at 20-26 weeks. There were 27.4 percents of complications in pregnancy: anemia, gestational diabetes, hypertension and placenta previa. There were 18.9 percents caesarean section and 6.9 percents of preterm births and 7.1 percents of low birth weight.

Conclusions

After the implementation of WHO new antenatal care model, there are decreasing the number of visits however we could detected early the antenatal complications and maintained the quality as well. The pregnancy outcomes were satisfied.

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**P 38. "First Home Meeting": Post-
natal Home Visits Experimental Pro-
ject**

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MONELLI M., GRISENDI C., PANNA L.,
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Daniela**

Introduction

For experimental purposes, a project was started in 2010 (jointly managed by the Family Centres of the municipalities of Re and Pedecollina and the local health authority, with the collaboration of the ASMN), aimed at offering new mothers support and obstetric consultancy at home, on request, in the first two weeks of life of their newborn babies.

Purpose/Methods

The purpose of the proposal was supporting new mothers in the initial moments of getting to know their new baby, helping them with feeding and physical recovery after the birth. It was also proposed to achieve careful and in-depth observation of the situations encountered, in order to obtain information, impressions and reflections on motherhood in the current social context and its critical areas. The method used was participating observation, on the basis of a set of topics identified and high-

lighted collectively in the project group, but with the joint purpose of support and identification of situations and a flexible view of the encounter. The topics covered were: breastfeeding, resources of the context, support of the father and the relationship of the couple, post-partum feelings and depression.

Results

130 home visits were made to Italian and foreign mothers, almost all having had their first child, and monitoring and re-reading of data was performed, divided over one year. The data is still being processed, but would appear to represent an interesting view of the situation and our territory. The initiative was extremely well-received by the families.

Conclusions

The intention is to use the material collected as a means of training for the operators concerned in the area of pregnancy and birth. It will also provide the documentary stimulus for conceiving and proposing specific initiatives aimed at parents in this age band, which involves the services in an integrated and continuous way, in order to start a process of transformation of cultural and imaginary aspects which relates to the situation of being parents in the earliest moments of life of the child and to help families improve their resources at such a crucial moment of re-equilibrium of their relationship.

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P 39. Towards Motherhood and Fatherhood Using Multidisciplinary and Peer Support- Developing Extensive Family Coaching in Naantali Maternity Care Services

NUMMELA Riikka

Introduction

The development project was part of a larger project in the University of Applied Sciences, Neuvolatoiminta 2010-luvulle, Kymppi-hanke. The aim of the development project was to increase multidisciplinary between the cooperating organisations and peer support between expecting families. In the development project was created a new family coaching model for Naantali maternity care services using multidisciplinary collaboration and enhancing peer support activity. The maternity care services consist of eight family coaching sessions with social and health care service and third sector.

Purpose/Methods

The aim of this master's thesis was create an extensive family coaching model for maternity care services in Naantali, in collaboration with the social and health care services and third sector. The aim of the development project was to increase multidisciplinary between the cooperating organisations; the social and health care services and third sector. The aim of the study was to determine the opinions of the interviewees concerning multidisciplinary, peer support, parenting support and family coaching.

Results

As an output of the development project, a new family coaching model for Naantali maternity care services was created as a multidisciplinary collaboration and enhancing peer support activity. The extensive family coaching consists of eight family coaching sessions. New activities are a group session for mothers, a fathers' group for fathers and common events with the open day-care center Väentupa, the Lutheran Congregation of Naantali and the association Save the Children.

Conclusions

The analysis of the interviews revealed that increasing knowledge and awareness can have an effect on multidisciplinary cooperation and parenting support. The knowledge and aware-

ness cooperating organisations services guide parents to get services for parenting support. The interviewees were of the opinion that family coaching should be developed so that family support will be provided also after delivery and that it will be implemented as multidisciplinary collaboration.

Comments

The new family coaching model for Naantali maternity care services is working pattern. This new family coaching model has been use an one year. This development project played an important role when Naantali was chosen to be part of the development project "Vahvuutta vanhemmuuteen ja vuorovai-kutukseen" of the Mannerheim League for Child Welfare

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P 40. Means to Prevent the Mother to Child Transmission (Pmtct) of Hiv, Barriers of it and Resources to Carry Out - Views of Luba-Kasai Refugees

AUVINEN Jaana, SUOMINEN Tarja

Introduction

Refugees face many challenges in their host countries. The needs of this sub population may require special attention also in antenatal care e.g. concerning male participation in PMTCT of HIV programs. The rate of HIV prevalence is 20, 8 % in Lusaka Province (Zambia country report, 2010) and among pregnant women it is about 21 % in the capital town Lusaka. Zambia is one of the high HIV infected countries in sub-Saharan Africa.

Purpose/Methods

To describe refugee 1) male partners' views on how they can prevent their wives and babies from being exposed to HIV infection during pregnancy, delivery and feeding of the baby, and 2) their views on barriers inhibiting them to prevent, as well as resources they need to prevent MTCT of HIV. The data were collected by interviews among Luba-Kasai refugee men (n=21) and analyzed by inductive content analysis. The research was carried out to Zambian requirements including ethical aspects.

Results

Means of prevention: spirituality, controlling sex behavior, using condoms, influencing feeding of the baby, receiving support from health system, avoiding blood contact, avoiding dirt, loving and taking care, accommodating to the situation, and changing the tradition. The barriers in prevention: poverty, a status of refugee, faults in antenatal clinic, marital incoherence, passivity, ignorance, HIV related stigma, cultural characters. The resources to prevent: spirituality, knowledge on PMTCT of HIV, support and availability of advanced health system and satisfaction of basic needs.

Conclusions

More attention to male participation including needs of refugees in antenatal care and collaboration between different sectors of society might improve male participation and reduce the rate of HIV infected children.

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Session P 1-4: Health promotion for hospital staff & Staff attitudes towards health pro- motion

P 41. A Study of Employee Satis- faction at a Public Hospital

LIN Szu-Hai, CHEN Wen-Jone, HUANG Hsiao-Ling, LIN Yea-Wen, TUNG Shu-Chen

Introduction

As society standards improve, the quality and service level of medical care to citizens needs to improve, so how to achieve a high level of patient satisfaction is an important strategy in competing in the medical industry. In this study, our subject is the staff of a public hospital. We survey to gather information from their many years of service in the medical industry and their opinions on the various services within the hospital that should be improved. The survey results are an important point of reference for the hospital to enhance their standard of service. The purpose of this study is to raise patient satisfaction through improving service quality within the hospital.

Purpose/Methods

In this study, all the employees of the public hospital are the target study group. A comprehensive questionnaire was personally handed to a randomly selected survey population by the research staff. The survey was handed out from May 17th until June 4th of 2010, our research subject focuses on employees still in employment during the end of May 2010. This study issued 1090 surveys and received 1021 valid responses, an effective rate of 93.6%. Data processing uses SPSS 17.0 for descriptive statistics and chi-square test statistical analysis.

Results

The following 8 items received a positive rating above 95%: 1.) Comprehensive hospital services for patients and their families. 2.) A general evaluation of the public hospital from each different social group. 3.) Hospital doctors and patients interaction satisfaction. 4.) Staff politeness in phone calls. 5.) The cross department cooperation of the Social Service Department. 6.) Proactive and determination of staff. 7.) Quality of interaction between colleagues of the same department. 8.) Recognition of individuals and affirmation of their work skills.

The following 25 items received a rating from 95% to 90%: 1.) Brightness of hospital lighting. 2.) Professionalism of physicians. 3.) Standard of medical care to match patient needs. 4.) Ownership for decisions executed in the workplace. 5.) Academic study in the hospital. 6.) Availability of medical testing equipment. 7.) The cross department cooperation of the management centre. 8.) Receiving affirmation from supervisor for good performance. 9.) Work expectations match actual working situation. 10.) Direct communication between workers and supervisors (including superintendent) 11.) Up-to-date medical testing equipment. 12.) A sufficient number of hospital administrative staff. 13.) Cross department cooperation of the accounting department. 14.) Personal job-satisfaction. 15.) Quality of pharmacists. 16.) Cross department cooperation of the medical records department. 17.) Employees feel empowered in their work position, at all levels of work. 18.) Properness and completeness of safety management in use. 19.) Quality of nursing staff. 20.) Sufficient number of lab workers. 21.) Quality of medical record department employees. 22.) Quality of lab workers. 23.) Sufficient number of medical record department employees. 24.) The business philosophy of the hospital. 25.) Referral system for appropriately allocating patients to maximize medical resource usage.

The following 18 items received a rating from 90% to 85%: 1.) Hospital department heads set a role model example. 2.) Sufficient number of pharmacists. 3.) Cross department cooperation of the HR Department. 4.) Career development. 5.) Personnel training plan. 6.) Cross department cooperation of the business development planning department. 7.) Communications be-

tween all departments. 8.) Proper financial management. 9.) Quality of administrative employees. 10.) Serenity within and around the hospital area. 11.) Cross department cooperation of the administrative staff. 12.) Cleanliness within and around the hospital area. 13.) Referral system within the hospital to reduce workload of colleagues. 14.) Satisfaction with the overall hospital environment. 15.) Having the necessary tools for work. 16.) Effectiveness of employee complaints procedure. 17.) How the budget forecast affects willingness to work. 18.) How the budget forecast affects morale in the workplace.

The following 7 items received a rating from 85% to 80%: 1.) The level of satisfaction for hospital staff complaint. 2.) Properly handled complaint cases. 3.) Having the necessary equipment for work. 4.) Incentive program is readily understood. 5.) Incentive program is reasonable. 6.) Incentive program is fair. 7.) Sufficient number of licensed medical doctors.

The following 5 items received a rating from 80% to 70%: 1.) Fair and just personnel promotion. 2.) Reasonableness of hospital personnel promotions. 3.) Cross Department Cooperation of the IT Department. 4.) Hospital incentive program - monetary amount. 5.) Sufficient number of workers.

The following 1 item received a rating from 70% to 65%: 1.) Hospital employee benefits. The following 1 item received a rating below 65%: 1.) Sufficient number of hospital nurses.

Conclusions

The hospital staff is an important asset, the hospital staff satisfaction within the hospital conclude that 8 evaluation items received a positive rating of 95% or more, 25 evaluation items received a 90% to 95% positive assessment rate, 18 evaluation points received a 85% to 90% satisfaction rating, 7 evaluation items received a positive feedback ratio of 80% to 85%. We conclude that high service quality employees are the driving force for a prosperous development of a public hospital. 7 items received a lower rating, below 80%, inferring that employees are not satisfied with the promotion system, incentive program, employee benefits, and the number of nursing staff.

Comments

The study proposes for an increase in nursing staff allocation, and to strengthen human resources management. Arrange accordingly, staff expertise and experience to their appropriate service units. The promotion system should be well established along with regular work assessments given at regular intervals, and qualified workers should be raised as appropriate officials. Family members of staff (up to three degrees of kinship) should be included in employee benefits. Staff vacation days should be correlated with years in employment and given the appropriate benefits accordingly. The hospital should also schedule vacations or organized outing activities, so that employees can relax, relieve work pressure, and are mentally and physically well to improve work efficiency.

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P 42. Joint Action by a Multidisciplinary Team to Improve Quality of Life

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Introduction

Santa Helena Hospital S.A., an institution founded in 2004, serves the users of Santa Helena Medical Care, with around 150.000 lives in the ABCD region of São Paulo, Brazil. The hospital has as mission to give multi professional assistance to health in a systemic and efficient way, focusing in the quality of its given services and in the safety of the patient. The Health Promotion Program comes lined up to this mission, adding benefits to the 350 employees.

Purpose/Methods

The Program for Health Promotion "In Harmony with Life" started in 2007 has as objective to improve the quality of lifestyle and health of the employees of Santa Helena Hospital. It was realized a survey of the health profile of the population and according to the motivational state and own health, prevention actions and health promotion were developed. Data collection was realized for evaluation and monitoring of the obtained data, from 2007 to 2010. The data were compared.

Results

It was observed a reduction of 55.69% of smokers (from 13.54% to 6%). There was a reduction of 12.58% of excessive stress and 18.93% of anxiety. It was noted a reduction of musculoskeletal diseases such as back pain and neck pain. It was observed a decrease of rhinitis, asthma and headache. There was a decrease of uncontrolled hypertension of 66.67% (from 9,72% to 3,24%). It was observed an improvement of the personal perception of health state.

Conclusions

It was verified change in the lifestyle for risk factors as smoking and stress. As well as this, it was observed a reduction of musculoskeletal diseases and uncontrolled hypertension. The continuity of the health promotion program "In Harmony with Life" is vital to get expressive results in health prevention and promotion in this population.

Comments

The Program of Health Promotion – "In Harmony with Life" counts with a team of expert professionals and with multidisciplinary and inter-sector actions – Physical Educator, Physiotherapist, Nutritionist, Occupational Therapist, Acupuncturist, Psychologist, Work Safety Technician, Musician, Phonoaudiologist under the Coordination of a Doctor and a Pedagogue. The activities realized by the program were weekly work gymnastic, weekly relaxation and massage, ambulatory with individual visits and monitoring of nutrition, physiotherapy, acupuncture, psychology, choral, guitar lessons and musical intervention in work area.

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P 43. Bilancia. Re-Balancing Working and Family Time in Employee's Health and Wellness Promotion.

INDELICATO Annamaria, COCCAGLIO Romana, BERNINI Flavia, DOLCINI Elisabetta, BOVENTI Romana

Introduction

The possibility to conciliate professional life with private and familiar life can be ensured by new work organization models and by the availability of quality services for the care of children and elderly people. The project structured by our hospital company Equal Opportunity Committee (EOC) aims to activate a "virtual desk" able to provide our employees an information and orientation service on equal opportunities issues.

Purpose/Methods

We are using a participative research-intervention method, in which ideation, planning and plan realization is made directly by the EOC staff, thus all the EOC members are involved in the

conciliation theme. The offered service on one side necessarily focuses on the employees specific needs, and the other on EOC operative potential. Therefore it is a service born and growing inside the company.

Results

- Gender analysis processed from company data
- Structured training activities
- Activation of five working groups: gender analysis, working flexibility, communication, conciliation instruments, surveys; each group prepares a report on its topic.
- Research & planning teaching laboratory
- Equal Opportunities Committee business workshop
- Publication of the Committee's activities for 2010.

Conclusions

The Mellino Mellini Hospital Company has a central role in its area, it's an attractive, well known place. Therefore it's the ideal home for a conciliation desk exploitable not only by our employees, but also by all the inhabitants in the area. During the realization of this project a collaboration with other institutions and local administrations will be activated, first with the municipalities where our company's five hospitals are located, and secondly with all the other hospitals in our province.

Comments

Our Conciliation Desk experience can be exported in other public structures, or, at least, to those having offices open to the public. The promotion of our initiative will go in two directions. First: information in hospitals, which are intensively attended during the day; Second: Publication of news items and interviews about conciliation and the desk's activities on local newspapers and media.

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P 44. The Effectiveness of Employee Health Promotion Programs In A Hospital In Taiwan.

TUNG Shu-Chin, HUANG Hsiao-Ling, LIN Yea-Wen, LIN Szu-Hai, ZONG Chi-Hsiung

Introduction

We designed and implemented three worksite Health Promotions according with WHO health promotional hospitals core strategies in a hospital from 2008 to 2010.

Purpose/Methods

The aim of this study was to evaluate the effects of health promotion programs for hospital employees. Data were collected twice by questionnaires before and after intervention programs. 883 subjects were included in this study. We wanted to compare and conclusions obtained in 2008 with those of 2010, so as to study changes in mental health, physical health, lifestyle and management policy, promoting a healthy workplace.

Results

This study documented a significant improvement in lifestyle, management policy and promoting a healthy workplace.

Conclusions

Based on the findings in this study, the recommendations to the future direction of health promotion initiatives will be discussed.

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P 45. A Study on the Satisfaction of Participating Health Promotion Club on Hospital Staffs

CHUNG Hui-Chun, LYU Ji-Yan, CHANG Shu-Chuan, SHEN Fang-Chi, HSU Wen-Lin

Introduction

Hospital nurses experiencing high work stress and less health promotion activities. This study was purposed to explore the satisfaction of participating health promotion club on hospital staffs. Many nurses were often unaware of health promoting concepts or do little contribute to them.

Purpose / Methods

This study was purposed to explore the satisfaction of participating health promotion club on hospital staffs. To obtain the purpose, a purposive sampling selected club participants that named "Miào Shǒu Huā Shēng club", which means we can use "magic" "hands" to create such as "Flowers" brilliant "wonderful" lives, and the data with phenomenological methodology. We interview 19 participants with recording the semi-structure questionnaire, then analyzed with exl. 2003 for windows and Giorgi (1997) phenomenological methodology.

Results

The results show that the satisfaction on extra-curricular activities was 90%, the attitude of participating extra-curricular activities could be classified into four categories, there were: (1) life satisfaction, (2) coping stress, (3) self-learning and (4) social support. All club participants were 100% willing to go on this project.

Conclusions

The findings indicate a positive attitude toward participating in extra-curricular activities on hospital staffs. It should also place more emphasise on extra-curricular health promotion activities, improved communication between healthy lifestyle and work stress.

Comments

Workplace was identified as the main source of stress which included relationships at work and demands of the job. It should be improved in and by Health Promoting Health Services by Hospital support the extra-curricular activities.

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P 46. The Impact of Teamwork on Health Professionals' Well Being

YLITÖRMÄNEN Tuija

Background

The ageing of the population and the growing requirements of the working life raises challenges in developing the working life and environments. The organizations operational environment has become even more complicated and cooperation between staff will be of increasingly importance. Many studies have concluded that teamwork leads to improved quality of care, higher job satisfaction among staff, increased patient safety and satisfaction as well as decrease of stress. However, a little is known about teamwork between nursing staff.

Aim

The aim of this literature review is to describe health care professionals' experiences of teamwork and the impact of teamwork on their well being.

Methods

The literature search was conducted using Cinahl, Medic and PubMed databases. The search included years 2000- 2009. All together 199 articles were found. The final data consisted of 17

scientific articles; eleven of them were published in English and six in Finnish. The articles chosen for the literature review met the following criteria: the studies described teamwork between health care professionals', experiences of teamwork, health care professionals and job satisfaction or well being. In choosing studies the focus was on the title, key words, abstract and at last the text.

Results

The result showed that nurses' experiences of teamwork were good. Teamwork confirms commitment, feeling of togetherness, constructive interaction and feedback and joy of work. It constructs work motivation and supports learning together. The support, encouragement and exchange of information within the team supports the staffs well being and coping with work. Teamwork has also proved to offer support to younger inexperienced nurses. Lower staff turnover were reported, which is a noteworthy thing considering the shortage of staff we are facing in the future. There were no results concerning negative effects of teamwork.

Conclusions

Based on the results we can conclude that teamwork supports and nurtures the professional competence and by this might hinder experienced clinical nursing knowledge to vanish from nursing. Teamwork improves quality of care and patient safety. Teamwork should be exploited in nursing and staffs well being. Teamwork supports constructive interaction between health care professionals. The management support is important when planning team interventions.

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P 47. Inter-Professional Cooperation to Promote Mental Health of Health Staff

YANG Yu-Wen, KU Hui-Hsien, CHEN Wan-Chin

Introduction

Most health staff suffers from great stress in and outside of work. The stress may result in unintended damages to patients or staff themselves. Reducing stress and promoting mental health in health staff can decrease medical errors, improve care quality and increase productivity. There are many ways to promote staff mental health in Changhua Christian Hospital including lectures for stress management skills; mental health status determination; ask for help system; and professional counseling. With these interventions, health staff mental health promotion would be achieved.

Purpose/Methods

Staff Health Promotion Center of Changhua Christian Hospital (CCH) cooperates with the Center for Community Counseling of National Changhua University of Education (NCUE) to provide personal psychological counseling and family/marriage counseling for staff of CCH since 2006. Staff with mental problems will be determined by Brief Symptom Rating Scale (BSRS-50) questionnaire first and then referred to a student psychological counselor of NCUE for counseling. The student counselor is supervised by both a psychiatrist of CCH and a professor of NCUE.

Results

During 2006 to 2009, one hundred forty-four person-times receive the counseling services. The total service time is one hundred seventy-six hours. Staff who receive the counseling services present positive perception.

Conclusions

Health staff with mental problem may hurt patients or themselves unintentionally, and cause unpredictable cost for the hospital. Stress management and mental health promotion in

health staff is a very important issue. Cooperation with other professionals can provide more resources for health staff to improve their mental health and then can increase organization productivity.

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P 48. Peer Support as a Means for Achieving Well-Being at Work – Communal Learning Structures Supporting the Change at Loimaa Regional Hospital

UUSITALO Iikka, KOSONEN Liisa

Introduction

The project named Peer Support as a Means for Achieving Well-being at Work (2010-2011) aims to promote the service structure reform implemented at Loimaa Regional Hospital and to develop nursing by creating communal structures and structures whereby people learn from other health care professionals. In this state of change, it is increasingly important to ensure the nursing staff's competence and to transfer empirical knowledge from the experienced employees to the new employees.

Purpose/Methods

The goal of the project is to strengthen the first-line management, a dialogical work culture and the staff's readiness to learn how to learn. Peer group activities and mentoring are means for supporting staff during change processes. The guided peer groups for ward managers and assistant ward managers will meet about fifteen times during the project. In the spring of 2010, three actor-mentor pairs participated in superior mentoring. Mentoring will continue among the nursing staff in the spring of 2011.

Results

During the project, the peer group activities for the first-line managers are being strengthened, and the superiors and the nursing staff are being given a chance to participate in mentoring. In the peer group, the first-line managers, guided by experts, share their experiences about work, change and the challenges relating to work. Through this group work their knowledge increases and they find new perspectives on things. In mentoring, the actor and the mentor form a pair for learning.

Conclusions

According to various studies, peer support is very important for the staff's well-being at work and development of skills. Through this group work the nursing staff's knowledge increases, they find new perspectives on things and knowledge and understanding are built socially. On the basis of the experiences gained from the peer group work and the mentoring, the intention is to model modes of action that enhance nursing and are based on dialogue and learning from each other.

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P 49. Strategies for Motivating Physician Participation in Workplace Health Promotion Activities

HSIEH Man-Ni, CHIANG I-Tsun, YANG Yu-Wen

Introduction

Physicians, as a relatively small number in medical personnel in hospitals, are always neglected in workplace health promotion in Taiwan. Limited by high stress, uncertainty of work time, and unexpected nature of medical practice, physicians have constraints in participating workplace health promoting activities.

Purpose/Methods

In the study, a total of 18 physicians with and without participating the event of "walking for fitness" were completed in-depth interviews to explore their motivation and challenges on participating the event and regular exercise, self-perceived exercise benefits, coping strategies for constraints, and suggestions on future directions. Qualitative data were analyzed and themeized under the theoretical frameworks of the planned behavior theory, health belief model and coping strategies.

Results

SWOT analysis was also performed to understand their current internal and external situation. The results identified that "simple and achievable" and "personal goal oriented" are two main accessible approaches for physicians to participating health promotion activities.

Conclusions

The study recommends that focus groups and standardized questionnaires are viable ways to collect physicians' experience in health promotion participation in further research.

Comments

In addition, the concept of diversity is also recommended when designing workplace health promoting activities in the future.

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P 50. Health Promotion by Energy Management Can Have a Better Performance Among Medical Staffs.

LIN Hui-Cheng, HSU Chao-Yu

Introduction

"Energy management" was described by Mr. Tony Schwartz, four aspects of physical, emotional, spiritual and mental are included in the "energy management". A man with a good energy management can promote a better health of himself. Whether a better energy management will have a better performance? The objective of this study is to investigate the relationship between energy management and performance among medical staff.

Purpose/Methods

Between Dec 2009 and Feb 2010, 310 persons who work in local hospitals of central Taiwan agreed to answer the questionnaire. There were 46 questions in it. Data were recorded by using the Likert (5-point) scale.

Results

One hundred and two (32.9%) males and 208 (67.1%) females agreed to answer the questionnaire. The result showed that the relationship between energy management and performance is positive. A person who had a better energy management will have a better performance.

Conclusions

We suggest that an individual or the organizations should focus on the issue of health promotion by energy management in order to and provide the best service to the patients.

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P 51. Telecare Service Used in Workplace Health Promotion

HUANG Chien-Min, LIU Chiung-Kuan, CHIEN I-Kuang, WU Huei-Chun

Introduction

A long-distance technology has been actively promoted and used in life science recently in Taiwan. Its applications were not applied in general industry, but covered the health care one. Based on the subsidy from the relevant government agencies, there are many large hospitals in the development of the telecare service for patients with stroke or diabetes and other chronic diseases. The initial results of implementation have been remarkable gradually. We make a further plan that is "telemedicine technology" used in health promotion service.

Purpose/Methods

It is for the reason that there are major three industry areas with more than 2000 factories near the periphery. Hence, Hsiao-Kang Hospital plays important role of workplace health service in Southern Taiwan. According to the domestic law and regulations, the workplace employees have no special requirements prior to the physical condition of the daily assessment, in addition to routine annual health check. Consequently, it will be not easy for the employees to detect physical conditions in different situations.

Results

The project of workplace health promotion has been executed from July, 2010, and there were total sixteen factories enrolled in; moreover, workplace employees' physiological data including blood pressure, pulse, and blood sugar were collected through the device of healthcare box and all the data were also reached back to the "Healthcare Call Center" at the hospital via a network or wireless transmission technology. The average measurement rate of employees was 50.34%, up to 100% and the lowest was only 20.63% during execution period.

Conclusions

Two hundred and twenty-five copies of formal questionnaires were delivered to the employees to understand the advantage and disadvantage, and there were 149 responders. The rate of valid response data was 66.2%. The demographic data showed that 65.3% were male, 46% were aged 45-64 years, and followed by 31-45 years of age to 39.5%. With regard to "tracking and monitoring of health status", it demonstrated the higher service satisfaction with 78.4%. As to "arrangement back to clinic", only 51.8% were satisfied.

Comments

To sum up, it is still positive to have telecare technology applied in workplace health promotion or disease prevention, although the part of this project is in the low rate of measurement revealing the new health care model not yet widely accepted; therefore, how to increase employee participation in health promotion is incentive to continue, and even to work towards a large scale business model in future.

P 52. Attitudes of Nurses about Health Promotion Standards Implementation In Hospitals

MISEVICIENE Irena

Introduction

The evaluation of health personnel awareness of Health promotion standards (HPS) and their attitude to the possibility to implement HPS into practice is very important for qualitative growth of HPH network. Coordinating centre of Lithuanian HPH network performed a survey of nurses from member hospitals. Data from one member hospital, i.e. Kaunas hospital, is presented.

Aim and Objectives

To compare the awareness of nurses non administrators and nurses administrators about five HPS and to evaluate their opinion about possibilities to implement HPS into daily practice.

Methods and material

The survey of nurses was performed in all clinical departments using the anonymous questionnaire. The questionnaire was constructed by coordinating centre according to the WHO document "Implementing health promotion in hospitals. Manual and self assessment forms". Questionnaire was distributed to all nurses in hospital. Totally 351 nurses filled in the questionnaires, the overall response 90%.

Results

Only half (47%) of nurses knew, that the hospital is member of National HPH network, but nearly all nurses administrators (95%) knew this fact. Every fifth (22%) nurse and every third nurse administrator (32%) answered that HP measures for patients are provided in hospital. The situation was very different in those clinical departments, where the HP projects, related with HPH movement are going on. In that departments all nurses said, that HP measures are carried out in hospital. Concerning five HPS, there was big difference among nurses and nurses administrators about the statement: "It is realistic to implement each of five HPS in hospital". Twice more administrators nurses were more optimistic about the statement.

It was interesting to know what the obstacles of HP measures implementation are and what additionally is needed for better provision of preventive activities in hospital. Majority of nurses, respectively 62% nurses non administrators and 68% of nurses administrators, said that it is shortage of knowledge, and only every fourth nurse thought, that they need command from administration or it is necessary to have additional personnel. The opinions of nurses non administrators and administrators did not differ concerning additional payment for the provision of HP activities, i.e. quarter of them thought that additional payment should be.

Conclusions

Nurses administrators in HPH member hospital should spend more time for marketing of HP strategies in own hospital. They are more optimistic about implementation of HP activities and special attention should be paid for dissemination of information related with implementation of HPS.

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P 53. Health Promotion in Central Finland Health Care District Described by Nursing Students. What Are the Strengths and What Are the Needs to be Improved?

LIUKKONEN Kati, TUOMI Sirpa, BLEK Tiina, HALLMAN-KEISKOSKI Maria

Introduction

The mission of Central Finland Health Care District (CFHCD) is to promote health and well-being of 270 000 inhabitants of the region. This study was a part of co-operation between CFHCD and JAMK University of Applied Sciences. The purpose of the co-operation was to collect assessment data for the CFHCD's action plan development. This study is based on the data which was carried out as an electronic survey based on self-assessment of Standards 2, 3 and 5 in 14 care units.

Purpose/Methods

The purpose of the study was to describe health promotion activities in CFHCD according nursing students. The aim of the study was to develop health promotion in CFHCD through analyzing essays written by nursing students during their practical training. The specific aims were: what are the strengths of

health promotion activities and what are the needs to be improved in health promotion activities. Essays (n=147, total 306 pages) were analyzed by using content analysis.

Results

Strengths of the health promotion activities were professional skills and expertise of health promotion, interaction and patient education, systematic planning of treatment and well-being of the hospital personnel. More attention needs to be paid particularly at availability and contents of written instructions for patients. The study results also show, that all the patient education is not documented and evaluated. There is also lack of privacy during patient education. Lack of time and workload reduce the well-being of the hospital personnel.

Conclusions

The health promotion activities are professional and well implemented on each special field, but co-operation needs to be improved for example between psychiatric ward and somatic ward. Written instructions for patients should be better available for patients and visitors of the hospital. Things concerning the staff workload and lack of time need to be better investigated before actions.

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P 54. Health Promotion in Health Care Professionals' Work: Describing Principles and Actions

MATVEINEN Mari, PIETILÄ Anna-Maija, PIRSKANEN Marjatta, HALKOAHO Arja

Introduction

Health promotion is characterized by a variety of disciplines, approaches, principles, targets and actions. Further better understanding of professionals' views on health promotion can serve a starting point for a discussion about values and principles driving daily work, as well as enhance the integration of health promotion approach into health services.

Purpose/Methods

The purpose of this study was to describe health promotion from the point of view health care professionals. The study focused on following themes: making health promotion concrete in daily work, ethical basis, and development of health promoting work. The data was gathered by interviewing 13 health care professionals from primary and specialized health care, and analysed by using qualitative content analysis

Results

Health promotion was included in the health care professionals' daily work. Promoting actions included supporting individual's readiness to control life, motivating and actions in communities. Recognizing and strengthening individual's resources, supporting initiative and emphasizing positive things were seen essential. The core content of preventive actions consisted of intervening and taking issues up for discussion and early support. Principles were respect for human dignity, individuality, autonomy, equality and responsibility. Achieving developments in health promotion work needs further stronger multi-professional co-operation.

Conclusions

The results highlighted health promotion as an entirety of various preventive and promoting actions. Professionals have a number of possibilities to implement them. In addition to interactive work with individuals and communities health promotion includes activities to take care of developing work and improving know-how as well as putting ethical principles into practice. The most essential principle is respect for human dignity. Professionals' activeness in development and acting as a health promotion advocate partly supports the strengthening of health promotion perspective.

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P 55. Hph, Nursing Education and Sustainable Development – Health Gain For All?

VAARTIO-RAJALIN Heli, NORRGÅRD Monica

Introduction

Novia University of Applied Sciences has a certified environmental policy. All students in Novia take a course in SD, after which they are anticipated to know that sustainable development consists of ecological, economic, technological, social and cultural aspects, which all are intertwined. In addition, they should be able to observe the ecological, social and cultural aspects of sustainability as well as of accessibility in all activities and advocate sustainability in the work setting. Health care services have a central role in promoting health on individual, community and global level.

In the nursing curriculum of Novia in Turku the SD is integrated into learning modules by identifying the learning goals for both theoretical and practical courses, as well as in learning by doing projects and thesis. In other words, the competence-based curriculum identifies SD as a central competence in nursing education. SD is implemented throughout the curriculum and is anticipated to be disseminated into nursing organizations in the region. However, there is obvious need for a channel between education organizations and health sector to collaborate in the field of SD for achieving better health gain.

Purpose/Methods

The existing forum of health care leaders, including some nursing lecturers, could incorporate SD into local strategies striving to give a structure for nursing practice, nursing education and nursing research. In Novia we are prepared to apply the results of our development and application process in SD to a reciprocal dialogue with health care leaders and health care organizations. In the future there should be continuous collaborative analysis of existing SD strategies and practices in health care organizations, followed by co-operative developmental activities. For example, students could observe, analyze and discuss SD practices during their practical learning periods at health care organizations.

After basic studies, SD collaboration could be deepened by integrating it into concrete cooperation in learning by doing projects with focus on SD challenges identified. In the professional studies, then, the aspects of SD would systematically be applied into all nursing activities and further deepened in a thesis in intensive dialogue with health care organizations.

Results

As a result of this continuous and systematic collaboration, health gains could be found on several levels. The theoretical knowledge and the practical skills of the health care professionals in SD could make a difference for health gain for clients/patients by systematic health and resource promoting nursing practices, i.e. health gain orientation in clinical services. For health care professionals then, the health gain would be obtained by socio-culturally sustainable introduction and mentoring practices, leading to job satisfaction, and throughout that, work related health towards both economical and socio-cultural sustainability. Furthermore, healthcare organizations could market themselves to their clients, job seekers and to business partners as truly health promoting and sustainable organizations striving to reach maximum health gain.

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P 56. Ethical Problems in Nursing Management – An Ongoing Study

AITAMAA Elina, LEINO-KILPI Helena, SUHONEN Riitta

Introduction

To be able to promote patients' health, the health care services should themselves be healthy. Ethical environment has been found to be one indicator of good working environment. Ethics – the questions of right and wrong – are very important part of health care services. Ethical problems experienced by doctors and nurses are studied in clinical settings but there are very few studies from management's point of view. An ongoing study of ethical problems in nursing management will be introduced.

Purpose/Methods

The purpose of this two phase study is to identify ethical problems which nurse managers encounter in their work. In the first phase nine nurse managers from six organizations in different parts of Finland were interviewed. Data were analysed using inductive content analysis. In the second phase, a questionnaire survey will be conducted for nurse managers in Finland (n=500-800). A questionnaire will be developed based on the first phase and a literature review. Data will be analysed statistically.

Results

Problems that the nurse managers described in the interviews formed four categories:

- Conflict situations, e.g. disagreements in patient care, staff conflicts, conflicts with owners, conflicts between own and organizational values
- Lack of appreciation, e.g. inequality of patients, problems in multi-professional teamwork, lack of valuing nursing profession
- Disregard of the problems, e.g. protection of incompetent key persons, permitting unfair treatment
- Inadequacy, e.g. limited power, fatigue of staff, scarce resources

Results of second phase will be reported in 2012.

Conclusions

Nurse managers experience many kind of ethical problems in their work. While healthcare context is continuously changing because of economical, technical and behavioural circumstances and development it may be expected that ethical problems are not decreasing. The frequency of those problems should be studied as well as their reasons and possible solutions. Experiences of other professionals in health care management should be explored, too. Ethics and ethical problems should be widely discussed when aspiring welfare in health care services.

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P 57. Health On a Plate - Presenting a Training Model for Bringing up a Discussion on Health Promotion

SIEKKINEN Mervi, ASTILA-KETONEN Piia, HAKKALA Mari, POHJOLA Minna, PÄIVÄRINNE Marita

Introduction

The Finnish National Programme for Social Welfare and Health Care (KASTE 2008 – 2011) promotes health in such a way that people are educated to make best possible choices for their health and assume healthy lifestyles. One of the aims of the

KASTE subproject Health and Wellbeing by Means of Nursing Management (VeTeTH) is to develop and carry out health promotion training for nurses. It is provided as optional packages from the repertoire on the Health on a Plate.

Purpose/Methods

The Health on a Plate training packages A and B were organized 5 times. The material for the study was collected during the latter part of the year 2010. Total number of participants was 305 (response rate 47,5 %). Training feasibility and usefulness was asked by two structured and one open questions. The evaluation scales were a 4-step Likert type scale (1=fully agree, 4=fully disagree) and the school grades (4-10). Statistical and content analyses were carried out on the material.

Results

Training sessions corresponded to the expectations of the major part of participants (91 %). Bringing up the subject of osteoporosis was the most useful lecture for (mean 8,7) and stress management was considered the least useful for of respondents (mean 6,7). More training was desired on how to bring up the issues of nutrition and weight control, occupational health and wellbeing at work, mental health and oral health – all from the point of view of different illnesses and population groups.

Conclusions

As a conclusion, there is demand for health promotion continued training among both the nursing staff and management. Health on a Plate provides information and a good practice of empowering education and facilitates nursing management. In the future, new subjects should be incorporated.

Comments

The study is a part of a national Attractive and Health Promoting Health Care 2009 – 2011 (VeTe) project which encompasses the Health and Wellbeing by Means of Nursing Management project in Finland. The project is managed by the Hospital Districts of Southwest Finland and Satakunta, and the cities of Turku and Salo. The University of Turku, and the Turku and Satakunta Universities of Applied Sciences are collaboration partners.

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Session P 1-5: Supporting smoking cessation by education and counselling

P 58. Intensified Guidance for Giving up Smoking for Claudication Patients – Development of a Guidance Model at the Outpatient Ward of Surgery at the Turku University Hospital
SAVUNEN Marja, LINDBLOM Annika, KOSKLIN Ritva, VILJANEN-PEURANIEMI Mari

Introduction

Health hazards and costs induced by smoking constitute a significant health political problem. In Finland smoking is estimated to cause approximately 5000 deaths annually. The Hospital District of Southwest Finland belongs to the Finnish registered health promoting association and the WHO Health Promoting Hospitals network. Patients should be recommended to be guided into giving up smoking, recommended substitution treatment and, as needed, directed to continued care. This survey aims at determining the significance of intensified patient guidance in giving up smoking.

Purpose/Methods

The target group constitutes of smoking claudication patients, arriving for their initial visit at the Turku University Hospital's Outpatient Ward of Surgery. The survey participants are divided into test and control groups. The test group receives guidance during two appointments (first visit and at 6 months) and five times telephone guidance during the interim. The smoking intervention model and the Fagerström test are used to support the guidance. The aim is to include 80 (N = 40 + 40) patients in the survey.

Results

Preliminary results will be available during the summer of 2011. The final results are estimated to be publishable in the spring of 2012. The results are reported orally and in writing at different forums; at training events and in publications within the field.

Conclusions

The research results can be utilized in developing the guidance model for a vascular surgery patient as well as in health promoting patient guidance for other patient groups.

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P 59. Improving Health Gain by Tackling Smoking at the Satakunta Hospital District -Survey

DIEFENBAUGH Tarja, ASTILA-KETONEN Piia

Introduction

The Non-smoking Satakunta Hospital District is a member of the Health Promoting Hospital since 2006 and wants to promote staff health by a non-smoking policy. The purpose of the survey was to find out the staff's smoking behaviours and their change compared with the Satakunta Hospital District's previous surveys. The aim was to get a clear picture of the staff's smoking behaviours and to develop means to promote non-smoking.

Purpose/Methods

The survey was carried out by sending a questionnaire to the work email addresses of the staff. The indicators were both quantitative and qualitative. The indicators were developed on the basis of earlier surveys to enable comparison of results. The survey was carried out in December, 2010.

Results

Number of respondents was 1706. 13 % smoked regularly, 40 % of the them regularly or on occasion during the work day. 78 % had tried to stop. Half had decided to stop without cessation medication, half had had medication. Obstacles to cessation were, primarily, lack of motivation, and physiological, psychological and social issues. Of the smokers, 79 % planned cessation. 24 % wished support from the employer, mostly to cover the costs of medication and to be able to participate in a group.

Conclusions

Results corresponded to earlier surveys. Smoking has slowly decreased in Satakunta Hospital District and plans to stop smoking were more frequent than before. Goal-oriented and long-term work is effective in promoting non-smoking. The smoker's decision can be strengthened by emphasizing non-smoking and by offering guidance, medication and peer support. Non-smoking is supported by promotion of other healthy behaviours. Staff health can be improved by effective occupational health services.

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P 60. Anti-Smoking Advice From Health-Care Providers and Factors Influencing Smokers' Decision to Quit Smoking. Results From The Helias Health Iii Survey in Greece.

FILIPPIDIS Filippos, KARAGEORGOPOULOU Konstantina, SCHORETSANITI Sotiria, DIMITRAKAKI Christine, TOUNTAS Yannis

Introduction

Guidelines urge health care providers to maximize their influence on smokers by discussing smoking on every occasion possible, but little is known about the frequency in which physicians provide advice against smoking in everyday clinical practice or whether this advice motivates patients to smoking cessation or at least to an attempt to quit or reduce smoking.

Purpose/Methods

A nationwide household survey was conducted from October 1st to October 21st 2010. The sample consisted of 1,000 individuals (mean age 47.1±17.1 years, 51% men, 40% daily smokers). We investigated whether smokers who visited a health care provider during the last 12 months recalled receiving anti-smoking advice, whether physicians' advice motivated them to quit smoking and, finally, what factors seemed important to smokers in trying to quit tobacco.

Results

52% of smokers who visited a health-care provider in the past year recalled receiving advice against smoking. The effect of smoking on their health(67%), on the health of family and friends(51%) and the desire to provide an example to children(54%) were rated as the most important reasons for trying to quit. Physician's advice to quit was also considered very important (30%); 19% of those who had a family doctor had attempted to quit or reduce smoking following their doctors' advice.

Conclusions

Health care providers' advice against smoking has beneficial effect on smokers' decision to quit smoking tobacco, even though other factors, like the effect of smoking on health or the desire to set an example for the youngest seem to be more motivating. Therefore, health care professionals are strongly recommended to adopt a population-based approach to advice-giving that involves discussing smoking repeatedly with the maximum possible number of smokers and not only with patients presenting with smoking-related problems.

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P 61. Smoking Cessation - Results Of Individual Counselling

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Introduction

Cessation of smoking is an essential part of the treatment of many diseases. This activity was commenced in our hospital already 1994, first for patients with head and neck cancer. In 1998 a Smoking Cessation Unit was established at the Department for Pulmonary Diseases of The University Central Hospital in Turku. A nurse especially educated for the task is working there.

In addition to group counseling, individual counseling, too, was performed. The results of the individual counseling are reported here.



Purpose/Methods

Each department of the hospital has a person educated by the Cessation Unit who takes care of material concerning tobacco and transmits knowledge for the staff. The smoking habits, test of Fagerström, spirometry and measurement of carbon monoxide of the patient are registered. Nicotine replacement products are offered. The counselor holds lectures concerning tobacco. The patient meets the counselor 5 times. After two years a questionnaire was mailed to the participants. A telephone call was made if needed.

Results

The questionnaire was mailed to 126 patients having been participating during the year 2008 the cessation program. 100 patients (49 males, 51 females) = 79,4 % answered either by mail (40 pts) or by telephone (60 pts).

After two years 37 % were non-smokers.

Conclusions

The two - year result in this study, 37 % of the patients being non-smokers, is a favourable figure. Support for smoking cessation for patients already sick is an important task which should be included in the treatment schedule. The quality of life, the success of treatment and the prognosis of the patient will be enhanced by stopping smoking.

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P 62. The Care of Acute Nicotine Withdrawal Symptoms Like an Indicator of Quality Cancer Care for Ill Smokers

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Introduction

To be addicted to nicotine and to be a cancer patient may be a critical situation. Oncologist and cancer nurses are overscheduled, with insufficient time to engage in discussion on a kind of problem that they don't consider directly related to cancer treatments. Also limited training and education in tobacco dependence and treatment serve as an important barrier and lead to the underdiagnosis of smokers' needs.

One of these needs is the care of acute nicotine withdrawal symptoms that sometimes appears in hospitalized patients. According to the review by Hughes, nicotine withdrawal symptoms usually start within 24 hours from the last cigarette or reduction, last acutely for almost three/four days, and usually extend to three/four weeks. The symptoms more often assessed in these smokers are anger /irritability/frustration, anxiety, dysphoria (depressed mood and negative affect), difficulty concentrating, drowsiness/decreased alertness/arousal, fatigue or tiredness (physical), impatience, insomnia (sleep fragmentation), restlessness.

Purpose/Methods

To assess the care of smoker cancer patient we made a survey on 12 Italian Lung Cancer wards and in 11 Head and Neck Cancer wards asking the head nurses about the assessment of acute nicotine withdrawal symptoms in their patients and the availability in the ward or in the Hospital of NRT, bupropion and varenicline

Results

Tobacco use and dependence treatment service for lung cancer inpatients:

- Pharmacological support:

- Yes: 1 (8.33%)

- No: 11 (91.67%)

- Psychological support:

- Yes: 1 (8.33%)

- No:11 (91.67%)

- Acute Nicotine Withdrawal Syndrome care:

- Yes: 3 (25%)

- No: 9 (75%)

Tobacco use and dependence treatment service for head and neck cancer inpatients:

- Pharmacological support:

- Yes: 1 (9.09)

- No: 10 (90.91)

- Psychological support:

- Yes: 1 (9.09)

- No: 10 (90.91)

- Acute Nicotine Withdrawal Syndrome care:

- Yes: 2 (18.18)

- No: 9 (81.82)

Conclusions

NRT, bupropion and varenicline are available for inpatient only in one cancer clinic. Regarding the existing 12 lung cancer wards only one offers psychological and pharmacological support for patients motivated or compelled to quit to undergo treatments and specific surgery. The acute withdrawal syndrome is usually not detected and treated, not bedridden cancer inpatients go on smoking during treatments, till surgery day and the following ones, except in three wards. In these cases head nurses, able to make a differential diagnosis, remembered the presence of an acute syndrome in their patients but only in one ward this possibility is managed with a specific inpatients service.

In one ward patients have been treated with NRT bought by relatives in pharmacies out of the hospital, while in another ward patients have been treated by anaesthetists without using NRT/bupropion/varenicline. We found the same situation in the existing eleven Head and Neck wards. Only in one ward an inpatient tobacco use treatment service is working and a comprehensive acute nicotine withdrawal syndrome care is provided. The second ward listed in Table 5 treats the syndrome with NRT still bought by relatives out of the hospital.

Comments

Taking care of acute withdrawal symptoms in hospitalized patients can give an opportunity of supporting smokers cancer patients' empowerment and to motivate changes in their lifestyle. Assisting smoker inpatients in case of development of acute nicotine withdrawal symptoms better patient comfort, improves relationships with hospital operators, prompts a future permanent quit attempt and increases compliance with hospital no-smoking policy.

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P 63. Risk Assessment in Hospital of Silute

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Introduction

Any human activity is potentially dangerous for surrounding environment and for him self too. The solutions of workers safety and health risk reflect institution's social situation and level of employment of human resources. Solution of more problems is delayed through the lack of means, but considerable part in staff training plays formal and informal training kinds. The present study aims to assess the risk of occupational health and working conditions in the hospital of Silute.

Purpose/Methods

The objectives of the study were occupational health and working conditions of the employees working in different departments of the Silute hospital. There was made the risk assessment of ergonomical, psychosocial risk factors of working conditions. In the period of February-;arch 2010, 410 respondents answered questions giben in the provided questionnaire. The estimated response frequency is 89.9%.

Results

While assessing the ergonomical working conditions, there was found that 20% of workplaces are not competent to ergonomic standards. The most common risk factor was weight lifting. The research detected a statistical dependence between the perception of the physical condition and time spent at workplace. The study of the statistical interdependence between the amount of time spent at workplace and the frequency of stressful situations shows that the occurrence of stressful situations increases with the increase of work time. The percentage of the respondents who worked 1-2 nights a month and felt very tired was 12.9%; the percentage of those who worked more than 7 nights a month and felt very tired was 25.1%. There was determined a statistical dependence between the physical condition of the respondents and the frequency of their working night shifts per month.

Conclusions

There was found a statistically significant interdependence between physical condition after work and some health problems experienced by the respondents in the past 12 months. The data reveal that the nurses who work night shifts more than 7 times per month experience fatigue more frequently than those working night shifts less frequently.

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P 64. Preventing Fall in Hospital and in The Community: The Importance of Early Identification and Intervention in the Hospital

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Introduction

Falls are among the most common adverse accidents reported in hospitalized patients. There are numerous factors that have been identified as predictors for falls. Falls risk screening is a brief process of estimating a patient's risk of falling. The positive results on certain screen items can provide information for implementing intervention strategies. Our investigations are to exam the accuracy of falls screening tools used in a tertiary hospital in eastern Taiwan.

Purpose/Methods

The falls screening tool used in the hospital has 17 screen items. It has high validity to predict future falls with the scores above 3. All the in-patients will be assessed on their admission day. The evaluation will be routinely followed up every week or when there has major changes of patients' condition. Interventions for preventing falls will be arranged according to the result of individual screening items.

Results

There were 381 hospitalized patients involved in this study. 131 Subjects (38.4%) were aged 65 years or older, Fifty-three percent of those were identified higher fall risk with the scores above 3. The scores increase with the increment of patients' age. By using regression model, the risk factors for patients age above 65 are assisted mobilization, visual impairment and medication. But for patients age less than 65 years, the risk factors are dizziness, weakness, assisted mobilization, surgical/orthopedics condition, visual impairment and medication.

Conclusions

Several items were identified more accurate for predicting future falls among the other risk factors. Patients who have high screen scores may be at high risk for falling at home following hospital discharge. The principle of health promoting hospital suggested that intervention for high risk falling group when they are in hospital should extend to the care in the community. Early identification and intervention for high risk falling group should be started during admission to the hospital.

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P 65. Promotion of the Policy for Use of Antibiotics in the Territory and in Structures for Social Assistance

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Introduction

Antibiotic resistance is a serious problem, a public healthcare priority at European and worldwide level, so it is necessary to fight this problem through a reversal of trends which leads to correct use (targeted, rational, cost-conscious) of the antibiotics currently available. The following has emerged within the territory of Reggio Emilia: a strong and growing association between use of fluoroquinolones (FQ) and an increase in resistance by E.coli and a increased incidence of episodes of diarrhoea associated with Clostridium difficile.

Purpose/Methods

The objective of the project is to promote a correct policy of use of antibiotics (stewardship), through clinical effectiveness of the protocols used and containment of resistance within a territorial environment, both in the community and in structures. A multidisciplinary work group (pharmacists, doctors of the territory and hospitals, laboratory operators), on the basis of international literature and local and regional monitoring data on bacterial resistance, has conducted an assessment aimed at identifying the micro-organisms and antibiotics most frequently involved in multi-resistance. The effectiveness of the project will be measured through:

- organised clinical audits at Primary Care Centres (NCP)
- monitoring of data on consumption of antibiotics: time comparison and company comparison

Results



Four original documents were produced, which are the subject of training for all general practitioners within the province:

- Urinary bacterial strains isolated from patients coming from the territory of the Reggio Emilia local health authority for 2008
- Guide to interpreting antibiograms (urocultures)
- Antibiotic prescription data
- Recommendations on treatment of urinary infections in adults

Conclusions

Local data on resistance has suggested a radical change in the approach commonly adopted so far of using FQ in the first instance in empirical treatment of urinary infections in women in favour of chemotherapies which have proved more active on the basis of sensitivity tests. It is hoped that stewardship on rational use of antibiotics, adopted through a multidisciplinary approach and initial identification of a topic of major epidemiological impact, will improve efficiency of the initiative and lead to benefits in monitoring of antibiotic-resistance profiles in a territorial environment, in communities and in social security and welfare structures, including long-term.

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P 66. Prophylactic Antibiotics Uses in Thyroidectomy and Risk Factors for Surgical Site Infection

JEN Hsiuju, CHEN Yin-Yin

Introduction

Surgical site infection (SSI) is one of the commonest causes of nosocomial infection, subsequent mortality and increased medical cost. The effect of preoperative prophylactic antibiotic in thyroid surgery wounds worths further exploration.

Purpose

The study protocol used cohort study design. A comparison was done between implementation of prophylactic antibiotics (PA) and non-implementation of PA in thyroidectomy patients in association with SSI, average length of stay and total hospital cost.

Methods

Participants were patients from a surgical ward of a medical center who underwent thyroidectomy from year 2007 to 2008. The study was divided into two groups. In the first group, by using retrospective method, 160 participants were given PA 30 minutes before the scheduled thyroidectomy. In the second group, by using prospective method, 150 participants were not given PA 30 minutes before the scheduled thyroidectomy.

Results

During the study period, a total of 310 patients were assessed for eligibility. The two groups were not found case of SSI ($p=.694$). The risk factors for use of antibiotics after surgery were diabetes mellitus ($p=.032$), length of surgery more than 2 hours ($p=.036$), operative site drain ($p=.032$) and duration of drain insertion for more than 2 days ($p=.028$). Non-PA group showed shorter length of stay ($p<.001$) and lower drug cost ($p<.001$). There was an increase of \$5,850 in drug cost for post surgery antibiotics use while hospital cost increased from \$32,436 to \$63,895 when the length of stay is more than 4 days. There was no significant difference between post surgery antibiotics and drug/hospital cost when the length of stay was less than 4 days.

Conclusions

Implementation of non-PA use before thyroidectomy will not increase risk for surgical site infection.

Comments

Overall, thyroid surgery patients do not prophylactic antibiotics in reducing hospital days, medication costs less, when the length of hospital stay at 4 days, whether or not to vote for postoperative antibiotic therapy, medication and medical expenses were not Significant difference.

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P 67. Improving the Patients Health Through Infection Prevention

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Introduction

Healthcare-associated infection (HCAI) causes of patient morbidity, mortality and contributes significantly to health care costs. Evidence-based practice is one of the most important measures to prevent HCAI. It is known that one of the principal routes of cross-transmission of microbes in hospital patients is poor hand hygiene among hospital staff. The Hospital District of South West Finland (HDSWF) provides specialized healthcare services in a university hospital, three district hospitals and two psychiatric hospitals with a total of 1600 bed places.

Purpose/Methods

In the Infection control department in HDSWF works 7 infection control nurses and 2 physicians. Infection control addresses factors related to spread of infections in the health care settings, including prevention, monitoring, investigating and managing. Tools for assessing efforts of infection control and prevention work are incidence and prevalence of HCAI, consumption of hand disinfectants. Survey of infection control practises has been assessed in each ward. Guidelines and practical booklets have been done. Approximately 300 lectures had been kept annually.

Results

In the prevalence survey 2001-2010 of the 10529 hospitalised patients, 1337 (12.7%) HCAI were found in 1512 (14.4 %) patients. During the multimodal hospital hygiene project 2001-2003 infection rates reduced by 34.6 % and hand hygiene increased significantly. After the clusters of *C. difficile* ribotype 027 intensified infection control measures were performed and infection rates decreased 61.1 % 2008-2010. Incidence of multi-drug resistance microbes in the HDSWF has remained low.

Conclusions

As approximately one third of a HCAI are preventable, surveillance and preventative activities are a priority in infection control work. Surveillance reports had represented a baseline to areas that require further focused efforts and for assessing the effectiveness of infection control activities. During the last 10 years there has been many projects aimed to improve hospital hygiene and patient health in the HDSWF. Infection control work is a co-operation with the multidisciplinary team.

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P 68. The Effectiveness of Discharge Planning on Prolonged Hospitalization of Inpatients – Experi-

enced Study in Hualien Tzu-Chi Medical Center

CHIANG Fu-Ming, HSU Wen-Lin, LINE Jin-Lan, LIN Ya-Ping

Introduction

Discharge Planning is a persistent, coordinated and multidisciplinary care service process that fulfilled the individual needs of the inpatient and the related family. With the combination of professional suggestions, the individualized discharge planning can also shorten the duration of hospitalization. To meet this goal, we establish a committee in Hualien Tzu-chi medical center since 1st October of 2009, which deal with issue of prolonged hospitalization. This study was organized to evaluate the efficiency of discharge planning on inpatient with prolonged hospitalization.

Purpose/Methods

This is a cross-sectional research. Inpatients with hospitalization over 30 days of Hualien Tzu-chi hospital were enrolled into this study. From 1st October 2009 till 31st December 2010, there were 1251 inpatients fulfilled this criteria. We collect and analyze the detailed data of these inpatients individually, including the name lists, days and departments of hospitalization, diseases diagnosis. The established committee hold meeting routinely to discuss about the issues of these inpatients discharge planning, combine multi-professional opinions, in order to establish the care planning after discharge.

Results

There were 1251 inpatients (808 males, 403 females, mean age 57.1 years) enrolled into this study. From the data analysis, we observe that the inpatients with prolonged hospitalization were mainly from department of plastic surgery, followed by department of otolaryngology, neurosurgery and pulmonary medicine respectively. We hold 9 committee meetings during this period, focusing on discussions for discharge planning of 51 inpatients with complicated and ultra-prolonged hospitalization. Totally 103 committee meetings were hold in wards for discussion the related issues. By the application of individualized discharge planning, the total days of hospitalization reduced from 5,685 to 3,221 days. The percentage of prolonged hospitalization reduced from 14.66 to 11.68%. The maximum days of hospitalization reduced from 107 to 67 days.

Conclusions

The multidisciplinary combined conferences and family meetings play very important roles in the discharge planning for complicated and multi-factorial inpatients. The determinants include the plans of treatment, the needs of inpatients, the preparation for community life, the communication with family. These can provide individualized, contiguous, effective discharge plan for inpatients. In addition, the hospital supportive policies and establishment of good communicated work teams model are also the keys of successful patients healthcare.

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P 69. To Identify the Factors for Unplanned Readmission

HUNG Yu-Ju, HUANG Shu-Min, HSU Chao-Yu

Introduction

The unplanned readmission may due to several reasons. The objective of this study is to identify the factors for unplanned readmission within 14 days since last discharge under discharge-plan service.

Purpose/Methods

A retrospective chart review was conducted and 87 patients were enrolled in the study in the year of 2010. We compared the diagnoses among two admissions and analyzed the reasons for readmission.

Results

Pneumonia and urinary tract infection were the most common diseases for readmission. The patients staying in long-term care organization tended to have pneumonia (OR: 1.94) and urinary tract infection (OR: 4.95). Catheter-associated infection was the most common reason for readmission. Foley catheter was a risk factor for urinary tract infection, however tracheostomy tube was not for pneumonia.

Conclusions

Pneumonia and urinary tract infection were the most common diseases for readmission. Foley catheter was a risk factor for urinary tract infection, however tracheostomy tube was not for pneumonia.

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P 70. Investigational Study of Factors Causing Unplanned Endotracheal Extubation in Adult Intensive Care Unit

HSU Tzu-Chuan

Introduction

Most critically ill patients in the intensive care unit require respiratory therapy of ventilatory support. Among which, endotracheal intubation is the most common approach. In 2008, the unplanned endotracheal extubation rate in our hospital was 1.85%, much higher than the 0.45% average in the district hospital category in the Taiwan Healthcare Indicator Series (THIS). The study aimed to investigate the relationship between the treatment causing unplanned endotracheal extubation and nursing staff in the adult intensive care unit.

Purpose/Methods

A post-hoc medical record retrospective review was conducted in this study. Following the review of literatures, relevant factors of unplanned extubation and "accidental extubation collection forms" were designed as the study tool. A total of 57 patients with indwelling endotracheal tubes from the medical and surgical intensive care units were included as study subjects. A SPSS/window17.0 software package was used to perform statistical analysis. An analysis of categorical variables and differences was performed using t-test, paired t-test and chi-square test.

Results

1. Unplanned extubation occurred mostly in patients aged 60 and over and predominantly in patients from Department of Pulmonary Medicine. 2. Unplanned extubation tend to occur during graveyard shift; 88.7% occurred when staff were performing treatment for other patients. The result did not find any significant difference in term of staff ranks and shifts ($P > 0.05$). 3. There was a significant difference in the state of consciousness during repeated intubation ($P < 0.05$). The result indicated patients who did not undergo repeated intubation after extubation recovered to a better state of consciousness.

Conclusions

The result demonstrated lack of significant relevance between the rank and shift of nursing staff and unplanned extubation, 88.7% of unplanned extubation occurred while the staff were performing treatment at other beds. Therefore, it was important that nursing staff should pay extra visits and attention to patients. In addition, patients who did not undergo repeated intubation after removing the tube on their own recovered to a better state of consciousness. Because they were at a better state of consciousness or have improved motor capacity.



Comments

Unplanned extubation can increase the severity of patient's disease, they can also prolong the duration of hospitalization and increase medical costs. Therefore, nursing staff must improve their professional knowledge on the care of unplanned extubation and provide consistent care to patients based on their state of consciousness, as well as changes in their condition. A standardized preventive measure should be established before the incidence of unplanned extubation in order to improve the quality of patient-centered care.

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P 71. Organisation Of Nutrition Support At Tartu University Hospital.

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Introduction

The association between poor nutritional status and treatment outcomes as well as increased healthcare costs has been shown in different clinical settings. The Catering Service of the hospital delivers 850-950 meals to hospital patients four times a day and almost 800 for medical personal and students.

Purpose/Methods

Aim of the study is to demonstrate the organisation for a nutrition therapy at Tartu University Hospital and counselling of patients as well as medical team. The report is based on hospital electronic diets database and data from patient's records. Menus were analysed using freely accessible Nutridata program (<http://tap.nutridata.ee/>; National Institute of Health Development). Long-term study was carried out in chronic kidney disease (CKD) patients using body composition and nutritional status assessments.

Results

An integrated organisation of dietary nutrition has been introduced in 2008 when food orders from clinics are sent to the kitchen via electronic case report. The orders are classified in accordance with the respective diets in the nomenclature and for the composition of the daily menus, it is necessary to add from database the content of the respective diet food. In CKD study we found that dialysis patients have malnutrition but after transplantation the main problem is weight gain.

Conclusions

Both the nutritional support in the hospital as well as the patient's nutritional counselling and education of medical staff are important in the hospital care. Frequent nutritional evaluation and intensive nutritional education are of great importance in many patients including CKD patients in all disease phases. Recently developed nutritional guidelines for patients help further nutritional management.

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P 72. Implementation of the Patients' Rights in Finland

ILTANEN Silja, PAHLMAN Irma, LEINO-KILPI Helena

Introduction

Finland was the first country in Europe to enact an Act on the Status and Rights of Patients. The act regulates the patients' rights in health care. The act provides for the requirements of quality of and access to medical care, the duty of health care

professionals with appropriate information for patients concerning their treatment and the patients' right of autonomy. Also the act provides the task of a patient ombudsman and the complaint procedure at the local level.

Purpose/Methods

The purpose of this study is to describe the level of health care professionals and student knowledge about patients' rights and analyse patient complaints to the health care authority and patient ombudsman. Data collect with questionnaires designed for the study consisted the respondents' background and knowledge test (1. data, professionals n=191 collected year 2005; 2. data, patient ombudsmen n=51 collected year 2010; 3. data, professionals and students N=1000 years 2011-12) and with content analyse about patient complaints year 2011 (4. data).

Results

Health care professionals were partially familiar with patients' legal rights. The best known areas were the right to good health care and access to care and right to self-determination. The respondents lacked knowledge on the right to information and the right to use the services of the patient ombudsman. The right to confidentiality was implemented best in ombudsmen's 'opinion and right to self-determination was worst implemented. Also information about the alternative of care was implemented poor.

Conclusions

The results of this study indicated that professionals have some lack of knowledge about patients' rights in Finland. In this study, half of the respondents thought that they had weak knowledge of the legislation on patients' rights. Patient ombudsmen worked most in the matters which was related to the patient injuries, the victimization and the carrying out of the care. Patient ombudsmen perceived the implementation of patients' rights rather good, but they found many disadvantages too.

Comments

The tentative results implicate a need for further education aimed at the health care professionals and development of professional training about patients' legal rights. The role of the patient ombudsman should be developed so that the ombudsman would concentrate more on general guidance, instead of only on individual cases. The results of this study can be used in developing ethical education about patients' legal rights. The instrument developed will be useful in the future for the use of health care organizations.

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P 73. Patient Care of Radiography

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Introduction

Purpose of this study was describe the content of patient care of diagnostic radiography and the factors related to it. The ultimate goal is to improve the quality of care in radiography and health promotion of patients.

Purpose/Methods

Data was collected from all radiographers working at Finnish University hospitals (N=765, n=560) by structured questionnaire. The content of patient care was divided in two main dimensions: safety and humanity, which included eight different kind of categories. Radiographers were asked to estimate how often they proceed different kind of actions during radiological procedure (5= always/quite often - 1=seldom/not at all). Analysis of data was statistical.

Results

The results show that in radiography both dimensions of patient care are present. The most common action was special for diagnostic radiography (mean 4,4,2) and patient information (mean 4.40). Less frequent was the support of patient biophysiological health (mean 3,89). The factors connected with the safety of patient care importance of work ($p=,007$), imaging method ($p<,0001$), size of workplace ($p=007$) and workload ($p<0001$). Radiographers age predicted humanity dimension ($p=,006$) as well as importance of work ($p=,003$) and workload ($p<,0001$).

Conclusions

The study confirms that patient care during radiological imaging and interventions include both safety and humanity dimensions. It indicates, that promoting health is included also into the activities of radiographers. The results can be used both for clinical and educational purposes. Further research is needed to explore patient perspective of experiences during radiological procedures and also radiographer's decision making.

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P 74. Comfort Program for Active Access to the Emergency Ward. "Help Yourself in the Emergency Ward" Activities to Improve Quality in the Reports of the Relationship Between Hospital and Territory.

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Background

End year 2010, the province of Mantua recorded a population of 412,607 inhabitants (website statistics province of Mantua). Total accesses per year in the Emergency Department (DEA) accepted over 100,000 units. Over 70% of these units are the green and white access codes. The phase of the management of pre-acceptance triage sometimes is characterized by long waiting times and performed by highly specialized personnel. Lack of awareness by citizens of the appropriateness of the service request, a citizen who often has no active part in the management of their illness but undergoes routine service.

Objectives:

- Satisfaction with waiting times through active involvement in the admission and acceptance to the emergency room. Satisfaction improvement with the help of the concept stand up and walk, borrowed from the triage area, since the meaning "you are able", you can manage the phase of birth registration and indication of the malaise and / or need. The citizen is actively involved in the formulation of an answer to himself health needs and to be satisfied.
- Rationalizing the use of nursing personnel for highly specialized activities, not used for low-level professional.

Operational planning

Statistical evaluation of the type of access to the emergency ward, identifying the predominant color code. Construction of a dedicated software platform and use the CRS-SISS. Placing multiple totem touch screen, equipped with the software dedicated to recording the data, after inclusion of the regional health cards CRS-SISS, with step by step user guide and multilingual screens to pre-selection. Abolition of the computer language barriers. Intervention to improve health service organization-national, with reference to Standard 3 HPH: "Patient information and intervention", the self-assessment manual HPH: "The

organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways".

Results

- Increase per cent of patients in self-management about specific actions of their health (the system will be designed so that the user is actively involved in the management of the assessment of immediate needs and health promotion)
- Increase per cent of patients informed about changing inappropriate behavior and access to health care in managing their conditions. (The organization ensures that all patients, staff and visitors have access to general information about the factors that influence health status. Undertaking the assessment of patient satisfaction on the information provided and the results are integrated into the system of quality management).
- Using a new system of staff evaluation performance, for the continued development of specific skills of health promotion and better staff management, survey comparing.

Conclusions

In order to improve the relationship between user and health system, with special regard being calla access to emergency services urgently, will harness all of the assets and computer technology and the rationalization of human resources. In order to improve the relationship between user and health system, with special regard to the phase of emergency access to emergency services, will harness all the information and technology assets and streamline human resources The greatest satisfaction and awareness arising, it will match the achievement of the appropriateness of performance, improved quality of health services offered and an advanced social and health education.

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P 75. Justice Experienced by the Patient of Emergency Department KORTEPOHJA Sari, LEINO-KILPI Helena

Introduction

The aim of the study was to describe patient's experience of justice in emergency department. Subject has not been studied extensively. According to earlier studies, the patients have not always experienced justice when being treated by emergency department.

Purpose/Methods

Purpose of the study was to investigate justice experienced by the patients and the factors in the connection to it. Target group of the study were patients ($n = 40$) of one emergency department in south Finland. Research material was collected with a questionnaire form. Answer percentage in this study was 73% ($n = 29$). Material was analysed with statistical methods and with inductive content analysis.

Results

According to the study patients were mostly satisfied with the justice experienced. Patients experienced that the justice came true fairly well and experienced the staff to operate with skill and expertly. Patients received good treatment from the staff, felt safe while being treated and were allowed to affect the decision-making. Interaction with the staff functioned mainly well. The dissatisfaction with the justice of treatment was mainly with information flow, long waiting times and carrying out of the pain.

Conclusions

Patients were mostly satisfied with the justice experienced. Ethicality and justice in care are important to the patient. Atten-



tion should be paid in the future to the matters which cause dissatisfaction, as dissatisfaction causes extra costs and requires additional resources for the public health service. The research results can be used of developing and organising of the emergency patient's justice care.

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Session P 1-7: Environment-friendly health services & Arts in health care settings

P 76. Ongoing Journey of Green Practices at Khoo Teck Puat Hospital TAN H. Y. Jolia, TAN S. Yen, WONG T. K. Michael

Introduction

This abstract serves to share the green practice efforts of Khoo Teck Puat Hospital (KTPH) towards building a Health Promoting Hospital, maximizing the environment to promote health. While we concentrate on health education outreach to our staff, patients and the community at large, we also recognize the importance of providing a healing environment especially for our patients, and at the same time, heal our environment.

Purpose/Methods

KTPH is the first restructured 550-bed regional hospital to open in Singapore in the last decade. Our national directive is to form an integrated healthcare hub in northern Singapore, providing high quality and affordable healthcare to the community. Our vision is to "help our people live a long, healthy life and support them with thoughtful, dignified care to the end". Our mission is to "provide good quality, affordable and hassle-free healthcare with science, love and wisdom"

The physical design of KTPH is based on a total building performance approach - emphasizing user oriented design while promoting integrated and balanced design for optimal performance. To meet our vision and mission, we built "a hospital in a garden" and a "garden in a hospital", maximizing sight, scent and sound. This is achieved by engaging numerous partners to conceptualize and deliver a verdant landscape with soothing water features – a tranquil, restful and healing environment for our staff and patients.

Results

Since our official opening in November 2010, we continue to collect data to ensure that our green practices such as energy efficiency, preservation of biodiversity and environmental sustainability are meeting specific key performance indicators. To encourage buy-in and participation in sustaining a healthy workplace, we conduct regular campaigns and implement subliminal reminders on green practices to our staff and patients. Green practices are focused on four main categories

- Conservation of Resources- energy, water
- 4Rs – Refuse. Reduce. Reuse. Recycle
- Conservation of nature
- Clean environment – Litter free and clean toilets

These four main categories serve to promote public health, mitigate the emission of greenhouse gases, reduce pollution and minimize the waste of resources. Illustrations of green practices and data collection will be presented during the oral / poster presentation.

Conclusions

As a Health Promoting Hospital, KTPH is blessed to have strong management support to improve health gain by strengthening the environment-friendliness. We continue to engage our staff, patients, relevant partners and volunteers

from the community to ensure sustainability of worthy green practices. We continue to share with and learn from others on how to be "infectious" in sustaining green practices through our staff, patients and the community at large.

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P 77. Performance Assessment of Green and Clean Hospital Policy at Korat Health Promotion Hospital, Department of Health, Thailand

AUAMKUL Nanta, PETCHMARK Suthep, JONGVANICH Jaruwat, BURNYOUNGSRI Rachanee

Introduction

The Green and Clean Hospital policy is endorsed by the Department of Health (DOH) since 2010 with an intention to call for the partnership and collaboration among public health care sectors to respond to global warming by proper management of waste and minimizing uses of natural resources at the highest returned profit. Apart from the health care service units under the Ministry of Public Health, all health promotion hospital of the DOH including the Korat Health Promotion Hospital take the Green and Clean Hospital policy as a must. Their ultimate goal is not only to delay the global warming situation with GREEN methods and CLEAN strategies, but also to be a learning center open to both health service units and public.

Purpose/Methods

The qualitative study aims to assess the policy deployment of the Korat Health Promotion Hospital, which is one of the accredited HPH in Thailand.

Results

The findings pointed out the progress achievement in all methods of GREEN: managing of Garbage using 3Rs strategies, improving the hygiene of the Rest rooms, reducing Energy consumption, promoting healthy Environment and having good Nutrition focusing on organic and local food production/consumption. In addition, the positive outcomes on financial, social and networking perspectives are also demonstrated.

Conclusions

The policy deployment at Korat Health Promotion Hospital is a good practice of the contribution to ecological sustainability and environmental friendliness.

Comments

The further quantitative study on the evaluation of change and magnitude of carbon footprint is recommended.

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P 78. Environmental Improvements of St. Josef's Hospital in Moers

WITTIG Oliver, ARMONIES Klaus

Introduction

Our hospital has a total of 755 beds and places. 1,150 employees look after the well-being of our patients. Whether this involves a hospital stay, an operation, a birth, rehabilitation, home care, advice and support for old or demented individuals or the care of those who are chronically ill, at St. Josef's Hospital GmbH Moers you will receive medical care, nursing care and

advice from a single source. The best possible treatment and therapy is guaranteed by the medical experts working in our specialist wards, centres and outpatient departments.

Purpose/Methods

Environmental history of St. Josef's Hospital in Moers:

- 1966: Procurement of a heat pump air conditioning system for the swimming baths and air conditioning systems with heat recovery.
- 1988: Installation of 300 thermostat valves, adjustment of the heating hydraulics, modernisation of the circulation pumps; Replacement of the water-cooled chillers by chillers cooled with cooling media.
- 1999: Use of digital x-rays: no use of developers, fixative solutions, films .
- 2001: Installation of an air conditioning system with adiabatic heat recovery and operating time optimisation.
- 2001 until today: Replacement of all heating pumps with speed-controlled pumps; Use of energy-saving lamps; installation of electronic control gear in the fluorescent lamps.

Results

will be shown in the poster

Conclusions

Environmental Certificates

- ADFC Bicycle-friendly Company
- ECOPROFIT District of Wesel 2010

Comments

This is a very good project to show how important it is to save the resources of the region. Our hospital is a magnet for power saving

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P 79. Health Promotion Model for Risk Management of Environmental Cold in Finland

KUJALA Veikko, HASSI Juhani, IKÄHEIMO Tiina

Introduction

Weather extremes are increasing in the context of climate change. Of all environmental hazards, cold weather causes most ill health and death worldwide. However, the adverse health effects of a cold environment are largely preventable. The WHO Europe has produced two guidance documents to promote health in extreme environmental temperatures and recommends developing national solutions for reducing or preventing the associated health risks. A Finnish promotion model for health control over environmental cold is under development.

Purpose/Methods

The purpose of the model is to reduce mortality, health events, symptoms and injuries related to cold. The major actor in the health promotion model is an individual citizen who is supported by national, provincial and local health care providers. Promotion responsibilities are divided between national, regional and local health care providers, all supported by scientific experts. After conducting a literature review, we updated the health risks and identified the risk groups and reinforcing factors related to environmental cold. The future model focuses on educational, organizational, and individual matters.

Results

In 2010, the priorities of health risk characterization were selected. A national Internet information package was developed for open access. It includes cold-related health basics, supplemented with guidance on health promotion, as well as advice for educational and organizational solutions. Furthermore, a special information set for children and old people is included. Patients with chronic obstructive pulmonary disease, cardiovascular disease, musculoskeletal disease, memory disease or physical injury are at higher risk of cold-related illness and death than others.

Conclusions

The extent to which vulnerable population groups contribute to the adverse health effects of cold environment is important. Hence, different patient groups need more customized information on how to manage in cold added to their chronic care follow-up. Health education is a major component of health promotion. However, the resources available and the organization's capacity to deliver health-promoting programmes will also be influential. Hence, two pilot interventions are being started in 2011 in two Finnish provinces and local health care units.

Comments

The model is being developed in a joint research and development project by the University of Oulu and the Northern Ostrobothnia Hospital District. The results based on medical research related to hot and cold environmental health hazards in the Finnish population can be utilized in the design of a national model. In addition to scientific impacts, the collaboration focuses on creating new knowledge aiming at significant public health impacts.

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P 80. Health Eco-Friendly! A Feasible Reality

PAGLIARI Gian Paolo, PREDONZANI Roberto, PIARDI Marilena, PATERI Tonia, MAGLIO Cristina

Introduction

Continuing the work started in 2009, presented at the conference in Manchester, the ASL 1 Imperiese continued to work towards environmentally sustainable health care a reality, involving the possible operators and sensitizing the population.

Purpose/Methods

New eco-sustainable solutions are proposed, analyzed and activated in ASL in monthly workshops. Data and materials produced are shared by the Intranet and emails. For example, brochures and posters are created and distributed to give information and raise awareness on specific topics such as saving paper, electricity and water in firm.

Results

- Increased recycling: paper, plastic, batteries, print toner, white glass
- Use of rechargeable batteries for electro- medical equipment: starting with departments, now is starting in the 3 hospitals and services
- Reduction of paper consumption: Improve the web use, like sending documents by email, company news in pdf format, and the patients documents now are printing double side
- X-Ray exams are now print on digital format
- Reduced use of plastic bottles

Conclusions



In order to improve both the company's project and the inter-network, we have decided to organize one-day workshop to show our achievements and to increase sharings in and out ASL also working with other health institutions on the net. The day workshop is planned for the 20 May 2011 in Bussana di Sanremo (IM). The web link where are also shared the documents is: www.asl1.liguria.it.

Comments

The project involves institutions far from our reality and in particular the area of France next to the Italian border. For a better future, we must work together! The new ASL slogan for the year is: "Hospital ethical: together, because health care is another possible"

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P 81. Health With Art: Art and Music in Obstetrics Department

BERETTA Emanuela, MAESTRINI Elisa, DORDONI Elena, CAVALLERI Michela, GUARNACCIA Sebastiano, FRUSCA Tiziana

Introduction

Art is a communication resource, a way of expression in each one of us: artists, creators or simple users; inpatients too could benefit from it. Specifically, the scientific evidence shows that engaging in artistic activities can improve mood, emotions and other psychological states with a positive impact on important physiological parameters in hospitalized or forced to bed-rest women with high-risk pregnancy.

Purpose

Improving quality of patients' life in ward.

Methods:

- Training course for operators
- Classical music concerts
- Visual art events
- Literary events
- Meeting with musicians, artists, actors

Assessment Tools

- Satisfaction questionnaire to test the level of inpatients' motivations to take part in some artistic/musical initiatives during their hospital stay
- Satisfaction questionnaire to test the level of inpatients' participation in artistic workshops
- Semistructured interview
- Questionnaire to measure the level of life quality in hospital

Results

Patients are highly motivated to take part in:

- Scheduled artistic and musical meetings (M = 3.6 of 5)
- Interactive art workshops (M = 3.43 of 5)

The results of questionnaires about the life quality (ABEII) before of the above events were:

- An average of 1.9 (Likert Scale from 1 to 5)
- A raw data of 34.3 with standard deviation of 8.7 on a range from a minimum of 18 (no stressed) to a maximum of 90 (very stressed).

Conclusions

The results of this preliminary study show a high patients' motivation in using art and music during the hospitalization in order to reduce stress, anxiety and depression. We were convinced patients would have been concerned about our laborato-

ries, would have reported it in the questionnaire and wouldn't have taken active part in our workshops, but our expectations have been disappointed.

Comments

- To measure change in the life quality of patients in the ward.
- To carry out a training course for health professionals
- To schedule a series of weekly events

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Session P 1-8: Migrant-friendliness, cultural competence & Health promotion for minorities

P 82. Experience "Totem Touch-Screen" For Regularization of Migrants Carers

IMBALZANO Giuseppe, MAFFIOLETTI Pierluigi

The Problem

Provide correct information regarding the registration to National Health System for foreign carers. In order to avoid waiting lists for seeking of membership in the NHS for the choice of primary care physicians, for migrants in phase of paper regularization particularly those with incomplete documentation.

The Solution

- Implementing a multimedial corner point "kiosk" that allows users to see their situation and find informations and print a personalized memo with the necessary documents for registration at the NHS
- Multilingual screens (ten languages) with 82 total views.
- Link to 244 municipalities into 14 districts and 26 principals ASL. Integrated print function of the memo with a summary of the documentation to be produced.

Results

Migrants do really appreciate and use this tool. Quantitative evaluation of the use: 8855 applications submitted in November 2010, concluded 8015, 6175 work permit, Principal nationalities of users: Bolivia, Morocco, Ukraine, Senegal, India, Pakistan, China.

Conclusions

Average time test phase of consultation: 2 minutes and 30 seconds. The creation of institutional Network in collaboration with the Office for Immigration of Prefecture of Bergamo for sending files weekly for monitoring purpose and the Collaboration with the Police of Bergamo for the verification and validation of specific situations;

Comments

The project finally helped to improve the collaboration with the National Social Security Institute (INPS) for the placement of the kiosk as the last step of the regularization sharing the problem with the employer and the worker / carers. Collaboration with the administration of the ASL (Health districts) for the choice of the General Practitioner and control the resolution of specific situations.

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P 83. Aboriginal Health Behaviors and Preventive Health Care Utilization Among the Atayal Tribe in Nan-Ao

KUO De-Jhen, CHEN Su-Jhen, LIN Cian-Hou, RUAN Yan-Ying, HUANG Hwei-Jhen

Introduction

In recent years, the overall economic environment changes, resulting in the relocation of indigenous people seriously, not only impact their living environment, also affect the life style and health of indigenous people. The life expectancy of all mountain Aboriginal people are lower than entire population aged 11.57 years male 13.34 years less for women 9.96 years less. The mortality rate in the conduct of their personal health is poor, in health behaviors and preventive health care utilization are also different.

Purpose/Methods

The purpose of this study was to explore the indigenous elderly people of their preventive health care using behavior and its influencing factors. Our study questionnaire was modified the medical behavior model. The preventive health care using include the Health screening, Cancer screening, attending to health education, Influenza vaccination, pressure, Lipid and sugar of Blood, Liver function. Our sample was 40 years or older Atayal Tribe, a mountain Aboriginal people in Nan-Ao county. Total was 225 person.

Results

During one year, the contacted rate of Health screening was 28.0%, 9.3% for oral cancer screening, 15.1% for Fecal occult blood test, 33.3% for lipid of blood, 37.7% for sugar of Blood, 36.4% for Liver function exam., 90.7% for check blood pressure, 20.4% for attending to health education, 27.6% to take Influenza vaccination. Military, teachers and government personnel were more likely to do the screen of oral cancer, blood lipid tests. Male, junior and senior high school education, smoked were more likely to attend health education seminars.

Conclusions

Predisposing Characteristics like gender, occupation, age and education level would affect the use of preventive health behavior. Enabling resources can be used to family income factors of oral cancer examination and liver function tests affected.

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P 84. Multicultural Health : Prevention of Infectious Diseases Adopts New Languages

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Introduction

The province of Reggio Emilia is characterised by a high immigrant population and is having to deal with problems of social and economic difficulty, which significantly affect the spread of the "diseases of poverty". The multicultural nature of health demand has led to the need to adapt interventions and activities to the characteristics of users, creating facilitated processes for

prevention, early diagnosis and treatment of the infectious diseases most widely present within our territory.

Purpose/Methods

In 2004, the "Protection of the weakest members of society" project of the Department of Public Health of the RE local health authority was created and its activities have developed in two directions:

- Culture and training: specific meetings on the topic of infectious diseases aimed at the ethnic groups most widely present (Indians-Pakistanis-Chinese-Eastern Europeans), and literacy courses with cultural mediation were organised
- Prevention and treatment: a new network of collaboration with hospital and territorial structures for the creation of processes dedicated to prevention, early diagnosis and treatment of the most widely diffused infectious diseases (scabies and tuberculosis) were created

Results

- Training/information meetings: since 2004, 28 specific meetings have been held with various ethnic groups in meeting places, with the participation of 755 people.
- Prevention and treatment of infectious diseases:
 - Tuberculosis: at the outpatients' clinics of the Public Hygiene Service (PHS), Community Paediatrics and Foreigners' Centre (local health authority service for prevention and treatment for foreigners without a residence permit or who require cultural mediation), there are dedicated and free processes for screening, chest X-rays and a pneumological examination. A network of specialists has been created for follow-up of cases and contacts, in accordance with the functional dispensary model indicated by national guidelines. Since 2004, a total of 376 cases of TB have been followed and 12,536 individuals examined between screening and contacts, with compliance with the processes of > 85%.
 - Scabies: in each PHS, there is a dedicated outpatients' clinic, with direct access, free treatment, a dermatologist of reference and constant communication with general health practitioners. Since 2004, a total of 2079 cases have been followed, 415 centres of infection and 1306 contacts, with compliance with the processes of > 85%.

Conclusions

Our experience has allowed us to conclude that, by creating strategies to increase accessibility and usability of health services, it is possible to reduce inequality of health in immigrants, protect the community and assist integration.

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P 85. Cultural Mediation at the Children's Hospital Bambino Gesù

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Introduction

The children's Hospital Bambino Gesù IRCCS is a third level national and international datum point for the delivery of highly specialized care. The attention paid to the foreign patient and his family is of the utmost importance including their needs and necessities. If one compares the data relevant to the non Italian admitted patients, one may notice a trend of steady growth.



During 2007 the admitted foreign patients at the OPBG were 9446, 10038 during 2008 and 10639 during 2009. The most part of them comes from the European Union countries (9%) and from other European non EU countries (18%). The hospitality of the foreign patients and the instruments used to correctly assist them play then a relevant role. The figure of the cultural mediator has played an increasingly central role within the international hospitality

Purpose/Methods

We started from a system of volunteer cultural mediators mainly coming from the context of religious institutions who sometimes preciously helped to make the admission of the foreign patients more comfortable and welcoming, up to structuring along the years a service of cultural mediation through professional interpreters that can be found in just two hours. Considering the steady increasingly need for cultural mediations we decided to support the local cultural mediator with a service of telephonic triage that enables to contact the interpreter in a short time thus allowing the best handling of the emergency regardless of the different languages.

Results

Those now available at OPBG for translation are: English, Chinese, Arabic, Spanish, Allemand, French, Portuguese, Romanian, Albanese, Japanese, Trigrin, Americ, plus other minor languages. We recorded a decrease of the requests dispatched beyond 24 hours, from a 39 % in the first three months of 2009, to a 20% in the same period of 2010, that can be related to the activation of the telephonic triage service in 2010.

Conclusions

Within the international hospitality, the purpose of the children's Hospital Bambino Gesù is to make the stay of the foreign patient more and more comfortable, by aiming at a constant improvement of the quality of the offered service.

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P 86. M To F: More Difference Than Before

MANGHI Mara, MONICI Lucia, BONVICINI F., SPARANO Marina, GEMMI Maria Cristina, FORNACIARI Rossano, CHIARENZA Antonio, RICCO Daniela

Introduction

The local health authority has an outpatients' clinic in its organisation (Foreign Family Health Centre) which, over recent years, has been consolidated thanks to an integrated project with the RE municipal authorities and the Rabbuni voluntary association, serving to provide health and social services to prostitutes. The project is based on the "damage reduction" method and relates to prevention, information and accompaniment to the services; the work is planned and shared between health and social services operators and volunteers. Since 2008, users of this space have been joined by a group of South American transsexuals, who have arrived either spontaneously through "word of mouth" or have been brought there by the Street Unit operators.

Purpose/Methods

Whereas, on the one hand, the approach of the operators has been the one habitually used by the Eva Luna space for prostitutes, on the other, consultation has been necessary to identify more suitable approaches which are more respectful of the person. So, while performance of serological screening for the principal sexually transmitted diseases and the Mantoux screening test have been proposed to everyone, the operators of both the local health authority and Caritas have started a process of information and training on the actual situation.

Results

We currently have 22 users, who have had 150 accesses. 18 have had serological tests and 9 have had the Mantoux test. The results of the serological tests show a high incidence of luetic infection (55%) and infection from the hepatitis B virus (40%). No cases of HCV infections have been found. 4 individuals tested positive for the HIV virus. 3 Mantoux tests were highly positive, but with low compliance with the chemoprophylaxis. 1 case of open pulmonary TB was found.

Conclusions

The health and social situation of these individuals is highly complex and requires close integration between the services, with creation of facilitated and multi-specialist processes. The conditions of social exclusion and violence they suffer (the greatest encountered so far by the operators of the CSFS) makes access to the services even more difficult and may further damage their health. The CSFS has been identified as a "place" where access is simple, respect for the person is guaranteed and all judgement is suspended and where it is possible to deal with social and health problems which, in these individuals, are closely linked and even interdependent

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P 87. The Experience of Mountain Clinic Services in Taiwanese Aborigines Regions

LIN Po-Yen, CHEN Ho-Chin, HSU Yung-Song, HUANG Hui-Ting

Introduction

The total population of Taiwanese aborigines is around 499,500, which is approximately 2 percent of Taiwan's population. The bulk of contemporary Taiwanese aborigines live in the mountains and borders of the cities. Unfortunately, these people have been facing economic and social barriers, including a high unemployment rate and substandard education. The aboriginal church plays an important role in a tribe, providing religious services and other economic resources. As one of the Christian health care system, Taiwan Adventist Hospital often contacts the aboriginal church if they need any clinic service. This follows the spirit of Jesus Christ in providing holistic care and community services.

Purpose/Methods

During 2003 to 2009, the dental department of Taiwan Adventist Hospital held 6 mountain clinic services in Taiwanese aborigines regions, including Dona, Wu-Tai, Chien-Shan tribes. We joined the activities of the church, like church establishment ceremonies, church festivals and retreats, and the pathfinder camp "Camporee".

Results

In total, we served nearly 800 patients in these 6 mountain clinic services. The contents of the treatments included tooth extraction, operative dentistry, fluoride application, and oral hygiene instruction. The doctors of gynecology and urology were also involved.

Conclusions

Because of the limited resources and social barriers, the health care service of Taiwanese aborigines regions is not adequate. We tried our best to provide some services to these people through communicating with aboriginal churches, not only basic medical services but also essential and proper health knowledge.

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Session P 1-9: Health promoting community development

P 88. Community Collaboration and Engagement in Optimising Health Outcomes In East London

Students of Dr Olive Mckeown - Group of Health Promotion Undergraduate Students from the University of East London, UK

Introduction

As students of health Promotion it is important to understand how to engage with people from a wide variety of ethnic and social backgrounds. Community engagement, empowerment and collaboration is the cornerstone of effective health promotional work with people from deprived areas of East London.

Purpose/Methods

This poster reports and captures the observations and experiences of a group of students studying for a degree in Health Promotion at the University of East London. This part of London has been deprived and neglected historically, and has been inhabited by an ever-changing population of displaced people from poor or war-torn countries in addition to the indigenous UK population. There is a poor level of employment, housing and health amongst this group.

Results

A variety of health measures and statistics are presented which highlight the nature of health problems amongst the people of East London.

Conclusions

Suggestions are proposed about ways in which some of the common health issues and problems may be addressed and improved. This group of students / budding health promotion practitioners who are largely from East London themselves have valuable insight into the experiences of this ethnically, socially and culturally diverse population in the lead up to the London Olympics 2012, to be hosted in the area described here.

Comments

This work is based on the collaborative discussion, experience and first-hand experience of the student group.

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P 89. "Microaree": Health And Community Development

COGLIATI DEZZA Maria Grazia, DEGRASSI Michela, GHIRETTI Monica, SARDIELLO Federica, LATTANZIO Loredana, GOJCA Martina, STEFANICH Alfio, GERIN Giordana, TENZE Maja, BURI Claudia, SPANÒ Marco, SANSON Sara

Introduction

The project "Microaree" was launched by A.S.S. n.1 Triestina in 2005; it refers to areas inhabited by 1000-2500 people where to develop integration between health and social services and third sector in order:

- to reduce the dissociation between international declara-

tions of principle and local practices

- to optimize efforts for maintaining people at home where obtaining all necessary assistance
- to raise the appropriateness in the use of drugs and diagnostic and therapeutic aids
- to develop solidarity mechanisms, strengthening relations between people

Purpose/Methods

The main aim of the project is shifting the focus from intervention services to the person, protagonist of his/her health project and focus of the integration between various departments/agencies. The project developed through several stages: defining objectives and actions to be pursued: establishment of maps of resources and of major problems, appointment of a contact person for each Microarea, which becomes the main figure for the accompaniment along the project, enhancement of resources not adequately considered (family, neighborhood, community, etc.).

Results

A first evaluation was completed: in the first instance hospital admissions decreased more within Microareas than in the rest of Azienda per I Servizi Sanitari n.1. (A.S.S. n.1). The cost-benefit analysis has just started and a more thorough analysis should highlight at least the most important synergies established among the various agencies being partners of the project.

Conclusions

The non-health determinants of health impact in an increasingly sharp way on the ability / possibility of prevention and care of our health care system. A.S.S. n.1 Triestina with this project has enhanced the health promotion strategies, that are processes enabling people to gain greater control of their health and improve it, by limiting hospital admissions for acute conditions and diseases of complex and high skill interventions.

Comments

The project aims to meet the HPH & HS standard 1 and 5 in particular. In fact, the development of this reality that has involved many organizations and about 20 000 inhabitants. Among the stakeholders the Municipality of Trieste, the third sector, the regional agency for housing and others are included.

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P 90. Health Promotion in Municipalities in South Ostrbotnia LINJAMA Hilpi, HYYTIÄ Arja

Introduction

Morbidity is higher amongst people living in the Finnish province of South Ostrobothnia than amongst Finnish people in general. Municipalities have experienced increase in the expenses of social and health care and special health care. At the same time a statutory structural reform of municipalities and services is in process nationwide. The reform aims to organise combined social and health care services in areas with a minimum of 20 000 inhabitants.

The Finnish Ministry of Social Affairs and Health has put forward a proposition for a new Health Care Act. The proposition underlines the promotion of health and well-being and the prevention of health problems. It is proposed that municipalities, or several municipalities together, must draw up a plan concerning the actions and services needed in order to promote health and well-being of the municipalities' inhabitants and to prevent health problems. The resources reserved for these actions and services must also be reported in the plan. Implementation must be connected as a part of the preparation of the municipalities' strategy and economic plan.



Purpose/Methods

The Health Promotion Unit of the Hospital District of South Ostrobothnia, Finland, introduced municipal well-being profiles to both leading and elected officials of each municipality in South Ostrobothnia. The occasions were interactive. The available municipality-specific statistic was linked to the possibilities the preventive work has in decreasing morbidity amongst the inhabitants and in promoting health. An inquiry about health promoting contemporary conventions and decision-making was sent to the municipal administration as well as to the leading officials of different municipal sectors. The answers received were introduced at a provincial work seminar. The participants in the seminar were divided into teams according to social and health service areas. Each team put together their own area's primary needs for health promotion.

The aim of the survey was that the results could be utilised in the planning and decision-making of municipal activities. Children, the young, and families with children were chosen as the strategic focus area for the Health Promotion Unit for the years 2010-2011. Focus area was defined on the grounds of the work seminar that discussed the results of the survey and according to the definitions of policy in our unit's guidance group.

Results

According to the survey, health promotion is not sufficiently organised or coordinated in the municipalities of South Ostrobothnia. Management teams had not been appointed, and co-operation between different municipal sectors was minor. Municipal decision-makers hoped for easily exploitable information about their own municipality's and the entire area's situation of well-being as well as about the possibilities of preventive work. Health Promotion Unit carried out 6 social and health area specific trainings for parties operating in multiple sectors. Specialists in the hospital district as well as local multiprofessional experts related to the theme acted as experts in the trainings. In addition, the Smart-Family guidance method of the Finnish Heart Association was utilised.

Conclusions

The municipalities have a more concrete perception about health promotion, and on the grounds of the survey the procedures can be more precisely targeted according to the inhabitants and parties concerned. Working groups for health promotion have started operating in the area. The expertise of special health care and that of the own area is utilised in the development operations of municipalities and federations of municipalities.

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P 91. A Fair Way to Health

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Introduction

A health promotion fair was held at St. Vincent's University Hospital in September 2010 aimed at raising awareness of health services and empowering people to take control of their health by giving accurate information and advice.

Purpose/Methods

Planning of the fair commenced in April 2010. Ten of eleven national organisations invited to the fair participated, in addition to 16 hospital departments. An open area in the Outpatients Department was used. Extensive advertising took place. The fair ran for 7 days. On the launch day, 26 stands were manned by health professionals who engaged with attendees. A variety of leaflets, posters and demonstrations were available. Thereaf-

ter, stands were unmanned. A short survey focused on attitudes towards the fair.

Results

An estimated 900 people attended the launch day, based on a head count that took place every half hour for 4 hours. In total, 235 of the estimated attendees completed evaluations, representing a good response rate (26%) in market research terms. Responses were predominantly from females (84%) and staff (77%). There was an even spread of attendees across adult age groups. The event stands, leaflets, layout and overall fair were rated excellent by 70% and good by 30% of attendees.

Conclusions

We conclude the health fair was an innovative health promotion initiative. Evaluation of the fair indicated high satisfaction rates. Future health fairs may be targeted to hospital patients and the wider community.

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P 92. Medical Support Project for Homeless People in Reisen Park in Fukuoka City, Japan

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Introduction

Inequality in the economy has worsened since the late 1990s in Japan. Many laborers lost their jobs, and the number of homeless people increased. There were 16,018 homeless people in Japan in 2008 (921 in Fukuoka city). Chidoribashi General Hospital, located in Fukuoka city, has 290 beds. About 1,400,000 people live in Fukuoka city. About 400 homeless people came to our hospital in 2006. We treated many severe patients. If they had been treated earlier, they could have lived longer. We realized the need to go out to meet with ill homeless people before they became severe patients.

Purpose / Methods

We started providing medical support in Reisen Park from February 2007, every 1st Friday night of the month. We work alongside the Christian volunteer group "Onigiri-no-kai" (rice-ball group) who distribute rice-balls. There are 10-15 people in our group, consisting of a medical doctor, a dentist, nurses, a medical social worker, and clerks. We pitch a tent and set up some booths. Usually 30-40 homeless people line up to receive food, 3-8 of them come to our booths. At first, nurses interview them. Following this, a doctor sees the homeless people. We prescribe drugs for common colds, enteritis and pain. We make individual charts to monitor homeless people.

Results

During two years (22 medical support sessions), we checked 91 people. The mean age was 58.5. Most medical problems were common colds (18%). Others were muscle-skeletal problems (17%). 2 in 3 people had hypertension. Some of them had communication problems and were of low intelligence. Some patients had obvious malignant diseases such as breast cancer and lingual cancer. Most homeless people need healthy food and safe housing rather than medical treatment. Therefore we often advised homeless people to go to a welfare office and get Public assistance. In Japan, there are three types of medical insurance, these are Social insurance, State insurance and Public assistance. People who don't have enough money to pay insurance can receive public assistance. Public assistance provides enough money to rent accommodation and buy food, they also receive free medical treatment. This right is supported by article 25 of the Japanese constitution.

Conclusions

12 homeless people could get Public assistance following our advice. However after settling down, they felt loneliness because they had no social network. Some of them returned to homelessness. This is our next problem to resolve. We could learn a lot about homeless people and came face-to-face with poverty and it's causes. Our staff became more active in health promotion in the local area. A total of 60 medical students joined our project and had valuable experiences. Most of them talked with homeless people for the first time and learned the importance of knowing about the background of homeless people. We could also develop a relationship with the local Christian volunteer group.

Comments

Going out to the park and seeing homeless people was a remarkable project. We met 91 homeless people during two years. Many of them had chronic diseases and needed regular treatment, but most of them needed help for food and accommodation rather than medical services. As medical staff, we always have to think, not only about treating diseases, but also about promoting healthy lifestyles. It is important to know about how to use public insurance and other social services, also how to connect homeless people to a welfare office. Our next problem to solve is how to make a network for newly settled people.

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P 93. Healthy Axis – Innovative Action to Promote Population Health

LAAKSONEN-HEIKKILÄ Ritva, HÄRMÄLÄ Marja

Introduction

The Healthy AXIS development project aims to connect innovative actions with the services for population health promotion. The purpose is to develop low threshold counselling and services based on the needs of different populations group. This work makes good use of existing good practices. The municipalities of Masku, Mynämäki and Nousiainen joined together as a collaboration area, which is the AXIS Basic Security Federation of Municipalities. Different organizations and their cultures merge as the municipalities unite their services under the new AXIS identity. The change and all the issues linked with the change invite the Basic Security Federation of Municipalities to joint developmental work.

Purpose/Methods

The development project aims to promote the AXIS municipalities' population health and wellbeing and to maintain people's functional ability on a high level as long as possible. Population should become active in promoting their health through self care. Long term goals are stronger community sense in the population and between different groups, formation of peer support networks and exploitation of the clients' expertise and experiments. The citizens and the third sector are active participants in the Healthy AXIS. Also the high-ranking municipal functionaries and employees as well as the Turku University of Applied Sciences Health Branch students and teachers contribute to the work.

Population health promotion as well as maintaining and enhancing wellbeing are central themes and objectives in the municipal health policies. Aging population requires increasing the cost-effectiveness of services and at the same time new health coaching services are necessary to support preventive work and self-care in all age groups.

Results

The operational core of the developmental project consists of the sub-projects to promote the health of different client groups (e.g. Healthy Seniors) and of the development of virtual health coaching in order to increase citizen participation and the staff's

competence, as in the peer support network "Give a call to a friend". There will be health screening and counselling services for seniors. This will be the possibility to stay at home longer and have better functional and social ability. There are about 900 seniors over 72 years living at their homes in the AXIS Basic Security Federation of Municipalities. In the Axis Basic Security Federation of Municipalities the number of the staff is about 300.

The developmental project realizes following principles and actions: client-centeredness, collaboration of several actors, reflection and development of the work models as well as exploiting good practices. There will be different kind of questionnaires and interviews.

Conclusions

The multiprofessional health coaching services will be integrated in the AXIS Basic Security Federation of Municipalities' comprehensive health promotion work and as part of municipal services. The model can be easily modified to respond to the needs of other municipalities, in which case the results can be disseminated in other municipalities, too. The developmental project begins January 1, 2011 and ends on December 31, 2012.

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P 94. Safely Together

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Introduction

The ASL of Bergamo is developing, in collaboration with the associations representing the disabled people and health structures in the province to improving safety issues for these patients.

Objectives

To create and share with healthcare facilities in the province a safety culture oriented to the specific needs of disabled citizens.

Purpose/Methods

- actively involve groups representing people with disabilities in the process of identification of hazards and risks
- create a provincial working group committed to develop specific projects in response to these highlighted security needs
- involve all the Health Structures of the Province to ensure a uniform response, optimizing the synergies between the different actors involved and taking advantage of available technologies
- consolidation of a social, medical and administrative network

Results

- The associations representing disabled people have been contacted and asked to present their concerns on security in accessing health services (deaf, blind and hypo, with walking problems).
- Sharing at provincial level with the coordination of the Medical Directors of Health Facilities contents of individual meetings
- Constitution of a working group, coordinated by the ASL, with representatives of the Health Directors involved identify the main problems of the provincial system toward security issues for disabled and to study the most suitable solutions for every structure to respond effectively to needs expressed.

Data on results:

- All the Hospital of the Province of Bergamo have been



involved (21 health facilities for a total of 4861 bed places)

- All the main National Disabled People Organization represented in the Province of Bergamo worked to realise the project (8 different Associations)
- Two specific written protocols have been already signed by all the Province Hospital Health Director for deaf and blind persons.

Conclusions

The working group go on with his work preparing for each issue of disability specific protocols with the solutions to the various problems faced, resulting from synergy between the experiences of organization and management of health facilities involved.

Improvement actions:

- Specific structural changes to make easier and more safely to move around into the Health Facilities of the Province of Bergamo
- Devices adaptation
- Specific human resources identification to contact in every hospital for specific welcome (Accompanying services)
- Specific telephone/email/fax service for booking

Comments

The completion of the project has already achieved the following results:

- Analysis of specific problems with the direct and active involvement of all provincial actors involved: ASL, Associations of the disabled, accredited health facilities
- Definition of specific solutions to issues identified through the efforts and concrete actions

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Session P 1-10: Reaching out to other settings - Supporting health promoting schools and health promotion for children and adolescents in the community

P 95. On-Site Vision Screening for Children in Primary Schools

HSIEH Yi-Ting, PENG Yi-Jie, YANG Yun-Shang, OUYANG Ling-Ya, WEN Kelly, HSU Wei-Cherng

Introduction

To report the results of on-site vision screening for children in primary schools by Tzu Chi General Hospital, Taipei Branch.

Purpose/Methods

Nine primary schools in Xindian and nearby districts were selected by the Public Health Bureau of Taipei County as the jurisdiction schools of Tzu Chi General Hospital, Taipei Branch. The nurses in schools performed vision prescreening of all children of grade 0, 1 and 2 (age of 5 to 8 years old) by eye charts and NTU 300" random-dot stereograms. For those whose visual acuity less than 0.9 or who failed NTU 300" random-dot stereograms, the ophthalmologists went to their schools and performed autorefraction, Hirschberg test, cover and uncover test, slitlamp exam and fundoscopic exam.

Results

Of 2889 children from the 0th, 1st and 2nd grades of 9 schools, 811 persons (28.1%) received on-site vision screening. Of these 811 children, 693 (85.5%) were diagnosed as ametropia or heterotropia, including 383 with myopia less than -0.5 D, 238 with hyperopia more than 2 D, 520 with astigmatism more than 1 D, 21 with heterotropia, and 11 with suspected glaucoma. Among these 693 children, 372 (53.7%) were newly diagnosed. They were referred to the hospitals for further treatment.

Conclusions

On-site vision screening can offer early detection of vision-threatening diseases for children in primary schools, including ametropia, heterotropia and suspected glaucoma.

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P 96. "Overnight": Young People And Health Prevention At Night Entertainment Sites

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Introduction

The "Overnight" project was born in 2006 in the Province of Trieste; it is aimed at reducing risks for youngsters from consumption of psychotropic substances during night entertainment. The operators are present close to dancing and entertainment places with visible stands to speak with youngsters, bringing tests, condoms and information and promotional materials. Close to the stand, areas of decompression and listening are identified. The project helps in preventing driving while psychically altered through the provision of free shuttle buses.

Purpose/Methods

The objectives are:

- to raise the awareness of youngsters towards psychotropic legal and illegal substances so to reduce risky behaviors
- to evaluate new practices and organizational models
- to realize an epidemiological survey for investigating youngster's behavior
- to have project operators in most fun events during summer and in significant places of the city center during winter
- to promote safe transportation and culture of "designated driver"
- to train and involve in activities peer educators

Results

- Establishment of a multi-professional team of public and private social services
- Implementation of a on going training/retraining program
- Realization of more than 60 interventions/events in a two year period
- Research on consumer behavior and risk among youngsters in nightclubs
- Involvement of additional partners in the project
- Development and testing of materials and gadgets
- Offer alternative means of safe transport (bus and taxi voucher)
- The Overnight project succeeded to convey the idea of "safe fun" to the target group

Conclusions

The project is carried out continuously since 2006, has enabled the service the dependencies to activate of innovative policies to promote health in the area and reducing the risks associated with the consumption of psychotropic substances among young people. It is related to the standards 1-3-5 of the self-assessment manual. In consideration of the great success of the project, such good practice could be exported in other national and international realities.

Comments

Health workers present at considered sites can contact youngsters who do not turn to services because they are not aware to have problems and to identify early stages of distress. Operators provide first aid in case of illness or poisoning, in telephone contact with medical emergency service. Information material was partly prepared together with peer educators. The approach is informal, non-judgmental, likely to encourage relationship of trust. Collaboration with nightlife managers and security operators has proved to be essential.

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P 97. Mental Health Promotion in Schools - A Group Intervention Initiative

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Introduction

School is a place for gaining knowledge and skills, and also for learning how to work towards set goals and interact with other people. In adolescence, various mental and behavioural disorders may have a detrimental effect on an individual's functioning ability. In a pilot project, a new group intervention model was designed to address mild and moderate mental disorders within the sphere of school health care, which provides a natural setting for helping adolescents in their daily milieu at school.

Purpose/Methods

A new model for early intervention was designed and introduced in schools with students aged 12-22 years. With the support of a specialized health care professional, cognitive-behavioural stress management courses (Adolescent Coping With Stress Courses) were established for students with mild depressive disorders (assessed by BDI). Students with behavioural disorders (asocial, aggressive or withdrawn behaviour) can develop their interaction skills in the Aggression Replacement Training (ART) groups, by working on their social skills, anger control and moral reasoning.

Results

All adolescents who participated in the groups returned a feedback questionnaire. According to the responses, they felt they had benefited from the group sessions and acquired tools for solving their problems. After the intervention, they scored lower in the BDI test. Peer support was also appreciated. It was relieving to see that others struggle with similar problems, and to exchange ideas concerning, e.g., various coping methods. The feedback received from the teachers and parents was positive as well.

Conclusions

Mild mental disorders can be prevented and treated within the framework of school health care. Brief interventions with a focus on interaction suit best for implementation at schools. The new type of group intervention model created within the pilot project is feasible in practice, financially viable and offers support for several adolescents simultaneously. In the future, responsibility for the groups will be assumed by the school personnel, and the role of the specialized health care professional will be consultative.

Comments

The pilot project is an example of possibilities for developing new operational procedures through co-operation between various sectors. By reallocating the existing resources, it was possible to establish a functioning model for early intervention. School personnel have experienced the co-operation with the pilot project as meaningful. Intervention groups were established in secondary schools, schools for students with special needs, and vocational institutes located in a total of eight municipalities within the Satakunta Hospital District.

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P 98. Salva Project (Save All Lives Via Abc): Spreading Emergency Knowledge in the School

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Introduction

SALVA project started in 2008, it is aimed to train in Basic Life Support (BLS) all students of the secondary schools in Legnano district, close to Milan. The target is the education of 10% working population in the district over five years. We started from second-year and fourth-year students. The students are trained to recognize heart attack and stroke signs, call for help and carry out BLS in case of cardiac arrest.

Purpose/Methods

Tutors are skilled prehospital intensive care doctors. Until 2009 was performed course A: 3h theory and 3h practice. From 2010 started course B: 1h theory and 2h practice. The assessment was planned at the end of the course and after one year. Fifteen items were tested. Five items were considered as possible source of major errors: E1-BLS sequence, E2-breathing assessment, E3-call EMS, E4-thoracic compressions, E5-CPR until rescue. E3, E4, E5 represent the focus of our course (on focus error-OFE).

Results

We trained and evaluated 4461 students (896 were re-evaluated, 655 by surprise 1 year after the course, 241 after refresh). 82,6% of the students didn't make major mistakes. The more common major error is E1 (34,5% of overall errors), followed by E4 (28%) and E3 (21,7%). Even more students (90,1%) were free of OFE. The least common error (1,66%) is E5. No significant difference were evidenced between courses (A or B) nor between years (2nd, 4th).

Conclusions

- Teaching BLS to a wide number of students is possible and useful.
- Reducing the hours of theoretical teaching while leaving almost unaffected the practical ones gave the same satisfactory results.
- The age of the students (year of course) did not affected the learning.
- Unexpected reassessment will confirm the importance of the refresh course.
- Low rate of errors confirm a good learning.

Comments

At the end of the project the adequacy of bystanders intervention, the "diagnosis", and the appropriateness of EMS call will be evaluated through prehospital charts analysis. It will be interesting to see the results of unexpected reassessment after the refresh course. We have already designed and planned a



distance learning course covering the theoretical part in order to extend the education to more students, spare tutors for practical refresh and reduce costs.

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P 99. Prevention of Betal Nut Chewing in The High School of Rural Area

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Introduction

Betal nut chewing is popular in the rural area of Taiwan. However, it can cause oral cancer. Education of betal nut chewing risk is necessary in the schools. We present the results of education for betal nut chewing risk in the high school of rural area.

Purpose/Methods

Between Oct and Dec 2006, we had several courses of betal nut prevention in 2 high schools. The students were asked to fill out the questionnaire before and after the courses. There were 10 questions in the questionnaire.

Results

There were 831 students agreed to answer the questionnaire. The correct answers which before and after courses were 64.9% and 77.2%. There was a significant difference between before and after education ($p < 0.0001$). Individual education was offered again to those who had lower score in after-course test in comparison with before-course test.

Conclusions

Betal nut chewing will affect health. Education is a good way to prevent betal nut chewing. In this project, individual education was strongly suggested for students who had a lower score in after-course test.

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Session P 2-1: Health promotion for children and adolescents in hospitals and health services

P 100. Qualitative Research in the Pediatric Field: Developing a Process for the Implementation of Services and Activities Focused on the Central Figure of the Child

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Introduction

The Bambino Gesù Children's Hospital focuses entirely on the child's actual needs and is committed to creating the best conditions for the child's balanced and serene growth in order to succeed in maintaining as much as possible a condition of normality when faced with limiting and traumatic events or situations. Illness and hospitalization represent critical and destabilizing conditions for the child and for his family since they interfere with the routine lifestyle and impose limitations and suffering that require an adjustment to a context that is often experienced and seen as threatening and impersonal. The parents Associations present in the Hospital represent a significant element that contributes to implementing services and activities that help improve the quality of hospitalization by promoting the welcoming and assistance of the families and of the children within the hospital context.

The objective of this study is to provide a response to: which is the process with which parents evaluate the quality of the assistance provided with respect to family and child support undertaken by the parents Association.

Purpose/Methods

A quality research path based on the speak up method that allows exploring and describing a theory that is created and formulated based on the data collected. Data collection occurs through semi-structured interviews to parents whose children are hospitalized and evaluating the parents in their relationship with the hospitalized children. The Operational Units involved are the U.O. of pediatric Onco-Haematology and the U.O. of Cystic Fibrosis.

The research was conducted by the research group of the Treatment Humanization service at the Bambino Gesù Children's Hospital in Rome. The project was carried out according to the following phases:

- Training, in order to further analyze the research methodology
- Pilot, to fine-tune and establish the data collection tools (interviews and evaluation modalities)
- Data collection and preliminary analysis.

Data analysis has highlighted the following actions, interaction and emotions expressed by those interviewed.

Results

Preliminary data revealed various factors that characterize the perception evaluation process of the quality of the child's and his parents' welcome: relations with the health personnel, the individual characteristics of the parents, strategies for facing the illness, the difficulties that arise from adjusting to an impersonal context. We had 51 round and 1200 interview with patients and families; 4694 people assisted for 3000 families and solutions for 2012 mishandlings.

Conclusions

This preliminary data analysis is educational and informative for the subsequent identification of relations among the categories that emerged in defining the process that is the object of this study

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P 101. Hospital and Territorial Services Integrated Welfare Paths for Children Affected by Neuropsychological Disorders:

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Introduction

Children affected by neuropsychological disorders are well known as patients needing complex care interventions characterized by a strong social and health system integration, in order to guarantee an appropriate fulfillment of both individual and family needs, in & by Hospital. On this awareness is an idea to create welfare paths "beyond the clinic", starting from an "ecologic" point of view, individuating some children's natural life contexts, that allow imagining growing and experiences developing in respect for the individual "self".

Purpose/Methods

The possibility for starting and developing these projects comes from the cooperation between two non-profit associations operating in the Hospital (Ospedali Riuniti - Salesi Foundation and FA.NP.IA), and the operators that being in direct contact during the hospitalization aided individuals in care. The projects consist in group co-therapies, integrated from 2 different perspectives:

- presence of young individuals able to share the activities of the group;
- non-interference with ongoing rehabilitation paths.

142 children, ageing from 7 to 16 are involved.

Results

Co-therapies carried out through workshops in ten years are:

- 2003: "Re-discovering yourself... naturally"; multi-sensory workshop with psycho-educational activities carried out in two natural scenarios, WWF Oasi
- 2006: "Let's invent theatre", 5th edition.; theatre-therapy aimed to a global improving of children's expressive skills; Pet-therapy for children affected by psychosomatic disorders
- 2009: "Emotions in sounds and colours": art and music therapy; "Summer in the farm": pet village; Libellula Daily Therapeutic Centre for the psycho-physical rehabilitation of pre-adolescent girls affected by eating disorders.

Conclusions

In our experience, promoting synergy between hospital-social service and non-profit organizations in & by Hospital in neuropsychological disorders allows more customized care paths, according to a competent "childhood inspired culture" and aimed to reduce the lack of offer still present in some social contexts characterized by psycho-emotional deprivation conditions.

Comments

Attendance to all the workshops is free or low cost. In this period of great economic difficulty, the support of volunteers is critical for the realization of these humanitarian projects.

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P 102. Indicators for Monitoring Children's Health Behaviour

KYNÄSLAHTI Sirpa, KAALIKOSKI Raija

Introduction

At the moment there is very little information available on children's health behaviour. Indicators for the long-term monitoring of the health behaviour of both 3- to 6-year-olds and primary school children have been compiled and introduced in the Pori cooperation district in 2009. The indicators provide information related to the health, physical exercise and eating habits of children. The indicators function in the patient data system, from which statistical data can be obtained.

Purpose/Methods

The indicator used at the child health clinics includes 27 questions about the health behaviour of 3-6-year-old children. There are four subject groups: physical exercise, nutrition, social needs and dental care. A target is specified for each subject group in accordance with national guidelines. The school health care indicator is a continuation of the monitoring at the child health clinics. It is meant for monitoring 1st, 3rd and 5th graders. The subject groups are the same as in the child health clinic.

Results

Preliminary indicator results have shown that there are regional differences in the health behaviour of children and families. There are also results that nutrition and dental care need more extension. Recent and updated indicator results will be available in the spring of 2011.

Conclusions

The indicators make it possible to tackle the shortcomings identified in an individual child's health behaviour. Over a longer period of time it is possible to monitor the changes that have occurred in an individual child's health behaviour. The indicators provide information on regional differences in the health behaviour of children and families. In addition, the indicators serve as tools for nurses to use to raise issues.

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P 103. Severely Obese Children in Special Health Care; Developing a Treatment Model

JÄRVI Leea, SUOAJÄRVI Outi, MIETTINEN Seija

Introduction

Obesity is one of the most threatening health problems in Finland. However, the peak of the problem still lies ahead, especially in terms of the prevalence of childhood obesity in younger age groups. Child obesity also seems to be getting more severe. In the Northern Ostrobothnia Hospital District and the Department of Paediatrics of Oulu University Hospital, development of childhood obesity treatment began in 2007. At that time, local care guidelines were drawn up and the current obesity management practices for children evaluated, and families' experiences of obesity treatment and health education were studied. The results of the evaluation showed that in the families' opinion, lifestyle education lacked customer orientation and the instruction given to families was on an abstract level. The treatment of the child was too strict and technically oriented. Obese children are mostly treated in primary health care, while specialised health care is responsible for the treatment of severely obese children

Purpose/Methods

The purpose of this development work was to continue with the reform of the treatment model for severely obese children in the

Paediatric Department of Oulu University Hospital and to set up better cooperation with primary health care in obesity treatment planning. Another objective was to improve coordination of children's obesity treatment, to promote customer orientation in lifestyle education and to eliminate overlapping in childhood obesity treatment and health education in primary health care.

Results

As a result, a management model for severely obese children was drawn up in the Paediatric Department of Oulu University Hospital. The Model comprises the definition of the number of outpatient visit, the content of each visit and follow-up instructions. Each severely obese child visits the clinic four times over a one-year period. The coordinator of each visit and of the treatment as a whole is a paediatric nurse specialising in endocrinology.

In health education, customer orientation and the needs of the children and parents are the most important aspects. Furthermore, families' motivation for a lifestyle change and a change of phase are evaluated and the results are taken into account. Co-operation with primary health care is made more efficient by increasing communication between the paediatric nurse and public health care nurse. Referral practices are modified so that overlapping treatment is eliminated, especially in lifestyle counselling. The new treatment model has been introduced to public health care nurses and it will be used in Oulu University Hospital during this year.

Conclusions

The development of childhood obesity treatment is an important part of health promotion. When successful, it helps to prevent public health problems. For example, the prevalence of type 2 diabetes and cardiovascular disease will diminish if obesity becomes a less common problem than today. Many severely obese children have no friends and they miss out on a normal social life. Effective treatment of obesity in children will improve their quality of life significantly

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P 104. Weight Control Program for School-Aged Children

HAAPALA Terhi

Introduction

The prevention and treatment program for overweight and obese children within the public health care system of the City of Lapua

Purpose/Methods

Program for health professionals working with school-aged children: doctors, public health nurses, nutritionists, physiotherapists, pediatric psychologists. Target group: children ages 7-16 and their parents.

Program consists of:

- Instructions for health professionals
- Goals
- The monitoring and assessment of treatment schedules
- Guidelines
- Suggested materials
- Internet links
- Support

Results

Statistics are recorded according to the standard BMI weight rating system (once a year)

Conclusions

The program has been in use in the City of Lapua since 2008 and statistics have been recorded since August 2010 (Effica).

The program has been evaluated by health care professionals and deemed to be useful and beneficial tool in the prevention and treatment of obesity in children.

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P 105. Global Oral Screening in Childhood as an Instrument for Improving Oral Health Promotion and Dental Services Re-Orienting in Trento Province – North Italy

PIFFER Silvano, POCHER Massimo, CAMPOLONGO Fulvio

Introduction

Dental caries is a major oral health problem in most industrialized countries, affecting 60-90% of schoolchildren. In Trento Province is operating an integrated strategy aimed to promote oral health in childhood. A new provincial law issued in 2007, defined new modalities of oral care and oral health monitoring in childhood, by a global oral screening during the second year of primary school. Present study reports on the preliminary results of the 2009-2010 screening and on the need for health services re-orienting.

Purpose/Methods

According to the new model of care, 4.733 schoolchildren have been examined at school by dental hygienists, (84.7% of all candidates), using a modified WHO standard chart and recording the data on a computerized database. We have calculated from this some indicators on 2009-2010 database: % subjects caries free, % subjects who underwent dental examination before 6 year, index care, % subjects following correct oral hygiene. These indicators have been calculated by citizenship of mothers, and urban/rural area.

Results

Global caries free proportion was 67.3%: 71.6% Italians and 31.4% foreigners; 74.7% urban area and 65.4% rural area residents. Global Index care is 26.0: 30.6 Italians and 15.5 foreigners, 28.7 urban area and 26.1 rural area. 14.7% of the subjects had never dental examination before six year: 13.3% Italians and 26.4% foreigners; 14.8% urban area and 14.7 rural area. A correct oral hygiene is followed by 52.8%, 54.6% in Italians, 39.5% in foreigners; 58.7% in urban area and 51.3% in rural area residents.

Conclusions

Nevertheless an oral health promotion comprehensive programme, we still note strong differences in oral health in childhood. The citizenship and the rural residence represent strong factors for inequities in childhood oral health.

Comments

According WHO, the development of oral-health information systems as an integral part of surveillance of oral health and risk factors, in order to provide evidence for oral health policy and practice, formulation of goals and targets, and measurement of progress in public health. The results for first global oral screening in Trento province point to the need of reinforcement oral health promotion in school specially for more disadvantaged and poor populations and the need to improve the access to dental services in rural areas.

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P 106. Activities of Integrated Home Care

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Introduction

The purpose of the activity is the implementation of care-providing organizational models suggesting a coordinated home assistance to the pediatric patient, matching the more emphasized double purpose to ensure the continuity of care to patients, especially the chronic ones, and improve the correctness of the hospitalization. It mainly allows the young patient to return to his own environment. The adoption of a systematic home caring model for all the young patients taking advantage from it, means, from the SSR point of view, the liberation of a remarkable amount of resources related to the simultaneous reduction in the numbers of the daily and ordinary admissions normally required for the treatment.

Purpose/Methods

Dealing with the operational terms, the activities of caring performed by OPBG in 2010 included the specialistic treatment by the medical and nursing staff at the patient's home, to continue the treatment started at OPBG. In addition, some experts' advice activities are now available on a 24 hours telephone line managed by medical staff. The training of the family for home care starts during the hospitalization, as the team establishes a strong sense of cooperation with it. It's important not to generate feelings of abandonment both in patients and their families as far as the cares outside the hospital walls protection are concerned. We try aiming at this through the teaching and the practical training of the family members during the period of hospitalization.

Results

The patients were selected according to their needs for care. A 120 patients dismissed from the U.O. were assisted home in 2010: ICU, bronchopneumonia, cardiology, oncology, summing up to a total of 1.418 accesses.

Conclusions

In order to assess the results of the job done, The hospital public relation office prepared and submitted a survey rating schedule by phone to the parents of the patients enrolled in the home care project. The results showed an almost total satisfaction from the parents involved, spending words of consideration for having brought the cares home.

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P 107. Early Intervention for Developmental Delay Children in Taipei Tzu-Chi Hospital, New Taipei City, Taiwan

WU Hsin-Chi, CHAO You-Chen

Introduction

Developmental delay occurs when children have not reached these milestones by the expected time period. Through developmental screening and evaluation, we identify those kids who are at risk or developed developmental delay. Due to the complexity of the development, those kids need multi-disciplinary professionals to identify, evaluate and diagnose. To shorten and simplify the assessment process, we here present how the



interdisciplinary team in child developmental center of Taipei Tzu Chi hospital work to early identify suspicious children.

Purpose/Methods

Developmental Screening: Every child below 6 years of age, who ever visited pediatric clinic of Taipei Tzu-Chi hospital (TTCH) in New Taipei City, may be screened for their development status. Once he (or she) was suspected to be delay in development, he (or she) will be referred to child development center for further study. The center case manager in TTCH will be responsible to developmental consulting. She would help parents to recognize their children's behaviour and development, and to make an appointment of union developmental clinic in center if needed.

Developmental evaluation: The pediatric team in TTCH, physicians including pediatric neurologist, child psychiatrist, and child physiatrist, has the union developmental clinic every Thursday afternoon. These three doctors make the decision about further study of the cause of delay developmental of child.

Then physical therapist, occupational therapist, speech pathologist and child psychologist who are consulted, may work together to assess those in risk children's motor function, speech development and cognition age. After all the studies and assessment finished, the team in child developmental center would build rehabilitation goals and assemble an interdisciplinary team to work toward those delay children. The child developmental center of TTCH also visit rural area including Shihding, Pinghsi every season or each half year to help those children lived in lack of medical care area to have early intervention program to prevent or improve their children's developmental deficit.

Results

In past 5 years, the child developmental center had evaluated and diagnosed more than 3000 children. Part of them is diagnosed as mixed developmental delay. For complete the evaluation process, the average hospital visiting times of the risk children decreased from 6 to 3. Parents paid only one clinic fee. They could get the assessment report in 6 weeks since their kids being suspected developmental delay. The satisfaction rate are over 95% for the clinic service by parents.

Conclusions

The developmental delay children and their families need a lot of care and help for children's learning issue. Individualized early intervention program designed in our hospital had helped thousands of kids in New Taipei city.

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Session P 2-2: Health promotion for patients with chronic diseases: Cardiovascular diseases & other

P 108. "An Experience of In-Hospital Team-Work Education to Promote Health in Heart Failure Patients"

SPADARO Francesca, GIRARDELLI Morena, POSTAL Nicoletta, DE BASTIANI Elisabetta, RONI Riccardo, MATTAREI Mauro, TORRI Emanuele, CORAZZA Roberta

Introduction

Heart failure (HF) is one of the major health problems in developed countries, that strongly affects patient's duration and quality of life and increases their overall rate of hospitalization.

Educating patients with chronic conditions such as HF during hospitalization, especially with regard to healthy eating habits, proper use and monitoring of drug therapy, proves to be essential not only to improve the quality of life but also to reduce risk factors that can lead to a worsening of the underlying cardiovascular disease.

Purpose/Methods

From 2005 the Operative Unit of Medicine of the hospital of Rovereto (Italy) started a program of in-hospital education for HF patients with the target of integrating health's promotion into the care processes of the ward (52 beds). This experience consists in individual and group work with patients and their families during hospitalization, providing also written material supporting the information given by different professionals (nurses, dieticians, hospital pharmacists) on specific arguments (eating, lifestyle and therapies).

Results

In 2010 seven groups of 10 individuals each, including patients (n=30) and caregivers (n=40) participated the in-hospital team-works. Participants were asked for satisfaction, need for more information, and potential impact on their lifestyle. Eighty-five percent of individuals reported positive influences of the education on their lifestyle. Our group planned a systematic check of this experience's results with a 12 months follow-up based on a questionnaire and the analysis of databases for the rate of hospital-re-admission and compliance to medical-therapy. The first results are expected on fall 2011.

Conclusions

In today's practice the improvement of end-points related to chronic diseases, such as HF, requests both structured pathways shared by multiples health professionals and the education of patients and their caregivers. In this field the team-work represents a winning method to help patients to be actively involved in their disease's management, also helping them to recognize and eventually report the signals of a disease worsening and possible adverse drug reactions.

Comments

The objective is an improvement in patients' approach to eating, lifestyle and medical therapy compliance giving them instruments and motivation to make them active agents in the management of their disease. The work was carried out in a protected environment offered by the presence of qualified professionals able to respond to specific issues, motivating the patient to adopt healthy eating habits and lifestyle and improve drug compliance.

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P 109. The Outcomes of Interpersonal Counselling After Myocardial Infarction and Recovery Experienced by the Patients

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Introduction

Depression is not always treated adequately after myocardial infarction (MI). Interpersonal counselling (IPC) is a brief and easy-to-adopt treatment for depressive symptoms designed for non-psychiatric patients. The aim of this study was to examine the outcomes of IPC on depressive symptoms, distress, health-related quality of life (HRQOL) and the use of health care services after MI. In addition, supporting and inhibiting factors in recovery experienced by the patients after MI was examined.

Purpose/Methods

Acute MI patients (n=103) were randomized into the IPC-intervention group (n=51) and the control group (n=52) with

standard care. We studied patients in hospital and at 6 and as well as 18 months after discharge from hospital using validated questionnaires: Beck's Depression inventory (BDI), Symptoms Checklist-25 (SCL-25), EuroQoL-5D (EQ-5D) and Use of Health Care Services (UHCS-q). The patients in both groups (n=40) kept diaries for 6 months and were interviewed (n=91) at 18 months regarding their experiences of MI.

Results

Depressive symptoms decreased statistically significantly ($p=0.009$) in the intervention group compared with the control group during the follow-up. No differences in the changes of HRQOL were found, but considering patients under 60 years the effect of IPC was better in the intervention group. Patients in the intervention group used less specialized care services during the follow-up. Five main categories in recovery were identified with no differences between the groups: clinical and physical, psychological, social, functional and professional categories.

Conclusions

This easy-to-learn intervention may result in enduring benefits of clinical value. IPC was effective on depressive symptoms and distress during the 18 month follow-up. IPC does not generally seem to improve HRQOL better than standard care after MI but seems to be beneficial with younger MI patients. Recovery after MI seems to consist of many supporting and inhibiting factors. The result is important to take account in developing nursing practice, and indicates more specific topics for further studies.

Comments

Limitations:

- Randomized, but not double-blinded study
- Data from one area in Finland
- The level of standard care?
- Which part of the intervention is helpful?
- Long-term data collection / Short duration of hospital treatment after MI
- No depression diagnosis

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P 110. Stroke Patient Risk Factor-Targeted Lifestyle Education Intervention

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Introduction

Every year approximately 14000 people have stroke in Finland. Because the occurrence of a previous stroke is a major risk factor for a recurrent event, secondary prevention plays an extremely important role. It requires that the patients obtain versatile information about the disease and its risk factors. They need to be motivated to follow the recommended lifestyle including blood pressure control, balanced diabetes, compliance with medication, weight control, healthy diet, stress control, physical activity, non-smoking and moderate use of alcohol.

Purpose/Methods

The purpose of this study is to explain the effect of stroke patients' counselling on the compliance with life style change and on the quality of counselling received. The research method is quasi-experimental including an intervention group and a control group in the Turku University Hospital (Neurology Unit). Intervention refers to the effective counselling model. Surveys will be done before and after the intervention (3 months, 6 months, and 12 months after the intervention)

Results

T-test, ANOVA type tests and logistical regressions will be used to analyse the data. Specific methods for the analysis will be defined after the statistical distributions of the variables are known. By the time of the conference in June 2011, the results of the first phase of the study will be analysed.

Conclusions

Because of the high recurrence rate, educational intervention for secondary stroke prevention is a paramount importance. Secondary stroke prevention can be seen as a self-care management matter since it requires modification of lifestyle habits. Therefore, educational intervention must be able to provide stroke patients with the necessary knowledge and skills and to empower them to take self-care responsibility for living with stroke.

Comments

By the time of the conference the first phase of the study will be finished. It is possible to present the final results in June 2011

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P 111. Continuity of Care and Health Promotion Programs Among People With Multiple Risk Factors for Coronary Heart Disease

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Introduction

It is well recognized that people with Hyperlipidemia are at high risk for coronary heart disease (CHD). Several risk estimation tools had been developed such as Framingham point estimation and European SCORE (Systematic COronary Risk Estimation, SCORE) project. Both tools identified major risk factors for CHD. These factors include cigarette smoking, hypertension, low HDL cholesterol, family history of premature CHD and age.

Purpose/Methods

The aim of this study was to explore prevalence of diabetics and hypertensive among people with different types of hyperlipidemia. We gathered lipid profiles, plasma glucose and lifestyle information from 1,998 males and 2,615 females through health check-up services provided by one private hospital located at the central Taiwan.

Results

There were different risk factors for different types of hyperlipidemia. Gender seems to be associated with the prevalence of Hypercholesterolemia. 62% of female, but 38% of male were diagnosed by medical doctors as having Hypercholesterolemia. In our data, there were 674 study subjects who had hypertriglyceridemia at the point of the study. Compared to their counterparts, they were more likely to report having ill-health behaviours such as cigarette, alcohols and beetlenuts consumptions were linked to the people with hypertriglyceridemia. Among people with hypertriglyceridemia, prevalence rates of participants who reported themselves smoking, drinking and consuming beetlenuts were 25%, 39% and 14% while the prevalence rates for none hypertriglyceridemia people were 11,5%, 19,2% and 4,3%. Higher percentage (67%) of people with hypertriglyceridemia were classified as obesity by the measure of BMI index greater than 25 compared to those who have no hypertriglyceridemia (47%). People who were obese, hypertensive and DM were more likely to be classified as mixed-hyperlipidemia. Among people with mixed-hyperlipidemia cases were 12,5%, 20,3%, 5,1% and 48%.



Conclusions

Genetic attributes seems to relate to the fact whether people have hypercholesterolemia. By reducing the levels of smoking and drinking, people may lower the prevalence of hypertriglyceridemia. People with hypertensive and DM should be alerted with the risk of mixed hyperlipidemia. According to different types of hyperlipidemia, health promotion activities were carefully designed and implemented through community health centre in the case hospital. Activities include both the knowledge-based and skill-based. There former included healthy lifestyle/behaviour information and messages posted on the hallway of the case hospital and the latter included health lectures/workshops organized at the lunch time and weekends. Phone calls were made to our study participants who were eligible to attend the lectures/workshops to improve their quality of life.

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P 112. Management Aspects of Nutritional Status in Patients With Chronic Obstructive Pulmonary Disease (COPD) – Project for Preventive and Therapeutic Strategy

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Introduction

COPD is preventable and treatable disease however is one of leading cause of mortality worldwide. Main pulmonary affection is characterized by irreversible airflow limitation, extrapulmonary affects like weight loss, nutritional abnormalities, and muscle dysfunction are caused by systemic inflammation. In Slovak Republic 91966 cases of COPD were reported in 2009 (National Health Information Centre). In our hospital secondary prevention includes not only smoking cessation, but care for nutrition status and physical rehabilitation of COPD patients, too.

Purpose/Methods

In our hospital equipped with out- and in-patient's pneumology departments, in the year 2010, we began with body composition analysis (BCA) assessment in COPD patients using both Dual-Energy X-ray Absorptiometry (DEXA) and Bioelectrical Impedance Analysis (BIA) methods. For body composition analysis DEXA Hologic Discovery Wi (S/N 800227) including software "Whole Body Composition Analysis" 12.7.1. version and for body composition analysis BIA Multi-Frequency Impedance Analyzer Bodystat QuadScan 4 000 were used.

Results

Body composition on selected homogeneous group of 25 clinically stable COPD patients (pts) admitted to the hospital for rehabilitation programme or long-term oxygen therapy was analysed. In 14 pts Fat Free Mass Index (FFM-index) was <25 percentile, in 12 pts FFM-index was <10 percentile value for healthy Caucasian by different gender and age category as proposed by Schutz. Most of them were ex-smokers (19 pts) or current smokers (2 pts), only 4 pts were non-smokers.

Conclusions

In our group, 12 pts from total 25 pts were cachectic. Their FFM-index values <10 percentile reflect a high risk for their physical disability. In our hospital, we want to enlarge interest on group of patient FFM-index <25 percentile. In our opinion, even patients with FFM-index <25 percentile need support to change their dietary or lifestyle habits, as well as all patient's family, physical rehabilitation and of course smoking cessation support to help prevent disease progression.

Comments

FFM-index assessment is important, because the only use of Body Mass Index (BMI) fails to distinguish two people of similar BMI but different body composition. Specifically, different fat versus non-fat contributions to total weight may exist in patients with the same BMI (Schols). Our intention is, through BCA, to determine the best timing of nutritional support and physical rehabilitation to slow COPD progression. Family education is important because COPD affect whole patient's family through their physical disability.

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P 113. Use and Perceived Need of Physiotherapy and Occupational Therapy in People With Multiple Sclerosis

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Introduction

People with multiple sclerosis (MS) report needs of better availability of rehabilitation services. In this study 187 people with MS (disease severity: mild 61%, moderate 18%, severe 21%) who, in spring 2002 were scheduled for an outpatient appointment at Karolinska University Hospital, Sweden, were included. Follow-ups were performed at 6, 12, 18 and 24 months regarding presence of fatigue; disability in cognition, walking and fine hand use; and use and perceived need of outpatient physiotherapy (PT) and occupational therapy (OT).

Purpose/Methods

The purpose was to explore use and perceived need of PT and OT amongst people with MS followed for 30 months, taking disease severity, presence of fatigue and disability in cognition, walking and fine hand use into consideration. Data on perceived needs during the previous 6 months and presence of disability were collected using standardized instruments. Use of PT and OT during the previous 6 months was collected from the computerized register of Stockholm County and by interview.

Results

In the sample 48% had received PT, 45% OT. Of those with severe MS PT was received by 90 %, OT by 47%; moderate MS: 55% PT, 20% OT; mild MS: 31% PT, 33% OT. People who received PT: 72% had limited walking, 54 % fatigue, 53% limited dexterity. People who received OT: 91% had limited dexterity, 61% cognitive impairment, 60% fatigue. In the sample 61% reported need for PT, 41% for OT, 42% for rehabilitation at rehabilitation specialist units.

Conclusions

People with MS receiving rehabilitation (PT and OT) are primarily those with severe MS. Consequently there is opportunity to increase the target group and include people with less severe MS furthermore in OT and PT to focus on health promoting interventions that include self management strategies for fine hand use, walking, cognitive function and fatigue. Such interventions might be effective with regard to health as well as to societal costs. However, the effects of such interventions must be further studied.

Comments

There is a need to further evaluate the effects of health promoting strategies in studies that include people with less severe MS. Such studies should encompass effects with regard to maintaining the level of functioning and the relationship between health behaviour and secondary conditions. Furthermore, qualitative studies are needed to identify what issues underlie the perceived need for different health-related services.

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P 114. Dietary Calcium Intake and Osteoporosis Through Middle Age Women in a Semiurban Greek Community

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Introduction

Adequate calcium and vitamin D intake is crucial to preserve peak bone mass. There is data on inadequate consumption of these nutrients in different population but suboptimal intake is varied, and, not well defined, especially in Greek rural areas.

Purpose

To evaluate the effect of lifestyle factors, taste preferences, and identify misconceptions about calcium intake and osteoporosis in healthy middle age Greek women.

Methods

A total of 123 women aged 40-65 years were studied from a semiurban Greek area and information was collected on calcium intake through a semi-quantitative food frequency questionnaire, followed by a QUS measurement and FRAX questionnaire.

Results

A moderate level of knowledge was demonstrated for the best sources of calcium (cheese, yogurt and milk). These women had suboptimal average calcium intake of 700 mg (average daily reported intake of milk was only 0.46 cups, of yogurt 0.57 serving cups of 220 gr, and around 50 gr of cheese). QUS identified five and sixteen women with T score < -1.5 for the age groups 40-49 and 50-65, respectively, although only 23,57% had two and over FRAX factors.

Conclusions

Attitude change lags behind knowledge. Future calcium intake interventions should aim at motivating attitude change and preventive behaviour through consistent and repeated messages that are supported by an osteoporosis prevention programme. Our findings have important implications regarding institution of dietary health strategies to promote skeletal health among women in our community.

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P 115. Long-Term Care Needs & Their Related Factors in Neurosurgical Patients Before Discharge From The Hospital: In Case of a Medical Center in Northern Taiwan.

YANG Ju-Yu, HSU Tzu-Chuan, LEE Shyh-Dye

Introduction

Neurosurgery is a clinical specialty covering emergent, intensive, acute, subacute, chronic and long-term care fields. Dependency level of daily living is usually higher in patients of this clinical field. Early consultation with discharge planning, rehabilitation or long term care facility is beneficial for these patients. Thus practically, it's important to catch the long-term care need of the patient group in Neurosurgery ward.

Purpose/Methods

This study was aimed at showing the long-term care need and related factors of neurosurgical patients. This study was a cross-sectional research design, to collect information through purposive sampling and structured questionnaires. 201 qualified subjects were recruited from the neurosurgical wards of a medical center. The well-organized questionnaires for normative need evaluated by the nursing staff and felt need of patients and their caregivers were obtained. Statistic analytic methods included descriptive statistics, t-test, ANOVA, Pearson r and multiple regression.

Results

The most prioritized normative care needs are "physical care", "expected course of disease" and "possible comorbidities". However, the most important felt needs are "emergent condition management", "information of medication" and "instruction for rehabilitation". Factors affecting long-term care need included marital status, length of stay, Glasgow coma scale, tube type, activities of daily living, having received discharge planning or not. Activities of daily living and normative need were the significant predictors of felt long-term care needs, explaining 12.4% of the total variance.

Conclusions

In patients underwent neurosurgery, the felt needs of caregivers are often overlooked by nursing staff. However, they are essential for caregivers to handle both daily care and emergent conditions of these patients. The ward staff should carefully evaluate their long-term care needs and timely provide sufficient supporting resources for improving their quality of life after discharge. And hospital could set up "Long-Term Care Resource System", including posters, instruction sheets, remarkable websites, to offer reference for the patients, their families and the staff.

Comments

All of these need items were can be early detection, information providing and even intervention. Information about subsequent progression and complication of the morbid conditions, and coping with the emergent situations would be helpful for patient transferring back from acute medical setting to home or other long-term care facility. In addition, with its unique characteristics, patients in the Neurosurgery Department did require much more long-term care. Hence long term care information and related resources should be essential for the staff in Neurosurgery ward.

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P 116. Improving the Chronic Illness Care in Seven Primary Health Care Districts in South Ostrobothnia, Finland - The Baseline Study

HUHTALA Teija, RINTALA Raimo

Introduction

South Ostrobothnian primary health care districts (PHCDs) are participating in Potku-project. Its aim is to improve the chronic illness care. The improvement work is made in the context of patient centered Chronic Care Modell (CCM). A baseline study was made to find out the current level of the chronic illness care



in the PHCDs participating the Potku project. In this paper we present the results related to practise level component (1 of 6 assessed components of CCM).

Purpose/Methods

The purpose was to find out at practise level:

- How do the outpatient clinics provide self-management support?
- How are the planned visits for chronic illness care used?
- How are the patient treatment plans established?

The study was made using the Assessment of chronic illness care (ACIC) –questionnaire, specifically made for CCM. The questionnaires were addressed to health care professionals and administrators working in respective organizations. N = 335.

Results

In 75% of the answers the self management support was either limited to the distribution of information (e.g. leaflets) or referral to self-management classes and in 25% trained clinical educators provided it. Planned visits mainly used for complicated patients (43%) or for interested patients (34%) only. 7% said that they are not used at all. In more than half of the answers patient treatment plans were not expected to be done. In only 16% of the answers plans were established collaboratively.

Conclusions

The results showed that the primary health care districts involved in the Potku project have a big challenge improving their practice to more patient centered. At practise level the focus should be in patient treatment plans, planned visits and patient empowering methods in self-management support.

Comments

The study will be repeated at the end of the Potku intervention project.

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P 117. The Need for Early Bone Mineral Density Screening of People With Physical and Intellectual Disabilities

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Introduction

The health needs of increasing population with physical or intellectual disabilities impact on primary and secondary health-care specialties. Regular health check-ups are useful in detecting unmet needs for them. Although people with physical or intellectual disabilities have increased risk factors associated with low bone mineral density (BMD), dual X-ray absorptiometry (DEXA) is often omitted in health check-ups. To prevent osteoporotic fractures of people with physical or intellectual disabilities, early prevention and intervention are important issues.

Purpose/Methods

People with intellectual disabilities residing in institutions have increased risk factors associated with osteoporosis were showed in various studies. To prevent falls and fractures of these disabled people with health gain orientation and continuity of care, this study focused on determining the prevalence rate and risk factors for low BMD of residents in one municipal institution for the disabled in Taipei. After informed consent, a total of 180 participants were enrolled. A thorough medical history, physical examination, lab tests and DEXA were performed.

Results

180 residents (male:91 ,female:89) completed DEXA examination. 71 cases (39.4%) were osteopenia and 25 cases (13.8%) were osteoporosis. Female cases had significantly lower BMD than males and subjects with normal activity had significantly higher BMD than abnormal activity cases. Osteoporosis subjects had significantly higher prevalence rate of anticonvulsant usage than non-osteoporosis cases.

Conclusions

As noted above and in other several studies, the prevalence of risk factors associated with low BMD is high in people with intellectual disabilities. Clinicians and healthcare specialists should be aware of this significant health issue. Monitoring for risk factors and referring for further screening would do some help on early detection, prevention and treatment. Then, osteopenia and osteoporosis will not continue to be on the rise in this population causing increased morbidity and cost.

Comments

BMD screening should not be restricted to the elderly or post-menopausal women as it has been reported that men and women with physical and intellectual disabilities are at equal risk of developing osteoporosis. With individualized health checkups and screen policy will have more health gain and less medical expenses.

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P 118. Outpatient Rehabilitation Program for Artery Disease Patients (Tulppa)

MÄKINEN Anne, PENTTILÄ Ulla-Riitta

Introduction

In Finland less than 10 % of cardiac patients get into rehabilitation. Due to lack of access to rehabilitation and patient counseling the cardiac patients do not succeed in changing their lifestyle behaviour to prevent new attacks. Same situation is seen in other artery disease patient groups. The target of this program is to expand and systemize rehabilitation in the primary health care centres. The aim is also to improve artery disease patients' secondary prevention.

Purpose/Methods

The program is for artery disease patients and for those who have risk factors for vascular diseases. The groups have 10 sessions and two follow up meetings. Rehabilitation includes counseling for lifestyle changes and self-care. The core components are empowerment and the "key factor" i.e. an individual risk factor which the participant wants to improve. The program is led by nurses and physiotherapists and includes an experienced patient as a peer member. Changes of risk factors were measured in 1 year follow up (N=707).

Results

We wanted to evaluate especially those patients' results who had elevated risk factors in the beginning. We used national CAD patients' guidelines to set elevated risk factor levels. All the measurable risk factor levels (blood pressure, lipid levels, waist circumference, fasting glucose level) improved. Changes were all statistically significant (p.<0.001) Also the weight declined 5 % or more in 12,3 % of the patients which is considered sufficient to cause changes in health status.

Conclusions

The nurse-led group rehabilitation proved to be an effective way to support secondary prevention and it improved artery disease patients' risk factors.

Comments

The program also seems to improve patients' empowerment, it gives them peer support, which participants seem to value as

an important part of rehabilitation, especially as a source of emotional support.

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Session P 2-3: Health promotion for older patients II

P 119. Fifth Rava- Index Evaluation on Elderly People in Raahe Area to be Used for Planning and Fair Distribution Of Services And Care

KOSKI Mervi

Introduction

RAVA- capacity index, provided by FCG Ltd., is widely used in Finland to determine the existing capacity and need for help of an elderly person. The index measures indicators such as sight, hearing, speech, moving, bladder and bowel function, eating, medication, dressing, washing, memory and mental status. MMSE-test and GDS-15 screen are used as supportive evaluation

Purpose/Methods

RAVA-index has been used in Raahe area (35000 inhabitants) as cross sectional study to determine the capacity of clients entitled to use different forms of service and thus to make decisions equally and fair. The study has been repeated every two years and now for the fifth time in May 2010. 963 clients were included, of which 38 % were over 85 years of age and 32 % were men.

Results

The results indicate that the services are allocated over the years more accurately to those in greater need of help. The mean value of RAVA-index in cross sectional study was now 2.58, whereas it was 2.34 in 2002 and 2.45 in 2008.

Conclusions

As the results show the capacity of the clients within different forms of service, they can be used also to determine the adequacy of amount of personnel in various care places. The national recommendation, which supports also elderly peoples own will to stay at home and aims to reduce the longstanding or permanent hospital care, seems both interesting and perplexing in view of this study. When looked at mean values, the healthier elderly are taken care of at home and when the needs increase, more support and care is provided there. However, when looking at individual clients there are exceptions: there are people with poor health and in demand of much care who still manage at home. In care units, which are designed for those in need of one nurse help, there are tens of people who actually need two nurses at the same time to help out on different occasions.

Comments

RAVA-index is useful in identifying the needs of elderly people in the area and in planning various forms of care also in the future. When the need of help and care of the clients was compared to the amount of personnel available to fulfill these needs, it was shown that certain care places had a deficit of personnel – an observation, which was not related to the size of the unit.

A calculation model for planning of balanced amount of personnel in different care places was introduced

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P 120. Enhanced Physical Fitness in Taiwanese Elderly After Square Stepping Exercise

CHEN Kuan-Fen, YAN Yuan-Hong, CHANG Yu-Cheng, HUANG Ya-Chun

Introduction

More than 50% of the Taiwanese elderly did not exercise regularly, thus creating a decline in physical fitness, and finally the formation of chronic diseases and high mortality. The objective of this study is to investigate the effect of Square Stepping Exercise (SSE) on physical fitness.

Purpose/Methods

A total of 28 elderly people (average age: 74±4.7; 70% women) were enrolled and receiving 8-week SSE (60 minutes, divided into warm-up for 15 minutes, the main activities 40 minutes and cool down 5 minutes, twice per week). Pre- and Post- SSE physical fitness indicators were measured.

Results

SSE significantly improved upper limb muscle strength (an increase of 2.4kg), balance (increase 2.4S), Lower limb muscle strength (an increase of 1.8kg), cardiovascular endurance (increase 104step) and agility (decrease 1.2S).

Conclusions

SSE could enhanced agility, leg strength, mobility, flexibility and balance, SSE may be an effective, simple and low cost exercise suitable for older population.

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P 121. Effectiveness of a Continuing-Care-Intervention Model for Seniors

LIN Hung-Chih, XIAO Ruo-Yan, LIU Chia-Wen, CHIEN Pei Li, CHEN Yi-Ching, JOU Hei-Jen

Introduction

As technological advancement, economic development and medical improvement, human life expectancy has dramatically increased. The population aging has become the most critical challenge in the 21st century. Diseases vary along with ages. Seniors suffer from functional decline of organs, physical disabilities, and unwilling life dependency, which may further influence their quality of life. Meanwhile, the physical decline of seniors also increases the burden of families and societies. Healthcare system initials health promotion programs to seniors in order to increase public awareness of seniors' healthcare, slow down the aging process, decrease the incidence of chronic diseases, and alleviate the financial burden of health insurance system

Purpose/Methods

The purposes of this program are to help the elderly promote health, to decrease the risk of chronic diseases, and to assist them to establish correct life styles in relation to self medication and self care by providing them with health information and exercises.

Results

The intervention strategies are formulated on the basis of the five directions proposed in the Ottawa Charter for Health Promotion by WHO, including healthy public policy (such as establishing a trust account), a supportive environment (such as setting up the "NEWSTART" natural food restaurant, a sports center, and barrier-free environment), encouraging relative departments to participate in the strategies (such as issuing



required credits to the department and using the balance score card), reinforcing the incentive to behave (such as providing healthy snacks, reward cards and call-out service), and follow-up care (such as consultation from case managers, dieticians and fitness trainers)

Conclusions

This program is a beginning of health promotion to seniors and has great effects on chronic disease prevention. In addition, it encourages the elder people exercise more, maintain joyfulness in the mood and reduce the occurrence of depression. This program has been initiated in the nearby community which encourages cooperation of trans-department staffs and provides integrated service to seniors in need. Therefore, public resources, healthcare institutions, such a model should be linked closely to enable seniors to concern their health

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P 122. Comparison of Fitness in Different Sports Intervention in Elderly

HUANG Ya-Chun, CHANG Yu-Chen, CHEN Kuan-Fen, YAN Yuan-Horng

Introduction

The prevalence of multiple chronic diseases is increasing with age. Aging is associated with an increase in functional limitation and health care utilization. Studies have shown that regular exercise can improve physical fitness and the chronic delays occur. Regular exercise can make the elderly access to health. We attempt three exercises projects which is one of the best ways to improve elderly fitness and health.

Purpose/Methods

This study aimed to compare physical fitness in elder by three exercises project intervention. The subject is over 70 years old in evergreen station in Taiwan. The professional fitness use three kinds of project intervention include leisure games, sports games and strength training. Intervention time was September to October 2010, exercise 2 times a week, 60 minutes each times. Average 27 people enrolled in each project.

Results

There are 70% Females. The mean age was 76.2 (± 5) years, BMI was 23.7 (± 3.4). leisure games to increase muscle strength 2.7kg, reduce response time 0.9S. Strength training reduced response time 1.5S and diminished response to 3cm of straightedge. All above was statistically significant.

Conclusions

The study found that leisure game was the best sports to improve elderly fitness than others. Leisure game exercise is simple and fun. It is easy to obtain for older population. Future could be further explored, whether leisure game can reduce the probability of falling or increase Quality of life.

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P 123. Self-Rated Psychological Well-Being in Old Age – A 15 Year Follow-Up Study

ELORANTA Sini, ISOAHO Hannu, ROUTASALO Pirkko, ARVE Seija

Introduction

The continuously increasing life expectancy raises fundamental questions in terms of both society and health care. How can we support older people to aging healthy and successful? Psychological well-being is considered an important dimension of successful aging.

Aim

The aim of the study was to investigate how self-rated psychological well-being changed among home-dwelling people as they aged 70, 80 and 85 years.

Methods

Data were collected in 1991 by a postal questionnaire sent to all residents (N = 1530, n = 1096) of Turku, Finland, born in 1920 (baseline). The follow-up measurements were conducted in 2001 (n = 738) and in 2006 (n = 304). Psychological well-being was measured by the following questions: life satisfaction, feeling needed, having plans for the future, having zest for life, and feeling depressed and suffering from loneliness. The data were examined statistically.

Results

Results: At the baseline, all the participants were 70 years of age and lived independently in the community. Most of them were women (64%) and lived with their spouse (53%), while 42% lived alone. At the baseline, 89 % of the participants were defined as having a positive psychological well-being. Ten and fifteen years of later, the psychological well-being of the participants was more negative, and the changes were statistically significant ($p < .001$). Nevertheless, the proportions of older people feel depression was similar at age 70 and age 80 and age 85.

Conclusions

Conclusions: The older people were generally satisfied with their life. However, the proportion of those who indicated they were satisfied dropped from 89 % to 74% during the 15-year follow-up. By the self-rated depression this change was not perceived. However, this tendency is present a challenge for society and health care, particularly in view of the continuing growth of older population.

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P 124. Intervention by Different Health Education Approaches Were Employed

SHIEH Ying-Hua, CHAN Hsiao-Wen, TSAI Wen-Ling

Introduction

As society advances, the growing popularity of modern civilization, "drug" has become an essential part of life. This project have mountains of Taipei City in the elderly population of 10 000 and in high (about 36.55% of total population), and obedient in (32.34%) of subjects, mostly outside the main reason in addition to the elderly, to be more positive development of safe community, the quest for more safety project to start prevention, hopes to create a more secure living environment.

Purpose/Methods

- Object: 50 years+, the use of chronic diseases (such as the three high-disease) or other drugs (such as cancer or not).
- Conversation style: To group to discuss ways from problem-oriented, teach then integrate medication knowledge and answers.
- Lecture style: Invite a lecturer for each screening according to set table way to teach knowledge. the end of

the course, the public can raise questions and advice from the students. this mode is characterized by health education longer, but less frequently.

Results

Conversation style than Lecture style students in drug knowledge, attitudes and behaviors performed better. Respondents tests done after the results of the correct number of items to obedient in more that a "chat-style health and education" than "lecture-type patients," effective. The whole course of satisfaction of 88.1 points, 89.4 points (Conversation style group) in satisfaction better than 86.1 (Lecture style group) .

Conclusions

Conversation style health education" as the promotion of community health education model future reference.

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Session P 2-4: Addiction Prevention & Promoting Healthy Lifestyles

P 125. Improving the Patients' Healthy Eating Habits Through Health Promoting Strategies at the McGill University Health Centre (Muhc)

LAPOINTE Martin, MORELLI Janis, SOUNAN Charles

Introduction

In 2009, the Government of Quebec put in place its Healthy Eating Policy to be followed by all Food Service providers in Healthcare Institutions (i.e. patient services, cafeteria service operators, vending operators, as well as all commercial food operators). One year after, the Clinical Nutrition and Food Services Departments were given the mandate to implement the Healthy Eating Policy at the McGill University Health Center (MUHC).

Purpose/Methods

This presentation describes the Healthy Eating Policy implementation process at the MUHC.

Results

The process started with the development of a steering committee of multiple stakeholders to lead, support and plan the Healthy Eating Policy strategic orientation. The committee first started with an update of the nutrition policy and standards and then revised the patient menu accordingly. The goal of this first step of implementation was to ensure that the items offered on the patient menu respected the guidelines of the Quebec Healthy Eating Policy. In order to meet this goal, a sub-committee dedicated to the menu was set up which included 5 members of the Food Services Department and 5 members of the Clinical Nutrition Department. The Menu Committee's main objective was to review and revise the three week cycle menu and the "At Your Request" (AYR) menu that was currently available for the patients population at the Montreal General Hospital while ensuring that the new Healthy Eating Policy and the MUHC nutrition standards were being met. This led to the development of, 17 new hot menu choices that were added to the cycle menu.

In addition, as a health promoting strategy, the AYR menu was actualized to incorporate education information for patients and

their families by including the goals of Quebec's Healthy Eating policy on the back of the menu. The second step of the implementation process which consists in the evaluation of the impact of the Healthy Eating Policy through a patient satisfaction questionnaire will serve to identify the strengths and weaknesses of the whole process. This will be followed by preliminary analysis of the impact of the Healthy Eating Policy implementation. In addition, some best practices that can be shared with other similar healthcare organizations in Canada and abroad will also be validated.

Conclusions

This study is relevant to help Food Service providers in Healthcare Institutions in providing their organizations with meaningful recommendations regarding the optimization of healthy eating strategies, and to better prepare their communities for the implementation of the Healthy Eating Policy and related activities.

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P 126. The Cure of Alcohol Correlated Problems: Operative Sinergy Between Alcoholology Service of the Territorial Public Health Service of Trieste and the Territorial Voluntarian Associations Network

VEGLIACH Alessandro, TICALI Salvatore, CIARFEO PURICH Rosanna, SANSON Sara

Introduction

The alcohol correlated problems cause high human and economic costs. The OMS estimates that in 2009 they had incidence of 9.2% on the totality of the DALYs and YLL. Acting on these problems determines a sanitary cost reduction. Are the services able to follow all the cure steps? Is a strong sanitary presence due in all change steps? These questions show the collaboration importance with the volunteer associations that can help the patients to became prevention and cure agents.

Purpose/Methods

In 2009, 365 people have been supported with complex treatment by the Alcoholological Service of Triest. After the stabilization steps they have been introduced in the volunteer associations groups (5 associations on the territory follow 600 people and their relatives). Aim of these groups is to maintain the abstinence.

Results

Every year, the associations and the Alcoholological Service prepare a common activity planning for "April: alcoholological prevention month". During this event they promote to all citizens life styles without alcoholic assumption.

Conclusions

A tight collaboration between Alcoholological Service of Triest and its territorial Associations network satisfies the 1, 2, 3 and 5 standards related on HPH manual. This collaboration policy considers the patients and their relatives as an active part in the needs and competences map construction in order to face all the problems related to the illness and in the planning of cure and prevention actions.

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P 127. Sobering-Up Unit at the Emergency Department Of Satakunta Hospital Dis-Trict

HAKALA Tiina, VAULA Eija

Introduction

Intoxicated persons as well as those who abuse and consume large amounts of intoxicating substances come to the Emergency Department due to a somatic problem, mental problem or accident. Caring for intoxicated patients calls for special expertise, specially designed facilities and motivating the patient to seek further treatment. Intoxication must not prevent the assessment of acute need of care and its provision, or proper treatment and service.

Purpose/Methods

The aim of this presentation is to describe the development process and operation of the sobering-up unit set up at the Emergency Department of Satakunta Central Hospital. The aim of the operation is to motivate patients to seek further treatment like detoxification unit, health centre ward, substance abuser and psychiatric services. The unit has one nurse for five patients. The staff working has knowledge about psychiatry and emergency care and drug and alcohol abuse.

Results

Setting up the sobering-up unit has facilitated the care of patients with substance abuse problems covered by the Emergency Department. The monitoring and referral to further treatment of substance abusers has become more effective, fewer intoxicated patients are committed to psychiatric hospital, new working methods have been adopted, and collaboration between different organisations has improved. With sobering-up unit the Emergency Department has calmed down. One in three patients treated at the unit has been admitted to substance abuse services.

Conclusions

The sobering-up unit has proved to be a very important part of the operation of the Joint Emergency Department. When an intoxicated person seeks emergency treatment due to a somatic or mental problem, the situation is well suited for early intervention aimed at decreasing substance abuse. With the intervention, patients are helped and motivated to promote their own health.

Comments

Promoting substance abusers' health so that the treatment approach of emergency staff shifts more efficiently towards prevention is a challenge for the future. The goal is to develop early intervention models in the treatment of patients with substance abuse problems. This results in health benefits for patients, their families and the society.

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P 128. Evidence Based Regional Model to Reduce Recurrences in Alcoholic Pancreatitis and Hepatitis in Collaboration Between Primary Care and University Hospital – Health Promotion From Randomized Trials to Daily Practice

RÄTY Sari, SAND Juhani

Introduction

High alcohol consumption in the population is associated with recurrences and the severity of acute alcoholic pancreatitis (AP)

(1). Even 46 % of patients suffer from recurrent AP, 80 % of them during four years after the initial episode (2). Similarly, high alcohol consumption associates with cirrhosis mortality (3). Alcoholic hepatitis (AH) usually precedes liver fibrosis (4). Alcohol intervention studies have shown reduction of alcohol intake among primary health care and hospital patients (5, 6). 2001 - 2005 we prospectively randomized 120 patients with first AP either to initial intervention only or repeated interventions at 6-month intervals in Tampere University Hospital. Intervention included an interview by health promoting nurse, WHO-recommended Alcohol Use Disorders Identification test (AUDIT), Short Alcohol Dependence Data (SADD) questionnaire, patients own evaluation of his alcohol consumption, evaluation of socio-economic situation, abdominal ultrasonography and laboratory tests (liver function, lipids, CDT, faecal elastase, glucose tolerance). The repeated intervention decreased recurrences by 50% (1). Based on our experiences we aimed to create model for follow-up and interventions carried through by collaboration between primary and tertiary care and to study the efficacy of the model.

Purpose/Methods

We organized a multiprofessional group of health care professionals from primary and tertiary care to plan a treatment and follow-up protocol suitable for health care professionals in Pirkanmaa District Area for alcohol abuse patients with pancreatic and/or liver diseases. Our goal was to develop a seamless care chain, which takes into account the local circumstances for prevention and care of alcohol problems. We aimed to unify practices, to improve the flow of information and the distribution of work between primary and tertiary care, to give tools for health centres to recognise alcohol related problems and to intervene into them more effectively. The strategy was planned to implement the care chain into practice and to measure the changes in recurrences of AP and AH in tertiary care.

Results

Treatment model was developed in 4 meetings (2 hrs each) in 2010. The document briefly described the symptoms and findings in different situations and defined the optimal management. The protocol included linked tools for early recognition, follow-up and other support services (AUDIT, social services, instructions for withdrawal and consulting connections). After a wide circulation of a proposal for comments of the leaders in the health centres and the hospital, the document was published on the medical website broadly used in health centres and hospitals. Four regional information and bargaining workshops were arranged to discuss and develop the practices in each organisations according to the new protocol. After describing this model we have started a prospective follow-up of recurrent hospitalizations at 2 and 5 year time points after the initial AP or AH.

Conclusions

With a systematic multiprofessional approach it was fairly easy to establish an agreement for a new treatment model to prevent recurrences in patients with AP and AH. Ongoing prospective study shows us how these good results from randomized trials could be expanded and implanted into daily practice.

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P 129. Mini-Intervention as a Tool in Alcohol Abuse in Emergency Unit of Oulu University Hospitala

HEILALA Satu, JÄRVI Leea

Introduction

The consumption of alcohol has grown in Finland in recent years. It has been predicted that the consumption will continue to increase. This has also been seen in Oulu University Emergency unit, which is visited by about 81,900 patients a year. Approximately 10-15% of the patients use so much alcohol that it incurs health risks. It is the responsibility of nursing staff in health care to identify alcohol abusers. When alcohol dependence is identified early enough, it is possible to help alcohol abuser to change their drinking habits through a mini-intervention.

Purpose/Methods

The aim of this development work was to find out how well mini-intervention suits the needs of emergency units and to develop a mini-intervention model aimed at abusers of alcohol for the nurses at the emergency unit of Oulu University Hospital. The implementation of this research project did not only involve planning and organizing the training of nursing staff, but also testing and evaluating the mini-intervention model and changing ways of working so that health promotion is taken into account in patient work. The research project proceeded step by step. It included several stages. In the first stage, nurses were asked about their willingness to use the mini-intervention and how much they needed training. The second stage involved training, and the third stage the use of the mini-intervention. After using the mini-intervention a questionnaire was given to nurses and patients to find out their experiences.

Results

As a result, it was revealed that not all the nurses in the emergency unit had internalized the mini-intervention. Some nurses reported that they needed more training, especially in recognizing alcohol abuse. Some of them considered the mini-intervention to be helpful and their own skills in using it sufficiently good.

Conclusions

Experiences of the use of the mini-intervention method in the Emergency Unit were positive. In order for the mini-intervention to remain in use in daily work continuous training of the nursing staff is needed. Support on the part of hospital administrators is also important.

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P 130. Health Gain of Indigenous People by Alcohol Restraint in Mountainous Area in Taiwan

CHANG Yu-Cheng, KUO Jackie

Introduction

Almost 400 million indigenous people in the world have low standards of health. It's usually associated with social status, poverty, malnutrition, lower education rate, and lacking of access to the health service. In 2008, the life expectancy of TW mountainous indigenous people was 67.47y while the nationals 78.57y. The leading 1st cause was liver cirrhosis/cancer, and the 3rd traffic accident. They answered the life lost by 23.7y and 33.2y respectively. Alcohol restraint is the priority issue to be dealt with.

Purpose/Methods

With the 5 action strategies of Health Promotion of Ottawa Charter, we created an integrated project to reduce alcohol consumption. We facilitated a committee of multi-parties from the community. Culture-friendly environment ensure the program could be accepted. With local volunteers, the support groups became an effective force for alcohol restraint as well as motivating people for the community. In the regular volunteer training, the ex-alcoholic people were encouraged to participate.

Results

The alcohol consumption was dropped by more than 50% in the 5 years before 2009. The prevalence of drinking (more than once a week) was 68.60% in 2006, and 36.49% in 2009.

Conclusions

The action strategies of Health Promotion of Ottawa Charter effectively reduced the alcoholic condition. Especially the culture sensitivity and community participation invited us a further step forward. In the remote areas, Health promotion needs to be emphasized to improve the opportunities of health gain.

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P 131. Evaluation of Factors Associated With Lifestyle Modification in a Factory Population.

HUANG Chih-Fang, KOO Malcolm

Introduction

Objectives: Cardiovascular disease (CVD) is a major cause of death in Taiwan. Modifiable lifestyle changes can have favorable impact on secondary prevention of CVD. In view of this, we investigated factors associated with lifestyle modification behavior in a factory population.

Purpose/Methods

We retrospectively analyzed the data from a health questionnaire completed by 1785 male and 85 female factory workers in August 2010. The questionnaire was distributed to 2,471 workers (2,329 males and 142 females) who had completed their regular health examination in a factory located in south Taiwan. The association between lifestyle modification behavior and various risk factors was accessed using binary logistic regression. Multivariate logistic regression was performed using backward stepwise process (likelihood ratio).

Results

A total of 1724 participants were engaged in lifestyle modification behavior. Results of multivariate logistic regression analysis indicated that lifestyle modification behavior was significantly likely in individuals with BMI categorized as overweight (OR=1.67) and obese (OR=2.24), in those who exercised



regularly (OR=5.56), and in those who rarely had to lift heavy load compared with those who had to most of the time (OR=1.67). Lifestyle modification behavior was significantly unlikely in individuals with higher central obesity and smokers.

Conclusions

Findings from this study indicated that several modifiable risk factors were significantly associated with lifestyle modification behavior.

Comments

Future studies should investigate whether changing these factors can causally improve the lifestyle modification behavior in factory workers, thereby reducing their risk of CVD.

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P 132. Exploration of Effects of Integrating Community Resources and Intervening With Taijiquan (Shadowboxing) Sport to Improve the Fitness of Seniors Over Sixty-Five Years Old

LIN Hui-Ying, LAI Chin-Lien, SHEN Ming-Yu, SUN Kuo-Ting, LIU Pei-Ching, SHEN Kun-Tai, CHEN Shih-Chueh

Introduction

Our hospital integrated community resources and provided senior citizens in the community a safe and effective way of sport. Taijiquan (shadowboxing) sports aim at the seniors over sixty-five years old in the community to intervene and offer exercise instruction, made the fitness pre-test and post-test of seniors, and explored Taijiquan (shadowboxing) sport's results of improving seniors' fitness, expecting to enhance seniors' individual health promotion sports skills, continuously maintain their body function.

Purpose/Methods

The teacher of Taijiquan instructed the seniors 43 participants (29 females and 14 males) continuously for sixteen weeks with one hour each week. The seven items of the fitness test included "number of times of bending the knees and then standing up within 20 seconds, time of standing by single leg with eyes open and eyes closed, time of walking for 20 meters, functional stretching, strength of grasp, and holding a falling stick".

Results

After sixteen weeks, 41 patients (28 females and 13 males; age: 66.4±3.3) finished the project. The results showed that: bone density by z-score (-1.88±0.86: -1.63±0.84, $P<0.001$); number of times of bending the knees and then standing up within 20 seconds (13.28±3.55: 16.14±3.48, $P=0.012$); time of standing by single leg with eyes open (7.61±6.11: 28.8±19.53 seconds, $P<0.001$); time of standing by single leg with eyes closed (9.21±7.81: 25.7±18.26 seconds, $P<0.001$); functional stretching (32.93±12.16 cm: 37.26±11.37 cm, $P=0.016$); reaction of holding a falling stick (27.45±7.16 cm: 27.35±10.15 cm, $P=0.023$). However, body weight, waist and biochemical tests did not show the significant difference after the project ($P>0.05$).

Conclusions

From the results above, we can know that the community Taijiquan (shadowboxing) sports association teacher's intervention and offering exercise instruction and the hospital medical care personnel's safety assistance can elevate the community seniors' bone density and sense of balance, and increase the fitness, accomplishing fall prevention and boosting the healthy quality of life further; it should be a healthy lifestyle promotion model worthwhile for popularization.

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P 133. The Relationship Between Bone Mass and Physical Fitness Performance of Community-Dwelling Women in Taipei

LIN Tsung-Ching, HSU Min-Fang, WANG Kuan-Chin, HONG Chao-Chi, KAO Yung-Yu, HUNG Tsung-Min, SHIANG Tzyy-Yuang, WEI Shun-Hwa

Introduction

Taiwan has been in the aging society since 1993, the population of the elderly in Taiwan was increased to 10.4%. Taiwan might be in the aged-society and super-aged society in 2018 and 2026. As aging, the body system appear the deconditioning of function, the previous study showed that the endurance of cardiovascular system in the elderly with 75 year-old was decreased 50% in young adults. The balance might be affected in the progress of aging, hence, the possibility of falling and fracture could be increased, which was resulted in the increase of medical costs. Previous studies all suggested that proper exercise program can train the balance in the elderly, and prevent the falling occurrence.

Purpose/Methods

The purpose of this study was to investigate the relationship between bone mass and physical fitness performance of community-dwelling women in Taipei. One hundred and twenty-one of community-dwelling women without medical history of four limbs were recruited (Age: 58.5±7.74 year-old). The T-score of bone mass, body composition, and Body Mass Index (BMI) were measured by using GE Achilles Insight and TANITA TBF-300. They also underwent the physical fitness performance tests, including: sitting trunk flexion, single leg standing with eye-open, leg lifting, the strength of back muscle, sit-to-stand test, the strength of handgrip, and time up and go test. All data were used SPSS (ver. 12.0) to calculate the Pearson product-moment correlation coefficient.

Results

There had positive correlation and significant ($r=0.50$, $p<0.01$) in T-score of bone mass with lower limb muscle endurance (leg lifting), the strength of lower extremity (sit-to-stand test). The T-score of bone mass had no significant correlation with sitting trunk flexion, single leg standing with eye-open, the strength of back muscle, the strength of handgrip, and time up and go test. ($p>0.05$).

Conclusions

The present study showed the same result as previous studies showed, which bone mass and the strength of lower extremity had positive correlation. The endurance of cardiovascular system and the bone mass had positive correlation, also, the endurance of cardiovascular system and the strength of lower extremity had the positive correlation ($r=0.48$, $p<0.01$).

Comments

The older women can jogging, walking, and running as regular exercise, not only to increase the strength of lower extremity and improve the endurance of cardiovascular system, but increase the bone mass and prevent the occurrence of fracture or falling.

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P 134. The Effect of Adapted Physical Activity on Fitness Function in Disability

WU Meng-Tien, HUNG Ling-Yu, KUO Ying-Ling, CHANG Pei-Li, CHOU Jih-Chyun, MA Hon-Kwong

Introduction

The health benefits of physical activity are well documented. However, a lot of disable people do not exercise regularly, especially once they are leaving the special school in their adult period.

Purpose/Methods

Eighteen disable adults took part exercise protocol two times a week for twelve weeks. Before exercise intervention, each participant was instructed to perform the adapted physical fitness test, including body mass index, lung capacity (PEF and FEV), stability (functional reach test), flexibility (back scratch test), and muscle strength (grasp test and knee extensive test). The questionnaire was screened to rule out the inadequate cause to perform assessment, such as heart disease and acute disease. The exercise session consisted of warm-up, upper extremity aerobic exercise, dynamic adapted physical activities (e.g. volleyball, tennis, hockey, boccia and baseball, etc) and cool-down. Analysis was done using the SPSS 10.0 statistical software, and the descriptive statistics and a paired- t test were conducted.

Results

Results revealed that subjects in the adapted physical training programme significantly increased the lung capacity (PEF, pre-test=165.22, post-test=244.44, $p=.028$ and FEV, pre-test=0.85 to post-test=1.19, $p=.013$), stability (functional reach, pre-test=29.07 cm, post-test=42.43 cm, $p=.004$), upper limb flexibility (back scratch test, pre-test=-18.38 cm to post-test=-12.30 cm, $p=.002$), and muscle strength (grasp strength on right hand, pre-test=10.95 kg, post-test=12.88 kg, $p=.006$ and the knee extensive strength on right leg, pre-test=3.59 kg to post-test=4.51 kg, $p=.041$) after twelve weeks of training.

Conclusions

Twelve-week adapted physical activity programme could significantly promote the fitness function in disability.

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P 135. To Edit a Booklet With Combination Nutrition and Medical Knowledge for Developing Personnel Diet Skill

LEE Yuan-Fang, CHANG Huang-Yu, CHANG Huang-Yu, HSU Chiu-Ping, CHEN Po-Fang, YU Jia-Shin

Introduction

Choosing to eat correctly, natural foods can be used as medicine to promote healthy living. Often patients are not well educated enough on how to prepare a balanced and healthy diet to combat with their disease.

Purpose/Methods

The clinical health data collected from various specialties became the basis of development of our dietician's recipes. The combined nutritional and medical knowledge from ten different specialties in the booklet serves as a valuable reference tool in

making a personalized delicious yet healthy dish for patients and general public.

Results

The beneficial results of this booklet concurs with dietician's standpoint on healthy food. In accordance to Ottawa Charter strategies on development of personal skills, patients themselves can learn to customize their own personal dish based on their nutritional needs during different stages of their illnesses. A sense of accomplishment and satisfaction gained on creating new recipe by themselves and the skill in choosing the right food can help with disease prevention and maintenance of general health. The in-hospital review of the booklet by staff and patients were overwhelmingly satisfactory.

Conclusions

We expect and hope general public can also learn the meaning of healthy diet.

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P 136. The Alternate Healthy Eating Index for Taiwan (AHEI-T) Score for Evaluating Dietary Behavior and Quality in Clinic and Community

YANG Shwu-Huey, CHANG Shih-Yi, LEI Weng-Seng

Introduction

Alternate Healthy Eating Index for Taiwan (AHEI-T) was constructed which based on AHEI, a dietary index and Dietary Guidelines for Taiwanese. This study purpose is to evaluate the correlation between AHEI-T and blood pressure, blood glucose and serum lipid profile in community and Type 2 DM patients in Taiwan.

Purpose/Methods

There were 2 studies conducted; first study recruited 32 subjects from adults participating in the NEWSTART program from July 2008 to January 2009, second study held in Taipei Medical University Hospital from July 2008 to March 2010. Three 24-hour dietary recalls by telephone interviews and 3-day dietary records were used to collect dietary data and compared the changes in components, scores, and total AHEI-T scores.

Results

Student's t-test and Fisher's exact test were used to compare the subjects' characteristics. Repeated one-way analysis of variance and Bonferroni's test were used to compare the changes in the components, scores, Spearman rank correlation was used to examine relation between AHEI-T and variables. Quartiles and odds ratio (OR) were used to examine relation between AHEI-T and percentage of good control at blood biochemical data.

Conclusions

Average AHEI-T score was 45.5 ± 10.2 within 87.5 (max). PC-sugar was found positively correlated to AHEI-T score. The results suggested that AHEI assess the diet quality during dietary changes more immediately and significantly. A high score of Alternate Healthy Eating Index for Taiwan (AHEI-T) reflected better control of PC-sugar among Type 2 DM patients.

Comments

AHEI-T could be used in promoting a health diet.

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P 137. Wholegrains are Good for Your Health

KAO Ya-Chun, LIN Yi-Fen, LIN Yong-Pei, LINDA CHIN Huei-Min

Introduction

Wholegrains shall consist of the intact, ground, cracked or flaked caryopsis, whose principal anatomical components, the starchy endosperm, germ and bran are present in the same relative proportions as they exist in the intact caryopsis. Compare with refined grains, whole grains is more beneficial for decreasing chronic disease, metabolic syndrome and some certain cancer diseases risks. Base on the Taiwan's recent food intake behavior investigation indicate the same problem in Taiwan.

Purpose / Methods

Taipei city hospital has promoted all resident patients and staffs for having wholegrains as a daily eating pattern serving by nutrition department at lunch. By providing more choices for resident patients and staffs hospital has developed a various of different types of whole grain food, such as walnut cereal juice, soybean pumpkin blended juice and several flavors of cookies. The nutrition department analysis questionnaire at February and October by sending with food tray and collect at certain by branch hospital.

Results

Increasing total hospital patients satisfactory percentage of hospital food, such as 2008 was 77% and 2009 was increased to 83.1%, it makes more resident patients to order diet in hospital to help control diseases. There is no obvious change of satisfaction in whole grain since 2007 and patients give highly grade for consistency in term of education and practice.

Conclusions

It makes patients and employee to know how good whole grains is for health and they will change their eating behavior after they go home. In 2010, in some small scale questionnaires by society promoting activities found that the frequency of taking whole grains was decenting from 50% of once a day to 12% of twice a day to less than 10% fo three times a day, and 20% was less than 5 times a week and 10% was less than 1 time a week. It shows that people has certain differential between knowledge and behavior in term of whole grain diet pattern.

Comments

There are many studies show how important is whole grain for health. In the future, we will put more efforts to collect more data to quantify the benefits of providing whole grains by resident patients and make it more acceptable. A really good society hospital is not only to make a promotion to announce what is good for them but also to create a healthy environment for patients and staffs and people who is living in this society.

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P 138. Lifestyle Change Program Operated Through Inter-Institutional and Inter-Disciplinary Cooperation

LIU Chin-Tsang, LIN Shu-Mei, WENG Chung-Feng, CHUO Ying-Hsiang, HUANG Hui-Ting

Introduction

As its population is aging fast, there has been increasing number of people with metabolic syndrome in Taiwan. It is widely accepted that unhealthy lifestyle plays a major role in the development of this chronic illness condition. Due to the limited setting of the hospitals, it is difficult to run a life-style change program inside the hospitals. It could be feasible to have pa-

tients referred by clinicians in the hospital to join the program in another non- healthcare institute.

Purpose/Methods

In order to provide the participants a better environment for "NEWSTART" program, Taiwan Adventist Hospital cooperated with its affiliation institute, which is a school with its campus located in a suburban district in central Taiwan. The program lasted for 13 days. All participants had their body weight, height, waist girth, blood pressure, plasma glucose level, total cholesterol level, triglyceride level checked at the beginning and end of the program.

Results

36 men and 64 women participated in the program with age between 18 and 86, average 50.6 years old and 73.4% of them were older than 40. The number of participants with abnormal parameters decreased by 83.3% in serum triglyceride level, 73.6% in total cholesterol level, 68.6% in LDL level, 62.1% in systolic BP, 75% in diastolic BP and 27.3% in plasma glucose level.

Conclusions

Taiwan Adventist Hospital has promoted NEWSTART program by identifying people with metabolic syndrome by clinicians and referring them to participate the program that takes place in another organization. The result showed that patients with metabolic syndrome participating this program would have their abnormal parameters such as blood pressure, plasma glucose level, total cholesterol level, triglyceride level greatly improved. The model of running the program demonstrates the successful cooperation among different professionals and cooperation between healthcare institute and non- healthcare institute.

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P 139. Group-Based Lifestyle Counseling – a New Way for Multidisease Prevention in Central Finland Health Care District

HASU Riitta Liisa, KETTUNEN Tarja

Introduction

In Finland health-oriented group counseling is traditionally conducted in disease-specific groups without a systematic model targeting the major national diseases. Aim of this research is to introduce a new group-based lifestyle counseling model designed to bring health promotion activities to municipal context. The model includes material for group testing, evaluation and operation all designed to support the success of life-style changes. All municipal groups will be constructed according to local needs and aim at comprehensive health promotion of group members.

Purpose/Methods

The lifestyle groups consist of 6-11 people with an aspiration to improve their quality of life. The group members share a varying background of health problems and diseases including coronary disease, diabetes, obesity or depression. The program consists of 12 meetings which will cover themes designed according to group needs. Identification of those needs will be done by utilizing initial survey and clinical measurements. Group counseling will be carried out in cooperative manner by health care professionals of various fields.

Results

The lifestyle groups have been organized in 10 municipalities with a total 76 participants. Monitoring of the group results will include clinical measurements (weight, waistline and laboratory tests) as well as evaluating the change in health orientation.

Evaluation rounds will take place at the beginning of the groups and after 6 and 12 months.

Conclusions

The initial results reveal that operational methods required during counseling are unfamiliar and therefore challenging to the medical staff managing the groups. The model itself has received positive response in the participating municipalities and evoked new interest towards group counseling among health care professionals. To the patients participation in the program has brought rewarding results along with competencies to achieve lifestyle change. By bringing health promotion know-how closer to patients the model has shown to increase healthy eating and activity.

Comments

This poster will cover the main results of the research.

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Session P 2-5: Mental health promotion

P 140. Publicizing the Art of Mental Patients: Gains and Challenges

SURVILAITE Danguole Regina

Introduction

Publicizing mentally ill patient art is a great tool for combating stigma, improving understanding of mental illness in society, yet it presents challenges as well. Year 2011 has been announced by UNESCO the year of the famous Lithuanian musician and painter M. K. Čiurlionis (1875-1911). It is well documented that he has suffered from mental illness. This offers an opportunity for broad destigmatization in society, through publicizing the art of mentally ill persons, based on our latest experience of Club 13&Co projects during 2005-2010.

Aim and Method

This presentation is produced by analyzing media response to patient art exhibitions by Club 13&Co in 2005-2010 and experience accumulated through presenting art of mentally ill persons.

Results

16 exhibitions were organized during the analyzed period. These exhibitions generated great media interest and resulted in 45 general and psychiatric media articles. Exhibitions were also covered in 26 articles of the Club's Newsletter. Some of the exhibitions were devoted to special dates – most frequently World Mental Health day. The analysis has shown that providing connection between the art of famous artists and patients generates larger media interest. Most media articles were generated by the exhibition named "...as Kandinski or Malevich...", when number of publications in general media has increased from usual 5-8 to 13.

Another tool for publicizing patient art for the Club is provision of patients' art for covers and illustrations. Since 2003 drawings of mentally ill persons are regularly presented on the main cover of the psychiatric journal *The Psychiatric News*. In general patients are satisfied with opportunity to publicize their art, but they do not always consent to disclose their identity. Encouraging patients to be open about their illness present a challenge and has ethical implications. This presentation also includes one case analysis illustrating the positive impact of publicizing patient art.

Conclusions

- Publicizing art of mentally ill persons had positive impact on some patients' satisfaction with mental health ser-

vices, reduced self stigma and helped patient integration into society.

- Publicizing art of mentally ill patients generates important interest in the society and provides opportunity to spread a more positive image of mental patient.
- Publicizing art of mentally ill patients encourages other patients to be more interested in creative rehabilitative services.
- Memorable dates and specially assigned years by international and national institutions provide additional interest in society.
- Developing process of publicizing it is important to draw on national experience with such projects.
- There are important issues of confidentiality involved in publicizing patient art.

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P 141. Client Involvement: Conceptions and Practical Examples in Mental Health Work

LAITILA Minna

Introduction

Problems related to mental ill health and substance abuse are a major challenge to public health. To support clients' self-management, health and well-being, new methods are needed. One possibility is to improve client involvement (CI). In this presentation, a qualitative study by phenomenographic approach of CI in mental health and substance abuse work is introduced. Some practical examples of CI are being implemented in the Hospital District of South Ostrobothnia.

Purpose/Methods

Mental health problems and diseases caused by substance abuse are a significant aspect for health promotion and well-being. With a qualitative, phenomenographic approach, clients' conceptions of CI were studied. The total of 27 clients with experience of mental health or substance abuse services was interviewed. As the result, categories describing the participants' conceptions of CI in mental health and substance abuse work were formed.

Results

According to the results, CI meant accepting, noticing and using the service users' expertise. CI could be realised in three ways: in client's own care and recovery; in the developmental work; and in the service delivery. Many factors promoting or hindering CI were discerned. Based on the results, the areas needing improvement were identified and recommendations were made in order to improve clients' opportunities to get involved, their quality of life and empowerment.

Conclusions

The study revealed the conceptions of the clients concerning CI within mental health and substance abuse work. According to the results, CI in these fields is still insufficiently realised. Special attention should be paid to the provision of information, to developing of diverse ways to get involved and to power-sharing between clients and professionals. In the Hospital District of South Ostrobothnia, new practises are being introduced in psychiatric in-patient and out-patient care in order to increase CI.

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P 142. From Special Treatment to Mental Health Promotion – Improving Mental Health Services in Collaboration With All the Actors.

MAKKONEN Pekka, PÄIVÄRINNE Marita, LEINO Irmeli, WIIRILINNA Ulla, ANTTILA Liisa, ELLILÄ Heikki

Introduction

Salo is a coastal city of about 55,000 inhabitants. The psychiatric care has been based on specialised treatment service model and additionally mental health service users are admitted to inpatient care more often in Salo than in other cities. The marginalization among minors is more common in Salo and the reasons for psychosocial problems are often in mental health and substance misuse problems of their parents. The project was financed by the Employment and Economic Development Office TYKES.

Purpose/Methods

The aim of the project is to improve the knowledge and skills workers in different fields. The model of problem based learning was chosen as the method of the project. This included several case meetings with participants from all the fields of social and health care, from public- and private sector (including e.g. school, parish, and voluntary work). Every group had three meetings focusing on different age groups. Evidence based research was presented by group members and in seminars.

Results

Case work was seen as a positive form of learning and developing the work. It was seen as a flexible cross-sector activity that enhances professional networking. Work counselling practices became more used in the entire area, basic-level consultation practices were created, and the work of cross-organizational work pairs was developed through the project. These case meetings activities have been evaluated through electronically sent questionnaires (N=102). The material was analysed through content analysis.

Conclusions

The final goal of this project was to connect professionals from different fields of psychosocial services, aiming to get to know each other, to compare different work practices, to get knowledge produced by academic research and most importantly to learn from each other and create new practical working models for mental health services of Salo City. The case work and the idea of problem based learning has improved collective knowledge and expertise development in different fields. The aim is to regularize this way of action in Salo.

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P 143. Health Gain Orientation and Continuity of Care – Suggestions for Child And Adolescence Psychiatric Hospitals

KACIC Viktor Enrico

Introduction

Challenging problems preventing a better health gain orientation in child and adolescent psychiatric services are discussed: First, the unreasonable waiting period until contact with professional care. Second, the time gap between in-patient and further treatment. Third, the general focus on psychopathology rather than resilience factors, salutogenesis and prevention.

Purpose/Methods

Strategies to tackle these problems are shown in three different categories:

- Reducing waiting times of risk patients by identifying deviant and dysfunctional behaviour in children at an early stage.
- Improving continuity of care and quality of life for children and adolescents during in-patient treatment by organizational changes in psychiatric hospital structure.
- Supporting resilience factors in order to prevent child and adolescent psychiatric disorders.

Mentioned strategies are underlined with recent studies (CBCL 1½ -5, KiGGs) and own data (ILK).

Results

- The general implementation of standardized interviews at an early age improves the detection and treatment of risk patients, thus reducing the duration of untreated disorders.
- A case manager system comprising in-patient and out-patient duties for hospital therapists plays an important role in ensuring the continuity of care.
- Supporting social competence skills and learning abilities in kindergarten and school seem to improve the quality of life, thus strengthening resilience factors in children.

Conclusions

The therapeutic work with children should focus more on early detection of risk patients. Standardized parent and patient interviews are important tools to detect disorders at an early stage as well as to analyse the quality of life after treatment. Training of social competence and learning skills in early childhood seem to be an important factor in the development of salutogenesis.

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P 144. Creating the Local Action Plan for Mental Health Promotion in the Forssa Region in Finland

LAAKSO Virpi, LINDROOS Sirpa, PURO Markku, VÄHÄTALO Raija

Introduction

Mental health is an essential resource in the information society. Mental well-being is built up in people's daily activities, in their close relationships, in family, at school, at their workplaces etc. In order to strengthen the promotive and preventive impact of these daily encounters, local actors need to be made aware of their influence in the mental health of people and actions need to be coordinated by a joint plan.

Purpose/Methods

The Health Care District of Forssa (FSTKY) hosted a project, which generated a local action plan for mental health promotion. The purpose of the plan is to highlight the meaning of mental health promotion, to present the actions already functioning in a compound way and to propose new ideas and methods in the area. The plan originated through broad, multi-sectoral and multi-professional collaboration involving actors in e.g. social, school and technical sector, the police and employment authorities.

Results

The action plan is theoretically based and concentrates in primary prevention, i.e. in situations, where mental health disturbances are not yet present. It is grounded in the resi-

dents' needs and follows the life span structure. It has two chapters about special issues; preventing depression and managing psycho-social crisis situations. The plan also proposes targets of development for every age group. The plan has been distributed to all major decision makers and actors in the region.

Conclusions

The follow-up of the mental health promotion plan is carried out by the taskforce of preventive mental health in FSTKY. However, a large part of the plan involves actions that are in the responsibility of other actors than the health care sector. Consequently, the collaboration between health care and other settings is crucial in order to put the proposals into practice.

Comments

The project that generated the mental health promotion plan was in its early stages presented in the HPH Conference in Berlin 2008 with the title "Mental health promotion project in the Forssa district".

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P 145. A Survey of Psychiatric Emergency Unit in Japan: Focus on the Length of Hospital Stay

OHTAKE Mayumi, NAKAYAMA Yoko, KATO Ikuko, TANOUE Michika, NIIMURA Junko

Introduction

As a promotional act for psychiatric inpatient care in Japan, new hospital fees for Psychiatric Emergency Units was set up in the national health care payment system for medical services from 2002. Those units in mental hospitals are able to devote three months for treatment and preparation for community care. For that reason, Japanese psychiatrists and health care providers do not have an awareness of the issue of an extraordinarily long hospital stay in comparison with Western countries.

Purpose/Methods

A survey was conducted to describe the major diagnosis, length of hospitalization, age and results of patients who were treated in Psychiatric Emergency Units. The survey subject was purposely selected from one of the advanced mental hospitals which are located in the urban area of Tokyo, Japan. The samples were collected from the administration books of the target unit. In total, 294 patients were discharged from that unit in 2009.

Results

Among the 294 inpatients, the diagnostic percentages were as follows: schizophrenia spectrum disorder (56%), mood disorder (23%) and others (21%). An average length of hospitalization of all the patients was 52.6 days (average age 45.8), and 67 inpatients were discharged within one month (average age 38.9, schizophrenia spectrum disorder 46%); and 154 inpatients stayed over one month (average age 46.6, schizophrenia spectrum disorder 66%). The result was that 75% were discharged into the community and 21% were transferred to other mental care units.

Conclusions

In Japan, generally, after the treatment of psychiatric symptoms by medication, psychiatric inpatients have some nursing care or co-medical's support in diverse ways. This is another reason why 52.6 days hospitalization was an average at the target unit of this survey. With respect to minimum hospitalization and intensive community care, it is necessary to improve the inpatients care in psychiatric emergency units and in acute care units in Japan.

Comments

Concerning mental health policy and the health insurance system, there is a discernible difference between Japan and other advanced countries. Many Japanese psychiatric nurses who are committed to inpatient care want to support their patients during their hospitalization in order to help them to regain the self-care abilities required for daily life. We would like to get some new idea for psychiatric nursing in hospitals from the participants of the HPH conference.

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P 146. Public Policy Guidelines for Best Education Practice and Generic Training for Professionals in the Field of Mental Health Promotion and Illness Reduction: The Promise Project.

FLORES Paz, LEAHY Eithne, MASFERRER Carmen, IZQUIERDO Roser, PALOMER Eduard

Introduction

The PROMISE (Promoting Mental Health Minimising Mental Illness and Integrating through Education) project is a EU project and is financed by the European Commission Directorate General for Health and Consumers, DG Sanco. It aims to develop and disseminate guidelines for generic training and education with respect to Mental Health Promotion and Illness Reduction, and in addition specific applications with European health and social service professional bodies, university networks, civil society organizations and non-traditional actors. The best practice guidelines will specifically focus on the prevention of suicide, depression, and alcohol and drug abuse, and the promotion of healthy living.

Purpose/Methods

A specific innovation is the involvement of mental health service users as non-traditional actors by developing multi-disciplinary training guidelines and training programmes with a special emphasis on positive mental health, healthy living, diet and exercise.

8 different European project partners countries will be involved in a 9 month case study carried out by Parc Salut Mar, Barcelona. PROMISE will also identify best practice media guidelines in European through extensive research in the field of media and health promotion. Local steering groups are set up in partner sites to help investigate the impact of mental health promotion in the press and media.

Results

Outcomes of the case study are an integrated and comprehensive set of training guidelines and model training programmes in the areas of healthy living for service users, prevention of suicide and depression alcohol & drug abuse prevention, inclusion of mental health service users in design and teaching of mental health promotion. These guidelines will be accessed through an interactive website, endorsed by European level professional body and university networks with resource kits and recommendations from trainers. Based on findings from the research done on mental health and the media, actions will be taken to engage press and media to use a positive role model in the promotion of mental health.

Conclusions

With the implementation of the European Green Paper on Mental Health, and the development of the Mental Health Pact, the strategic importance of Mental Health promotion and illness reduction as keystones of a European mental health policy and practice, has never been greater. With the use of best practice



guidelines, PROMISE aims to improve the training received by health professionals, and so, improve the health care received by users of these health services. By applying the PROMISE guidelines as a quality criteria, any person designing training programs for professionals on any mental health promotion theme, knows if their training is the most effective and up to date on a European scale.

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P 147. Supporting Health – Promoting Mental Health and Abstinence From Substance Use Among Adolescents and Families With Children in Eastern Finland

VARJORANTA Pirjo, PIRSKANEN Marjatta, LAHTELA Miia, PIETILÄ Anna-Maija

Introduction

“Supporting Health” -project is coordinated by the research unit of the Social and Health Care Services in Kuopio. The project is based on Antonovsky's (1987) theory of salutogenesis; primary focus should be given to the factors that induce and maintain health. The project applies The Early Intervention model (EI), which has been developed to promote of adolescents' abstinence from substance use (Pirskanen 2007). EI is used widely in Finland, and its further development has been found necessary, e.g. to promote mental health.

Purpose/Methods

The aims are 1) to develop promotive and preventive interventions, 2) to promote mental health and abstinence from substance use among different age groups, 3) to further develop, adapt and establish the EI, 4) to enhance the personnel's competence in early intervention and support situations and 5) to develop assessment methods and yielding knowledge on the ethical foundation, functionality, success and effectiveness of the early intervention models.

Results

The outcomes of the sub-projects: 1) further-developed early intervention model, 2) the working methods for promoting mental health and abstinence from substance use and 3) methods for assessing the effectiveness of health promotion. The results will be reported in professional and scientific publications. The knowledge can be utilized in the promotion of mental health and abstinence from substance use, as well as in administrative work and education.

Conclusions

This project (years 2010-2012), will be involved in municipalities from the Eastern Finland. The project consists of sub-projects:

- Municipality-specific early intervention models and care pathways for promoting mental health and abstinence from substance use among adolescents and families with children
- An education programme developed to enhance the competence of personnel
- Knowledge on the functionality of the model and on the effects of the interventions, methods for assessing the effectiveness of health promotion

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P 148. Physical Restraint in Psychiatry: A Possible Strategy for Prevention

BERTOLI Marco, MARIN Meri, AGUZZOLI Cristina

Introduction

The prevention of physical restraint in psychiatric care settings is a matter generally underestimated: we're talking about a widespread practice, not uniformly applied in various regions, above all, with significant differences among different service.

Purpose/Methods

Publications and scientific articles on physical restraint consequences are too few and consequences themselves are not misured. Avoid physical restraint from consideration that it is a violent behaviour in therapeutic community. Some Italian psychiatrics prepared a document that aim to remove the appeal to restraint and this document was submitted to the Ministry of Health, hoping it will be followed all across the country.

Results

The adoption of above mentioned recommendations should lead to:

- The awareness that physical restraint is anti-therapeutic act
- An awareness that responding to violence with violence is not effective

Conclusions

The above mentioned recommendations have been defined to eliminate the use of restraint, decrease prejudice against mental illness and to make easier access to psychiatric services.

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Session P 2-6: Reducing work-related risks for healthcare staff

P 149. Hospital Management System for Healthcare and Safety at Workplaces in Accordance With the Bs Ohsas 18001:2007 – The Realization of Audit for Workplaces Safety at the Hospitals of Pavia Province

BUCCOLIERO Vania, GOZZI Serena, SCARPINI Gian Carlo

Introduction

Within the certification process in accordance with the BS OHSAS 18001:2007, the Hospitals of Pavia Province have realized a series of audit in order to work out an assessment about their systems condition and about the adequacy of work procedures. Audits were also implemented in order to verify internal structures compliance to current laws and regulations on safety at workplaces.

Purpose/Methods

Audits – which have taken place at the Operating Room and Dialysis – regarded fire prevention and emergency management process. Audits have been conducted by an “Audit team” composed by people from different departments and services (Office Nursing, Prevention and Protection Service, Clinical Engineering, Medical Direction, Training Office, Pharmacy

Service, Quality Department, Supplies and Logistical Resources Office) who have passed a specific training course which enabled them to obtain the qualification of "Internal Auditor" according to the British Standard OHSAS 18001:2007. Audits have been performed making use of a check list containing different kind of questions employed by the team leader – and of course by the other team members- for conducting the personal interview and the technical tour across the unit.

Results

Audits allowed health operators to identify improvement chances for processes which involve patients, themselves and all the Health Organization stakeholders and in particular regarding training and internal communication aspects.

Conclusions

Both audited operators and the audit team itself expressed highly positive opinions on this initiative, because it let to ascertain the good knowledge level of the Emergency Plan of the operators and the efficient technical management of units.

Comments

The experience that took place at the Hospitals of Pavia Province constitutes a very good example of multi-disciplinary work-in-team and authors hope to share similar practices implemented in other hospitals in order to bring new contributions aimed to improve the methodology for conducting audits regarding clinical risk management.

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P 150. Staff Health Screening Outcomes and Utilization of Medical Benefits: Analytics at Work

WONG TK Michael, NGEOW SK Susan B., WONG HC Gladys

Introduction

Workplace Health Promotion is an effective way to impact individual health and to create health awareness, particularly Annual Mass Health Screening. Data collected during such mass screening and inference generated can be non-exhaustive. However, most service providers only present descriptive data to the participants and management post-screening, with algorithmic recommendations offered based on staff health status. For example, weight categories based on body mass index (BMI) may serve to provide some focus and direction to assist some staff towards healthier lifestyle, but there is little correlation between staff health and the utilization of medical benefits like absenteeism and medical claims from management's perspective. The purpose of this presentation is to showcase the results of such links using simple analytics and the potentials that such links could serve management, who are the key workplace health service purchasers.

Purpose/Methods

Alexandra Health Pte Ltd currently runs a 550-bed regional hospital and a 100-staff community medical center. The annual staff health screening in 2009 saw 1597 staff participating in the health screening. The screening exercise was held over a 2-week period. This is to cater to the three shifts of staff round the clock. Staff are required to answer a 32-question Health Risk Assessment (HRA) online via our intranet and schedule themselves for the health screening exercise online. Anthropometric data like blood pressure, waist circumference, BMI and fasting venous bloods for blood sugar and cholesterol were taken. This information together with respective self-reporting data from the HRA was collated and tabulated, using a proprietary logic developed in-house.

Staff were health profiled into three categories, namely

- "Lifestyle Maintenance" (= Low Risk)

- "Lifestyle Modification" (= Intermediate Risk)
- "Disease Modification" (= High Risk)

Information on staff medical claims were obtained from Human Resource Department and matched against respective staff by our in-house business analytics team. Staff job grade, age range, health profile based on HRA, BMI range, medical leave of absence and medical claims were studied.

Results

- Based on BMI
 - Employees with high BMI claim an average of S\$62 more than their low BMI colleagues resulting in incremental claim of S\$13,950 per year
 - High BMI staff utilizes 1.5 days more than their low BMI colleagues resulting in additional loss of 333 man-days to the organization
- Based on Job Grade
 - Job Grade Band 1 and Nurse Managers are claiming disproportionately higher vis-à-vis their proportion within the sampled population. Their average medical claims are also the highest among the job grades. However while the average number of sick leave days taken per Annum by Job Grade Band 1 is the highest, Nurse Managers and above take fewer average number of sick leave days.
- Based on Health Profile
 - Utilization rate for Hospitalization Leave is higher for employees who fall under "Disease Modification" (= High Risk) Category
 - The "Lifestyle Modification" (= Intermediate Risk) group accounts for an extra 334 man-day loss to the organization through sick leave compared to the "Lifestyle Maintenance" (= Low Risk) group
 - The "Lifestyle Modification" (= Intermediate Risk) group accounts for additional claims
- Based on Age Profile
 - Employees under 30 years of age have higher sick leave utilization than other age groups but their utilization of medical claims is lower.

Conclusions

By using simple analytics based on proprietary logic developed in-house, we are able to correlate health data with administrative data, and generate informative results that can benefit the various stakeholders.

- Staff who now are able to act on their health status.
- Health Promoters / Service Providers who are able to provide targeted intervention to targeted groups of staff and
- Management / Human Resource Personnel / Service Purchasers who can better allocate health expenditures and focus on issues of claims and absenteeism.

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P 151. A Research on Health Promotional Needs and Health-Fitness Among Hospital Employees in Eastern Taiwan

LIN Jin-Lan, HSU Wen-Lin, CHANG Shu-Chuan

Introduction

Before initiate health promotional activities in the workplace, managers and employees need to know their own physical and



mental conditions. And there is a need to assess employee's physical condition, health behavior, and attitude before effective health gain program can be carried out among the hospital staff.

Purpose/Methods

This study is a cross sectional examination of healthy workers in an urban hospital in eastern Taiwan. Subjects of 20-64 years old and normal function were selected. From February to March 2010, 1,406 employees completed a health needs questionnaire and had Health- fitness tests of BMI, waist and hip circumferences, hand grip strength, muscular strength and endurance, and flexibility.

Results

Majority of them (73%) listed exercise as top health promotional needs, followed by health screening and weight control. Regarding Health-fitness examinations, the BMI mean + S.D. of the 1,406 subjects was 23.52 ± 3.86 , waist-hip ratio was 0.88 ± 0.64 , cardiorespiratory endurance value was 46.85 ± 10.24 , flexibility 25.52 ± 10.53 , hand muscle strength was 35.16 ± 10.70 , and muscular endurance 22.44 ± 8.74 . Female's BMI, waist-hip ratio, and flexibility were greater than men; but strength, muscular endurance, cardiovascular endurance were weaker. Older people had poorer physical fitness than younger person.

Conclusions

This study suggests that health promotion campaign of the hospital staff should emphasize exercise, and that regular exercises should be promoted. Older persons and those who had more years of service should also be encouraged to participate. This plan not only will improve physical fitness of the hospital workers, but also will reduce and prevent chronic diseases.

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P 152. A Medical Center Employee Health-Related Fitness Factor Analysis

YE Qing Yi, HUANG Hui Jun, CHIU Yi Ting

Introduction

According to statistics released by the Department of Health of Executive Yuan, among the leading causes of death in Taiwan in 2009, cardiovascular and cerebrovascular diseases ranked second and third, respectively. The total number of deaths from these two diseases was 25,476 which accounts for 17.9% of total deaths. To better understand the health status of employees in hospital, we analyzed data obtained from physical fitness assessment project over 2009~2010 to generate a proposal for health promotion in the workplace.

Purpose/Methods

The physical fitness assessment methods recommended by the Promotion of the Department of Health is comprised of four components: First, the body mass index (BMI); second, sit and reach test (flexibility); third, one minute sit ups (muscular endurance); four, three minute step test (cardiovascular endurance). In addition, we employed the 5 categories from the "Scale of Physical fitness of Service industry" proposed by the Research Institute of Occupational Safety and Health Code and SPSS software for statistical analysis.

Results

Fitness test project in 2009: a total of 612 subjects (38.3%) were tested (519 women (84.8%), 84 men (13.7%)) Participation rate in 2010: a total of 509 subjects (31.8%) were tested (449 women (88.2%), 60 men (11.8%)). Further analysis of various elements of physical fitness utilizing the Pearson correlation revealed a significant correlation between muscular endurance, cardiopulmonary endurance, and flexibility ($p < 0.01$).

Conclusions

The employees of that particular medical center are relatively young-aged (885 people 34 years of age or younger (78.9%)), their physical fitness still have much room for improvement. Health promoting activities such as nutrition counseling, weight control programs, and sports competitions may be held in the future to encourage overall participation. Physical fitness assessment may be incorporated into the annual employees' health exam in order to attain a better evaluation of the effectiveness of intervention

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P 153. Work-Related Musculoskeletal Disorders Among Health Care Workers in Belo Horizonte, Minas Gerais State, Brazil

BARBOSA Rose Elizabeth Cabral, ASSUNÇÃO Ada Ávila, DE ARAÚJO Tânia Maria

Introduction

Strong scientific supports that work organization, physical and psychosocial work factors are associated with the development of work-related musculoskeletal disorders (WMSD). WMSD has become a major cause of disability for work, absenteeism, loss of functionality and quality of life among health care workers (HCW). The aim of this paper is to describe WMSD prevalence according to socio-demographic and occupational characteristics of workers in the municipal health system in Belo Horizonte, Minas Gerais State, Brazil.

Purpose/Methods

Cross-sectional study conducted from September, 2008 to January, 2009. The study sample comprised 1,808 selected from the 13,602 HCW of the municipal health system from Belo Horizonte. Data on sociodemographic information, job-tasks information, working and living conditions, lifestyle and health symptoms were collected in self-administered questionnaires. The prevalence of WMSD was investigated by self reported musculoskeletal pain in three body regions: upper limbs, lower limbs and back. Univariate ($p < 0.20$) and multivariate ($p < 0.05$) statistical analysis were conducted using Poisson regression.

Results

The prevalence of musculoskeletal pain was 36.5% for the back, 34.3% for lower limbs and 20.4% for the upper limbs. The global WMSD prevalence, comprising all three body segments was 49.9%. Multivariate analysis showed that WMSD was positively associated with female gender, being married, reasonable and poor working conditions, high physical demands of work and diagnoses of other comorbidities. The WMSD prevalence was higher among dentists, dental assistants and community health workers.

Conclusions

The study results suggest that WMSD prevalence is associated with factors present at health care work, particularly with the work under poor conditions, high physical demands and tasks developed by dentists, dental assistants and community health workers. These findings highlight the need for adoption of policies to improve labor conditions in the health sector.

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P 154. Musculoskeletal Disorders and Associated Risk Factors in Hospital Nurses

FREIMANN Tiina, MERISALU Eda

Introduction

Musculoskeletal pain (MSP) has been described as one of the main occupational health problems among nurses. It is a common cause of work-related disability with substantial financial consequences. MSP is a major factor in the decision of nurses to change jobs or to leave the nursing profession.

Purpose/Methods

The aim of study was to describe the prevalence of musculoskeletal disorders and associate risk factors among nurses. The present empirical study was carried out at Tartu University Hospital as part of an international survey of work and health. The study questionnaire was developed by the researchers of Southampton University and consisted of 51 questions. Questions elicited data on respondent demographics and work, associated risk factors, musculoskeletal pain in different regions of the body and associated disability, prevention of pain and general health. The statistical sample consisted of full time working nurses (n=416).

Results

Completed questionnaires were returned by 237 out of 416 nurses (56.9%). The large majority of participants (71.6%) had been employed in their current job for more than 5 years. All respondents except one were female. Average age of study group was 39.9 ± 11.5 . 40.1% of respondents had experienced low back pain, 36.7% neck pain, 18.1% shoulder pain, 7.1% elbow pain, 17.3% wrist or hand pain and 19.8% knee pain, which lasted more than a day during the past month. Lifting weights, height, age and smoking were risk-factors for prevalence of MSP.

Conclusions

Preventive intervention strategies should be taken to reduce the risk of MSP such as teaching the proper use of body mechanics, arranging necessary rest periods and developing smoking cessation programmes for staff members.

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P 155. Ergonomic Working Conditions and Nurses Health Problems

JANUSKEVICIUS Vidmantas, VASILAVICIUS Paulius, PUNDZIUS Juozas

Introduction

The work of nursing staff inevitably involves high demands on physical energy. Unfortunately, contacts with patients very often rely not on automated processes but on physical labour involving rather high static or dynamic physical loads that cause physical strain and exhaustion.

Aims of the Study

The present study aims to assess the interdependence between health problems among nurses and work environment in the health care institution (X) as well as to suggest means for the prevention of health problems. The study population is comprised of 300 respondents, including nurses, nursing assistants, registrar staff, and laboratory staff. The target group included 100 respondents while the control group is comprised of 200 respondents. Nurses comprised the majority of the target group (65 %) whereas control group consisted largely of registrar staff (47.5 %) and laboratory staff (46 %).

Objectives of the Study

A comparative study was carried out to assess the frequency of impairments in the muscular and skeletal system among the nurses and its correlation with the factors relating to their working environment.

Methodology and Survey Tool

For the realization of the task, 100 people were chosen as a target group, which included every fifth nurse and nursing assistant from the following departments: Neurorehabilitation, Obstetrics-Gynecology, Neonatal Reanimation, Early Neonatal Pathology, Neurosurgical Intensive Care Unit, Central Intensive Care Unit, and Brain Trauma Department. The variable (control) group consisted of nurses and administration staff (n=200), working in registrar offices of outpatient departments, Skin Department, and laboratory units. The group was formed via random sampling by selecting every second employee. The main criterion for the inclusion into the variable group was based on the fact that a person does not perform tasks typical to nurses or nursing assistants working in health care system (work duties exclude lifting heavy objects, turning patients, making beds, etc.). One of the research methods was the use of a questionnaire that was given to the nursing staff in the one health care institution.

Results

The respondents in the control group pointed to wrist pain almost ten times more often than the respondents in the case group (90.5 and 9.5%, respectively), (OR – 5.14; CI – 1.17 – 22.54; p= 0.01). The respondents from the control group associated this pain with work (OR – 5.44; CI – 1.24 – 23.77; p=0.01). The target group population suffered from spinal pain five times more often (82.9%) than that of the control group, (OR - 2.99; CI– 1.52-5.88; p<0.05). 93.2 percent of the respondents in the target group felt spinal pain on a daily basis whereas only 6.8 percent of the control group population ($\chi^2 = 16.453$; p<0.05) indicated that they had constant spinal pain. More than half (66.7%) of the target group population defined the pain as extremely acute and related it to their work ($\chi^2 = 12.942$; p<0.05).

Lumbar pain was 1.5 times more frequent among the population of the target group (61.2% than among those from the control group (38.8%) (OR – 0.08; CI – 0.42-0.14; p<0.05). The same percentage of the respondents related pain with their work (OR – 0.08; CI – 0.42-0.14; p<0.05). 73.0 percent of the target group population claimed that they felt lumbar pain every day ($\chi^2 = 91.449$; p=0.00); only 27 percent of the control group population reported to experience similar symptoms. Regarding the degree of acuteness, 84.8 percent of the target group population described it as extremely unpleasant ($\chi^2 = 89.757$; p=0.00).

Conclusions

It was determined that the occurrence of lumbar-loin pain increased with the increase of the nurses' age and years of work experience. So the nurses who lift, turn, or transport patients experience spinal, lumbar, and leg pains. Pain in the neck, shoulder, and carpal areas was found to be more common among the control group population working as laboratory staff, registrar staff.

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P 156. Redefining Metabolic Syndrome Education for All the Medical Staffs: From a Passive To an Active Approach

KIM Seok Yeon

Introduction



There are so many metabolic syndrome patients among hospital medical staffs. But treatment ratio is not so higher than that of general patients. The aim of this study is to design and implement an elective course in which all medical staffs learn about metabolic syndrome and its complications by actively involving education, medical examination, and treatment rather than passively observing education.

Purpose/Methods

We conducted a baseline evaluation of hospital services for hypertension, smoking cessation, and obesity by annual medical examination between January 2010 and December 2011 of all the medical staffs (about 500 persons). We found 50 medical staffs including metabolic syndrome then actively recommended scheduled education program including a training workshop, laboratory examinations. We also scheduled monthly education program for all the medical staffs. For encouraging participation, we had a lecture at lunch time with free-meals. But there was no forced participation.

Results

Compared with before the course, medical staffs' understanding of metabolic syndrome and its complications. At base line, only 15 medical staffs (30%) involved active education program. Most of them who participated were technicians, but no doctor and nurse. After finished, there was no definite change of parameters about metabolic syndrome. Among them 5 medical staffs (10%) started medication for metabolic syndrome. In case of passive education program, about 50 medical staffs participated on their own initiative. Most of them who participated were technicians, but there were some doctors (10%), nurses (10%). After finished, there was no definite change of parameters about metabolic syndrome. Among them 7 medical staffs (14%) started medication for metabolic syndrome. Medical staffs who are participated active or passive education program significantly agreed that they would recommend the course to fellows.

Conclusions

Only 10% to 14% of medical staffs who have metabolic syndrome started treatment in spite of active or passive education. This ratio is lower than that of general persons. We supposed some reasons, which are excessive confidence of health, little time for health management, and unexpectedly not knowing about diseases. So more detailed and personal education program will be required

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P 157. Relationship of Metabolic Syndrome and Obstructive Sleep Apnea Among Employees in the Workplace

CHIEN Pei-Li, JOU Hei-Jen, XIAO Ruo-Yan, HUNANG Hui-Ting, CHEN Shih-Ming

Introduction

In recent years, technological advancement, economic development, change of human life styles and improvement in medical techniques has contributed to the extension of the life expectancy while various kinds of metabolic diseases correspondingly occur. In addition, people in modern society have been in a condition of long working hours and high pressure for a long time and are commonly prone to sleep disturbance. Recent research also discovers that those who suffer from Cardiovascular or Coronary Artery Diseases are more likely to have obstructive sleep apnea (OSA) syndrome. There is still no research which explores the correlation between metabolic syndrome (MS) and OSA in Taiwan.

Purpose/Methods

The purpose of this research was to examine the possible association of MS with OSA, and related factors. The data of three service industries were analyzed. We prospectively recruited 37 subjects with MS and 64 controls.

Results

The results indicated that those who suffered from MS generally had poorer sleep quality and higher OSA indices. The difference was significant. As far as OSA is concerned, the longer the sleep onset time, the higher the OSA index; the longer the deep sleep, the lower the OSA index; the longer the light sleep, the higher the OSA index. The differences among those three variants are significant.

Conclusions

As the life styles and job requirements change, the risk of MS commonly exists. The study even found that employees who suffered from metabolic syndrome had poorer sleep quality and were more prone to obstructive sleep apnea. Previous studies have shown that poor sleep can cause poor efficiency, and workplace safety problems occur. Therefore, employees should be more emphasis on health and sleep. It is hoped that in the future, Should be developing health promotion programs to reduce the hazardous factors causing metabolic syndrome for the employees in the workplace.

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P 158. Result of "Autonomic Weight-Losing Program" on Hospital Employees.

HUNG Hsi-Lung

Introduction

Although employees from the hospital are considered healthy, but according to a yearly employees' physical examination investigated in 2009 that 27.5% of the examinees were overweight or corpulent, which shows a quarter of the employees are threatened by obesity. There are 139 staffs (92.8%) with BMI \geq 24kg/m² in this Program. There are 129 staffs are participated the whole process. Participators were with total 255.5kg loss in weight. There's also an apparent decrease in blood pressure (systolic and diastolic pressure) and heartbeat.

Purpose/Methods

Our objective is to discuss the promotion result of "Autonomic Weight-Losing Program" in Chiayi Christian Hospital based on Ottawa Charter of five action areas for health promotion. Activity samples are from 139 hospital employees with BMI \geq 24kg/m². We tested their body components and biological blood index before and after the program's involvement for three months.

Results

1. 129 employees participated the whole process after the program starts. Completion rated 92.8%.
2. Participators were with total 255.5kg loss in weight and remarkable drops in body weight, BMI and waistline.
3. There's also an apparent decrease in blood pressure (systolic and diastolic pressure) and heartbeat.

Conclusions

Three months of "Autonomic Weight-Losing Program" can improve employees' health indexes such as body component and blood pressure. At the same time, we integrated related health promotion resources in our hospital to offer them more professional and efficient weight-losing approach. Autonomic weight-losing also enhanced the feasibility of hospital's rotation working system.

Comments

"Autonomic Weight-Losing Program" is a new trial in our hospital. It is useful and can improve employees' health. Our program can be a weight-losing example to other medical institutions and health promotion system when they're organizing similar activities.

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P 159. Who Will Lose More Weight? A Multilevel Approach Weight Reduction Program in Hospital Staffs

HSU Wen-Lin, LIN Jin-Lan, WANG Wen-Li

Introduction

The prevalence of obesity is increasing worldwide and the association of obesity and chronic diseases was well established. The result of hospital staff health examination revealed that abnormal BMI is the major problem. A multilevel intervention program for weight reduction for staffs was developed in the hospital.

Purpose/Methods

In 2010, 66 hospital staff including doctors, nurses, administrative officers, participate weight losing program for 4 months. The program included individual education by nutritionist, environmental change through label of calories on food in the cafeteria, peer support in small group.

Results

During the evaluation, we discover 87.9% (n=58) staff feels that they are unhealthy, 48.5% (n=32) said they don't have the habit of exercising weekly. Result shows an average of BMI loss about 0.7, in between the range of 26.5-25.8. Research shows significance when compare weight before and after the program of weight loss ($P < 0.001$). Among the subjects, nurses show the most obvious weight loss, an average of 2.4 kg, senior workers (>10years, n=25) shows more significant weight loss (2.0 weight) compare to juniors (>=10years, n=41).

Conclusions

A multilevel approach weight reduction program can successfully reached the target for those with high motivation to change. The HPH policy is important for the successful of the program.

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P 160. Role of the Nutrition Clinic in Eating Reeducation of Employees From a Private Hospital of Santo André-Brazil

BELENTANI Camila, IRIKAWA Adriana Tamie, CALVANO Evanir Leite, COLOMBANI Adriana, CASIMIRO Adilson, MAEDA Fernando, LUBLINER Myrna, FERNANDES SCALICE Gláucia, LOPES CALÇAS Ana Cláudia, MELERO Raul, ANSELMO Cintia, KALAF Ronaldo, BIASI Eliane, DA SILVA AUGUSTO Margarete, MARIOTTI Fabio M.

Introduction

The nutritional transition has been causing a rise in obesity in all income classes in Brazil. These set of factors will reflect in the high rates of prevalence of chronic-degenerative diseases in our midst contributing for the worsening of global health of the individual. In order to improve the quality of life of employees of Santa Helena Hospital, it is important to evaluate the nutritional status and food characteristics of the employees and realize a program of food reeducation.

Purpose/Methods

To evaluate the nutritional profile and offer to the employees of Santa Helena Hospital the benefits of using Nutritional Ambulatory for food reeducation. The data were obtained from a medical history and anthropometry through ambulatory visits from 2007 to 2010. The BMI, body weight, eating habits were analyzed at the beginning of the program and after 1 year of follow up with at least 3 returns for each individual: the first evaluation, a return for dietary delivery and maintenance.

Results

153 individuals were analyzed, 125 women and 28 men. It was used the Statistical Package Program for Social Sciences, version 19.0, Wilcoxon's Signalized Rank Test. Among men, the average for initial BMI was 26.98kg/m² and final was 26.86kg/m². Among women, initial BMI was 27.7kg/m² and final of 24.77kg/m². There was a statistically significant difference between Weight and BMI before and after the treatment in women ($p < 0.001$). There was no statistical difference between the variables before and after the program for men.

Conclusions

Females employees showed a reduction of the Body Mass Index and Body Weight with the nutritional ambulatory program established in a period of 1 year thus proving the effectiveness of the program of health promotion for eating reeducation and quality of life in this population.

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P 161. Self-Prescription Drug Use Among Nurses in Taurage Hospital. Is Self-Medication a Problem?

MOCKUS Irmantas, KACERGIUS Andrius, LAUGALIENE Laima, KAZLAUSKIENE Dalia

Introduction

Self-prescription is common among practicing medical staff (doctors, resident physicians and nurses), but generally it is little known about the practice among Lithuanian medics

Objective

To determine prescription medicine use and medicine self-prescription among Taurage hospital nurses.

Design and Setting

Anonymous filling in of a questionnaire by all nurses in Taurage hospital (Lithuania) in 2011

Results

A total 163 (87%) of 188 nurses responded; The anonymous survey has shown that 118 (72%) of them took pain killers upon their own discretion; 40 (25%) took hypnotics on their own discretion; 13 (8%) used drugs for treating hypertension without doctor prescription; 120 (74%) used self – prescription pills for treating cold; 86 (53%) of respondents tend to prescribe themselves antibiotics; 77 (47%) used antacids and 103 (63%) used digestive enzymes without consultation; 45 (28%) of respondents notice that their colleges take too little care of their health; 21 (13%) respondents are aware of a co-worker who took unreasonable self – treatment.



Conclusions

Medicine self-prescription is common among nurses in Taurage hospital. Self-treatment of an ordinary ailment, if a person possesses medicine knowledge, is accepted, but it worries many because of a possible medicine overdosing or inadequate use of them in a case of emergency.

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P 162. Quality of Sleep Among Female Nursing Staff for Different Shifts

CHEN Jui-Chen, LU Yu-Ying, LIU Chih-Yu, TSAO Lee-Ing, CHANG Yuan-May

Introduction

This purpose of this research is to explore the related factors affecting the quality of sleep of female nurses and comparing the differences between the quality of sleep between personnel with different shifts

Purpose / Methods

The research design is comparative and non-experimental, and focuses on 20 to 45 year old nursing personnel with over six months of working experience at a certain medical center in Northern Taiwan. The hospital nurses that fulfil the case study requirements were divided into three groups (1) day shift; (2) evening shift; (3) night shift. Non-proportional stratified random sampling method was used, a total of 118 subjects was analysed. Research tools Structured questionnaires included: "Basic data sheet", "workplace fatigue scale", "Pittsburgh Sleep Quality Index".

Results

The results discovered: the average sleep quality score was 8.14 (SD3.31). According to the tests for different shifts, the results discovered that early morning shift nursing personnel had poorer quality of sleep compared to day shift and night shift personnel, but the differences were not statistical significant. Analyzing the factors that affect the sleeping quality of nursing personnel, it was discovered that medication ($t=0.03^*$), regular menstrual cycle ($t=0.01^*$), coffee usage ($t=0.02^*$), perceived life stress ($r = 0.337^{**}$), perceived work stress ($r = 0.186^*$), perceived health ($r=-0.339^{**}$), personal fatigue ($r=0.338^{**}$), work fatigue ($r=0.209^*$) and overwork ($r = 0.248^{**}$) were variables significantly associated with sleep quality.

Conclusions

The results of this study can be provided for future hospital managers as reference when considering the shift policies for nursing personnel. After understanding the impacting factors, specific measures can be implemented to relieve the sleeping disturbances of nursing personnel when working in shifts.

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P 163. Professional Report of Workers in the Space of Hospital in Toxic Factors of Pharmaceutical Substances

CHANIA Maria

Introduction

Purpose of this project is the bibliographic review of issues related to work and health protection of Public Hospitals' employees.

Purpose/Methods

Among the lurking dangers during work is the exposure of employees to various toxic agents included in special categories of pharmaceutical substances during their daily work. The extensive use of these substances has raised concerns in relation to the dangers that may be caused to health professionals engaged to their use. Chemotherapeutics may be considered dangerous professional and environmental agents since their genotoxic and carcinogenic actions are well-studied. The exposed employees may develop symptoms of acute and/or chronic toxicity through direct cutaneous exposure or through the respiratory or the gastrointestinal tract. The symptoms may appear in CNS, respiratory, gastrointestinal or reproductive system. There often appear musculoskeletal problems and allergies.

The issues posed by this review mainly focus on education, as well as on continuous education and information with regard to dangers at work and are unbreakably connected to treatment and promotion of health, not only of employees, but also of the whole society in general. All the above presuppose the development of hygiene and safety services of work at places of provision of sanitary care. Each institution should have formed lists of dangerous drugs used in its facilities, as well as simplified manuals of goods practices for the involved people.

Conclusions

Education, safe design, medical supervision and measurement of the exposure levels as necessary parameters of the risk assessment should become the main priority of the administration of a Hospital for the development of a general policy aiming to the prevention of professional morbidity and contamination.

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P 164. Self-Reported Depression and Work Conditions in Brazilian Physicians in a Public Health System

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Introduction

Depression is a frequent mental disorder with severe consequences. In recent years, depression is one of the most disabling condition. Physicians are important citizens of health-care systems, and evidence indicates that many physicians often have poor mental health, with depressive symptoms present in up to 11 % of participants. Work environment factors such as high demands, low control and low social support have been associated with depression in longitudinal studies; however, knowledge is scarce concerning the potential role of other work environment factors as job satisfaction and precarious employ.

Purpose/Methods

The aim of this study is to describe the prevalence of depression self-reported by public service physicians and associated factors in Belo Horizonte, Brazil, in 2008. Out of a 13,602 health care workers universe, a proportionate random sample of 1,808 individuals was selected in a cross sectional study. A sample of 234 physicians was composed. Data on sociodemographic characteristics, job-tasks information, working conditions, life style and health status were obtained through self-administered questionnaires. Poisson regression analysis was used to assess the association between self-reported depression and associated factors. A significance level of 5% ($p<0.05$) and a 95% confidence interval were considered.

Results

Among the respondents, 36 (16,8%) self-reported as having received in the last 6 months the diagnostic of depression made by a colleague. Only three doctors declined to participate of the

study; 214 doctors adequately filled the questionnaire (Response rate: 87.2%). In the multivariate analysis, the relate of had been diagnosticated with Work-Related Musculoskeletal Disorders (WRMSD) in the last 6 months was the only variable associate with self-related depression in the studied physicians (RP=4,64; IC95% 2,19-4,79)

Conclusions

This data is sufficient warrant and replicates previous data from other studies. Larger and prospective studies, as well qualitative studies, of the prevalence the depression in physicians should be conducted to better understand the relationship of work conditions and depression in physicians. Mood state and abnormal reactions to WRMSD complicate or prevent recovery if they are not addressed along with measures that promote physical healing. It is important to addressed along with measures that promote physical healing. It is important to address efforts to promote mental health among physicians not only during the medical school but in the work settings emphasizing the working process and the relations between the staff.

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Session P 2-7: Supporting smoking cessation by specific regulations and services

P 165. Introduction of a New Smoking Policy in an Italian Hospital

AZZOLINA Maria Carmen, PICCINELLI Cristiano, PENNA Angelo

Introduction

The workplace can be an effective setting for interventions focusing on the working environment. In 2010 a large hospital in Piedmont Region decided to introduce a more restricting smoking policy. An health promotion program that include a smoking cessation intervention will be developed involving 6.000 employees for two years.

Objective

The objectives of project were to evaluate changes of Environmental Tobacco Smoke (ETS) in the workplace and the level of smoking prevalence reduction. In February 2010 was established a workplace committee with the purpose of designing intervention. For the evaluation a self reported questionnaire will be administered before and after intervention, investigate the smoking habit, the perception of the smoke problem in the hospital and the agreement level with the new smoking policy. Smokers will be involved in a group cessation therapy.

Results

In 2010 the workplace committee started a context analysis to monitor the critical "smoking areas" in the hospital. At the same time the group began to project a communication strategy addressed to workers and mass media. In December 2010 the new smoking policy was ratified. As a consequence the smoking ban was extended to the outdoor areas near the entrances.

Conclusions

Project will end in 2012 so it will be possible analyse many results after this time. The committee are now considering the possibility to create a center for smoking cessation in the hospital, involving different partners in the organization, for remedy the current lack of funding.

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P 166. Effect of Smoke-Free Regulations on a Psychiatric Hospital Quality Indics and Interventions

CHEN Ming-Chao, CHOU Frank Huang-Chih, LIN Ching-Hua, WU Hung-Chi, CHOU Li-Shiu, CHUNG Kuang-Sheng, HO Wu-Wei, CHEN Cheng-Chung, HO Chi-Kung

Introduction

Smoke-free Regulation promulgated on 11 Jan 2009 & no exemption to mental health units in Taiwan. This study aims to summarize the effect on the psychiatric inpatient provided an opportunity of tobacco abstinence because hospitals are smoke free.

Purpose/Methods

A total no. of 1981 cases admitted in Kai-Suan Psychiatric ward in 2009 together with 568 cases matched in 2008 were included in this study. Taiwan Patient Safety Report (TPR) were collected and analysed. After the mandatory smoking cessation, 118 smokers of inpatient were recruited. Demographic characteristics & clinical data were measured including depression (HAM-17), psychosis (PANSS), withdrawal s/s & nicotine addiction score (FTND) to determine which factor influences the Quality Indics.

Results

About the TPR, The rate of security events are significantly higher after promulgated of the Smoke-free Regulation ($t=6.392$; $p=0.000$), but the attacks & medical incidents are no significant increase ($t=-11.927$; $p=0.000$, $t=0.531$; $p=0.595$). Compare the two groups, smokers VS non-smokers in 2009, Significant higher rate of Security events in the group of smokers also are found ($t=7.388$; $p=0.000$). Logistic multiple regression analysis was performed to analyse of smoking related security events, yes or no as independent variables and all clinico- demographic data as independent variables. 12.780 fold increase risk (95% CI=1.995-81.885) of concurrent illegal substance related disorder after adjusting the clinico-demographic data, and the risk of alcohol related disorder was 5.324 fold (95% CI=1.111-25.505) higher.

Conclusions

In our study, we found significantly increase security events compared to pre act of mandatory smoking cessation but no significant increase of the attacks or other medical conditions. Data also suggests an increase risk of security event concurrent with illegal substance of alcohol related disorder.

Comments

Further individualized needs of hardware equipment and medical assistance must consider for the implementation of mandatory smoking cessation in psychiatric hospital.

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P 167. Engaging Health Promoting Professionals in Implementing Smoking Cessation Services: Taiwan Experiences

TSAI Shih-Tzu, LAI Chih-Kuan, CHIOU Shu-Ti

Introduction

Starting Sept. 2002, Taiwan implemented a nationwide Smoking Cessation Outpatient Service Program. As of June 2010, there were 425,636 smokers receiving the services (counseling



and pharmacotherapy) provided by 1,605 hospitals and primary care units. Statistics in 2010 showed a 6-month success rate (self-reported 7-day point prevalent abstinence) of 21.9%, and 16.8% at 1-year. Estimated total cost (direct and indirect) per quitter was \$ 16,031 (NTD) while the total long term benefits were \$438,656, yielding a cost:benefit ratio of 1:27.

Purpose/Methods

The study aims at examining the performance of the participating hospitals/clinics, comparing the outcomes, namely the success rate as well as patient satisfaction, among different facilities (medical centers, community hospitals, district hospitals, primary care clinics, and public health centers). Telephone surveys were conducted using Likert's 10-point scale to measure smokers' satisfaction.

Results

Since its inception till the end of Q3 2010, totaling 438,686 smokers have utilized the services (1,404,290 total visits) with an average global satisfaction of 7.62 and 6-month success rate of 22.95%. Among the different types of facilities, medical centers (MC) attained the highest success rate (31.09%), followed by community hospitals (CC 28.20), public health centers (PHC 26.79), district hospitals (DH 24.32), and primary care clinics (PCC 20.26). As for satisfaction, PHC got the highest one (8.2).

Conclusions

The Smoking Cessation Outpatient Service Program has engaged around 10% of total physicians countrywide, supported a small proportion of adult smokers to quit with a satisfied outcome, and demonstrated a health promoting model to tackle cigarette smoking.

Comments

In view of the high benefit/cost ratio and the vast room for improvement (in service volume), sustained marketing and promotion of the Service, getting smokers referred at every opportunity are warranted.

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P 168. Smoking Prevalence Among Estonian Defence Forces Officers in 2008-2010

HARM Tiiu, SUURORG Lagle

Introduction

Military people who smoke are at a higher risk to become ill with stroke, peripheral vascular disease and lung cancer. It has been proved scientifically that long-term smoking has a negative impact on physical capability, military readiness and performance capabilities; smoking also deteriorates sight and hearing in dark, decreases cognitive competence in critical situations and increases the number of injuries related to physical activity. It is possible to decrease the negative impact of smoking by providing smoking cessation service.

Purpose/Methods

On the initiative of the National Institute for Health Development (NIHD) smoking prevalence was surveyed in cooperation with the Medical Service of the Defence Forces in 2008, 2009 and 2010. The aims of the survey were to collect information on:

- Prevalence of smoking in 2008-2010
- Smoking cessation counselling services and NRT used
- Number of attempts to stop smoking
- Intentions to quit smoking completely

The research method: a poll once in a 3-year period within a medical examination. Eurobarometer questionnaire was used.

Results

- Smoking prevalence among the officers (52%) exceeded smoking prevalence among Estonian male population (46%) (NIHD 2008)
- The prevalence of everyday smokers among the officers was 33.4%, among Estonian male population – 38.6%.
- The prevalence of occasional smokers among the officers was 18.4%, among Estonian male population – 7.4%.
- The average number of cigarettes smoked per day was 15.
- 70.8% of the officers had tried to stop smoking on their own; the most frequent number of attempts was 2-5.
- The officers have not received smoking cessation counselling; nearly half of them are not willing to stop smoking immediately.

Conclusions

Stronger steps toward reducing tobacco use in military personnel of Estonian Defence Forces are: to stop selling tobacco products in army; to establish tobacco-free medical centres and to implement tobacco-free medical facilities; to ensure that all military personnel have quick and easy access to comprehensive, evidence-based tobacco cessation services; to ensure that health care providers in military forces should be able to provide brief counseling and nicotine-replacement therapy to patients.

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Session P 2-8: Patient education & Communication tools for improving health promotion and prevention

P 169. Patient Pathways as Patient Empowering Method in Patient Education

RYHÄNEN Anne, RANKINEN Sirkku, LEINOKILPI Helena

Introduction

The clinical pathway-project started 2005 in the South-Western Health District of Finland. The objective of the project was among others to facilitate cooperation between professionals in special health care and in the primary health care and to improve the quality of patient care. One part of the project was to publish Breast Cancer Patient Pathway (BCPP) on the web. BCPP is an Internet-based patient education program, which is based on a multidimensional theoretical approach of patient empowerment.

Purpose/Methods

In the first phase, an Internet-based program was developed with a Delphi study. In the second phase, Internet-based educational programme was piloted with ten patients. In the third phase, a randomised controlled trial BCPP was implemented. There were 48 patients in intervention and 50 in control groups. Patients in intervention group used Internet-program. Instruments used for data collection consisted of Expected Knowledge of Hospital Patient-instrument and Received Knowledge of Hospital Patient-instrument, Quality of Life Instrument and State Anxiety Inventory.

Results

Clinical and patient pathways are used mainly for developing organisations and their use as a method for patient education

has not been reported earlier. Based on Delphi-results, patient pathways as basis for education are a new, useful and relevant approach. In the randomised trial, the advantages and outcomes of their use are evident, but there are also areas to be developed. In summary, however, internet-based solutions for patient education are needed in future, to empower breast cancer patients.

Conclusions

According to the literature look, this kind of a patient education method has not been used earlier to the breast cancer patients. However, the method fits on the patient education and it should be developed also for other patient groups. The care path can be used to secure the seamless continuing of the control during the nursing process.

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P 170. Patients and Relatives Training – Ensuring Continuity Of Nursing Care

ZADEIKYTE Snieguole

Introduction

Both patients and their relatives should be aware that the recovery process takes time, while training requires a lot of patience. This process should include the patients relatives. For such patients it is very important to avoid complications such as bedsores, urinary tract infection, etc., because treatment of various complications takes time and efforts and a lot of patients energy, which (s) he needs very much to start the training program.

Purpose/Methods

The goal of the program for regulation of bowel and urinary functions in patients with spinal cord injury is to adapt regular techniques of bladder and bowel emptying. The main tasks of nursing care are to ensure good program for regulation of bowel movement and urination, to create comfortable and safe environment for the patient, to train the patient and his or her relatives, to provide knowledge and guidance in cooperation with the patient to help him.

For the education of patients and relatives the informative means were used: individual and group training of nurses, patients and relatives. There were films and visual means used, which grant a fuller information about the prevention and treatment of bedsores, the adjustment of the functions of pelvic organs, the accommodations of wheelchairs and other technical means and also the rolling over of the patients. The information brochures of self care were created, they are given to a patient when he leaves for home. Training is given to patients after the spinal cord injury, after the brain injury and after the stroke. all the means provide the prevention of greater dangerous complications, increase the self-independence of patients, bring the person back to the ordinary life.

Results

The greater effectiveness was achieved with the patients after the spinal cord injury. It was conditioned by: 1) younger age; 2) better apprehension; 3) greater motivation to become self-independent; 4) support of relatives; Nurses (carers) provide an individual, planned and high-quality direct care. They should educate and supervise the patients, promote the patients to become self - sufficient and independent in urinary tract system and bowel control, and train the patients close ones.

Conclusions

After the brain injuries and strokes patients' comprehension of training is not so effective because often there is a derangement of comprehension, many adjacent illnesses which minimize tolerating of physical force. Many patients tend to use the opportunity of going to the nursing hospitals. It is important to

encourage the relatives to provide support to patients, to train to reduce the risk of bedsores, provide information and skills regarding regular change of body position, use of measures to reduce blood pressure, ways to keep skin clean and undamaged, correct lifting techniques, use of lifting device and plate, skin examination for signs of injury at least once a day, selection of healthy diet and appropriate amount of fluids.

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P 171. Nutrition Education Program by Enhancing Awareness of Metabolic Syndrome to Increase Elderly Veg-Fruit Consumption

CHUANG Chiao Yun, YANG Shwu-Huey

Introduction

Metabolic syndrome is a latent threat to the elderly, as many researchers have discovered that prevalence of metabolic syndrome, which is a disease associated with risk factors of cardiovascular disease, gets higher among people with older ages. Metabolic syndrome and the practice of insufficient intake of vegetables and fruits become important issues in the field of public health and nutrition.

Purpose/Methods

By introducing the negative impact of metabolic syndrome on people's health, this research aims to enhance the public's awareness of the importance of intake of vegetables and fruits. This research, utilizing available community resources via the intervention of nutrition education, focuses on improving subjects' knowledge about metabolic syndrome and its relation with vegetable and fruit intake, in order to prompt more subjects to increase intake amount. Education sessions are combination of health belief model and social cognitive theory.

Results

The education content emphasizes on increasing subjects' knowledge about metabolic syndrome and intake of vegetable and fruits, as well as improving their positive attitude and practice to learn about the threat of metabolic syndrome and to promote them to eat more vegetables and fruits. This research compares intake amounts of vegetables and fruits of subjects in the intervention group before and after 4 weeks of education intervention on "awareness of metabolic syndrome and increasing intake of vegetable and fruit."

Conclusions

Based on the transtheoretical method, this research shows that subjects at lower stages had obvious increase of aggregated amounts of vegetable and fruit intake. The intervention sessions have successfully helped subjects with lower intention of taking vegetables and fruits before the study to increase their intake amounts, especially that of vegetables. This research is proved to reach its objective of "effectively helping senior people to increase their eating amounts of vegetables and fruits by introducing the metabolic syndrome."

Comments

The education framework is based on education theories and is simple and feasible with clear objectives. This research performance can be references for future studies in other communities.

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P 172. Patient Education and Health Promotion – Can the Current Health Care Organisation Fulfill the Patients' Knowledge Expectations?

LEINO-KILPI Helena

Background

Patient education is a cornerstone in health promotion. Patient education is important in helping the patients to learn about care-related issues, helping them to make informed decisions and in general to help them in coping with their own health care. The role of the patients is to make health promotion lifestyle choices and behavioral changes based on the health recommendations. Development project: This project is a part of the large national development project of social welfare and health care in Finland in 2008 – 2011 (the Kaste programme). The aim of this project (Confirming of the evidence based patient education in 2009-2011) was to develop the empowering orthopaedic patients' education in Turku University Hospital/Finland.

Aim

The aim of this study was to compare orthopaedic patients' knowledge expectations at admission with the knowledge they received during their hospital stay. We had the following research questions: 1) What knowledge expectations did orthopaedic patients have at admission? and 2) What knowledge did orthopaedic patients receive during their hospital stay?

Methods

The data is collected from the orthopaedic patients (N=100) who were treated in day and ambulatory wards from Turku University Hospital in Finland. The data is collected with the structured questionnaires, the Expected Knowledge of Hospital Patient scale (EKHP) and the Received Knowledge of Hospital Patient (RKHP) scale (Leino-Kilpi et al. 2003). The questionnaires included six subscales. These are bio-physiological (including knowledge about illness, treatment, complications), functional (exercise needs, nutrition, body hygiene), experiential (emotions), ethical (participation in decision-making, rights), social (families, patient unions) and financial (financial benefits) dimensions. The data is analyzed with statistical methods.

Results

The orthopaedic patients expected and received most knowledge on the bio-physiological and functional dimensions. The patients received less knowledge on experiential, ethical, social and financial dimensions.

Conclusions

The results highlighted the need for improved patient education. The most problematic areas in the education of surgical patients are the experiential, ethical, social and financial dimensions.

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P 173. Let me Introduce You Hemophilia

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Introduction

Hemophilia is a blood disease and accompanies those who are affected for the lifetime. For this reason, it has deep psychological implication. The project aims are two. At the moment of diagnosis, is explained to the patients and their parents the meaning and the nature of the disease. Right now provides a realistic view of the situation and perspectives of the child. After, during the subsequent therapeutic intervention account for a global care of the patient's family.

Purpose/Methods

Patients and parents' needs were investigated through semi-structured interviews and innovative multimedia communication tools have been created (two DVDs -a case history and an education infusion- and a booklet) in order to promote more adaptive coping styles, to support their empowerment and compliance to treatments. The booklet has been translated into: English, Albanian and Arabic; DVDs are in Italian with English subtitles. Psychological intervention wants to create a network of support with the territory (schools) with particular attention to training.

Results

The effectiveness of the instruments will be verified through satisfaction questionnaires that will assess the clarity of contents, their usefulness in everyday's life, the completeness of the information and the emotional impact. All the questionnaires have been expressly realized ad hoc for this research work (patients, parents, teachers, students); the level of satisfaction is measured using a Lickert scale on 5 levels. There is also the possibility to voice personal remarks, which will be valued with qualitative analysis. The research group is composed by two psychologists, responsables of the project, under the supervision of the responsible of the ward and the responsible of the day hospital. At this moment, the survey is still ongoing, so the results have not yet been developed.

Conclusions

The project is innovative and responds to patients and parents' needs. As initial hypothesis, after an initial phase of diagnosis and knowledge with the disease, the project is useful to be more confident in the future life, promotes compliance to treatments and an attitude of responsibility of patients and their parents. The overall projects aim is to share the experience of Brescia in order to improve the quality of life of children and adolescents with hemophilia and their families.

Comments

In order to reduce inequalities, in the Spedali Civili of Brescia hospital, there are several professionals who take care of children, such as for example doctors, charge nurses, nursing and technical staff, psychologists, teachers of the hospital's school and volunteers and mediators of social services. The main aim of these professionals is to reduce psychological stress caused by disease and therapy in order to make it less traumatic. Professionals, through their work, try to keep alive the social identity of the hospitalized children and their connection with daily life that has been highly limited by the disease. This project relates with the existing HPH projects in which there is a great attention towards:

- A better understanding of the psychological implications of chronic diseases on children and their families and the finding out of the most efficient strategies to face these crisis situations.
- The realisation of a protocol of psychosocial help that could be adapted to the special needs of foreign patients and their parents.

This great attention to the needs of patients helps to give excellence to the Spedali Civili of Brescia, a hospital where nobody is stranger.

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P 174. Computerized Medical Records: A New Tool for a New Model of Home Hospitalization

RUGGERI Federico, GATTA Alessandro,
SANCHEZ Liliana

Introduction

Continuity of care in our country is one of the main objectives of the National Health System. It is intended as a continuity between the various professionals integrated into a unified framework (teamwork, preparation and implementation of diagnostic and therapeutic shared) and as the continuity between the different levels of assistance especially in the sensitive border between hospital and territory. This becomes possible in particular by means of communication between the hospital and general practitioners in relation to patient admission, discharge protected, the implementation of care pathways shared by the availability of computer and electronic exchange of information clinics and procedures for the implementation of telemedicine and teleconsultation

Purpose/Methods

According to the modern medical establishment is a joint work with various professionals involved with patients, aimed at taking charge of that and the realization of the project and documentation of care in all its steps. The electronic medical record is an handheld computer with a program customized specifically available to the various professionals who follow patients with high social impact of the various data access are sent to the operations center here, and analyzed and processed in order not to repeat tests required concentrating specialist services in the shortest possible time, reducing hospitalizations by acting promptly, as required by facilitating easy course

Results

Handheld computers (and thus the professionalists) are then updated with developments in the clinical situation. Initially the multidisciplinary team has followed 30 chronic patients at home who had high load care. The largest group of patients is aged between 50 and 70, with only 3% of children. The rate of complications is around 0.20 complications per patient and year

Conclusions

In our experience, the incidence of complications is similar than that registered in Europe or North America. The most frequent are infection-related complication. The modern document that comes out as well as simplify things, it qualifies as an important tool for clinical risk management, provides many guarantees in terms of quality and respect for fundamental human rights (right to information, privacy, compared with the freely expressed will), also thanks to the constant professional integration, provides for the establishment of integrated clinical pathways based on best scientific evidence.

Comments

In conclusion, this instrument seems to be adapted to new organizational models for intensive care facilities which provide highly integrated and modulated the care needs of patients, with a work structure is homogeneous within each level of care.

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P 175. Electronic Services and Health Promotion as Shared Challenge of Three Provinces

PAUKKALA Maija, HÄKKINEN Eeva, HARTONEN Virva

Introduction

The capabilities and skills citizens need in order to use electronic services are constantly evolving. Orders and registrations are handled via SMS, shopping or keeping in touch with friends is done online. In the future, electronic services will form the basis for health communication. KEKSI project (2010-2013) enables the development of multi-channel electronic services for social welfare and health care. The project involves four hospital districts in the provinces of South Karelia, Etelä-Savo and Kymenlaakso, and Medi-IT, which is responsible for the

coordination and technical implementation of the project. The project area covers nearly 10 per cent of the population in Finland and employs over 10,000 social welfare and health care professionals.

Purpose/Methods

The project has enabled the region to develop a new form of cooperation, which has resulted in an agreement on providing a uniform implementation of policies and electronic well-being services to serve citizens, public health care as well as social and civic services. During the KEKSI project a wide range of electronic services targeted at citizens and professionals will be introduced and can be replicated in all the social welfare and health care organisations involved in the project. As a result project produces services such as risk tests, health history forms, a secure dialogue between a professional and a patient, electronic self-announcement and various SMS services. The Hyvis.fi health portal of the Hospital District of Etelä-Savo will be redesigned and expanded to cover the entire project area. The portal will include health information acquisition, self-health monitoring and online services. In addition, Hyvis for Professionals, the desktop for social welfare and health care professionals will be included in the portal.

Results

The aim is to implement, document and share among the participants all the policies, civil services and other results developed during the project. Chain of care related working groups develop, test and evaluate new electronic services, which are then implemented as functional parts of existing practical processes. The working groups also involve customers, patients and representatives of organisations. This will ensure that the electronic services developed in the project are customer oriented and that they meet the needs and expectations of users.

Conclusions

The objective is to involve citizens in managing their own health and give them the power and responsibility to make decisions regarding health issues. The introduction of electronic services saves time and steps from the perspectives of everyone involved. The approach will also support other ongoing health promotion and chronic national disease prevention related projects and campaigns in all the participating organisations. Involving citizens will change the methods public organisations use to provide services. The KEKSI project is of great significance in a situation where social welfare and health services face major changes. The service structure reform includes taking into account the private and third sector and the various stakeholders as part of the service chain. In terms of national development, the KEKSI project also acts as a major regional implementer of the SADe program services labelled "Personal health and development of well-being services".

Comments

Involving citizens will change the methods public organisations use to provide services. The KEKSI project is of great significance in a situation where social welfare and health services face major changes. The service structure reform includes taking into account the private and third sector and the various stakeholders as part of the service chain. In terms of national development, the KEKSI project also acts as a major regional implementer of the SADe program services labelled "Personal health and development of well-being services".

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Session P 2-9: Developing organisations and services towards health promotion and quality of services



P 176. The 14th Regional Operational Research Project Aimed at Bringing the Health Promoting Hospital up to World-Class Standard S (Mbnqa:Health Care) Phase Iii(2009)

CHAVONG Jubonratana, JONGWANIT Jarawan, PHATTHANASETTANON Sukhuman, WATTANARUNGKARN Piriya

Introduction

Almost 99 % of 1,000 Hospitals in Thailand have been accredited as Health Promoting Hospital. The Health Promoting Hospital (HPH) in Thailand has been launching for more than 10 years around 99 % of hospital from 900 hospitals are accredited under the HPH Thailand Standard.

Purpose/Methods

The objective of this project is to develop the HPH Standard as a world class standard. The methodology of this criteria standard was to benchmark the HPH Thailand Standard with the Malcolm Baldrige National Quality Award (MBNQA).

Results

The set of questionnaire had been set up to be as a manual to collect the data which had been interpreted by percentage and mean.

Conclusions

The conclusion of the research had presented as follow:

- The 100 percentage by 32 sample hospitals could assessed themselves by HPHNQA standard. Opportunity for improvement has been detected as well as the Operational plans
- The opinion of samples were positive concept for HPHNQA standard the Percentage of sample suggest to develop regional and national international HPH network.

Comments

Access by 8 samples, 25 percentage by 2 sample hospitals offer to Develop provincial community of practice and 12.5 percentage by 1 hospital suggest to be setting and advertise HPHNQA Award.

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P 177. Preliminary Study for Health Development Project of Republic of Turkey Ministry of Health, a Training and Research Hospital, Within the Context of Health Promoting Hospitals

KONUKOGLU Rabiya, UGUR BAYSAL Serpil, TUNALIGIL Verda

Introduction

The purpose of this study is to promote the health of mother and children in accordance with the determined requirements, within the hospital service areas of Turkish Ministry of Health a Training and Research Hospital, Children's Health Clinic Corporate Performance and Quality Unit.

Purpose/Methods

The population of research composed of both the medical personnel working in clinics and children and families dis-

charged from a Training and Research Hospital, Child Health and Disease Clinic (CHDC) during the period of March to June 2009. Patient files were examined by "File Control Form" consisted of 15 articles. "File Control Form" and examined. Results were evaluated in computer. Descriptive methods were used to evaluate data. In-service training records of health personnel were obtained from Education Committee and examined. Procedures that affect the service supply of medical personnel, instructions and other documents were examined.

Results

In the study, 257 of neonatal intensive care unit (NICU) and 989 of CHDC, overall 1246 file examined. In general, the patients' files contained in the records were more orderly possibly because physician billing process routine for the Social Security Institution (hospital certificate, epicrisis etc.). When we examine the training of staff, which consisted of 11 pediatric specialists, 25 specialist students in pediatrics, 60 nurses, 28 auxiliary staff in total, we notice that Performance Management and Quality Department (PMQD) emphasizes basically on Infection Committee training, compulsory education and service specific trainings.

Conclusions

Work in this area constitutes a hospital culture with quality applications in HPH: From this perspective, The Training and Research Hospital is striving effortfully to fulfil Ottawa CHDC HPH principles.

Comments

Observed increase in nurse registry especially in May, is directly related to standard file plan pilot study, which will be used in accordance with April 29 Patients and Employees Security Declaration. Standard forms were very effective during information gathering and record-keeping. When the procedures that determine the health service delivery of health staff, instructions and other documents were examined, it is observed that these fully reflect the functioning of the services but there is not detailed documentation for specific issues needed by a HPH.

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P 178. All-Aspect Health Management Plan

SUN Hung-Yu, HSIEH Man-Ni, KU Hui-Hsien

Introduction

The health management program for marginal diagnostics on tuberculosis and lung disease.

Purpose/Methods

In 2008, the hospital management directed the infection control committee to define 11 diagnostic strings associated with early-stage TB in pulmonary X-rays for tracking by assigned personnel.

Results

The tracking results for 2008 ~ 2009 revealed 121 employees that matched the diagnostic strings, including 7 employees in 2008 and 5 employees in 2009 with suspected cases of TB that were diagnosed and treated before disease onset.

Conclusions

Tuberculosis (TB) has the highest prevalence among all of notifiable diseases in Taiwan. The prevalence of TB in medical workers is also 2 ~ 50 times that of the average person, with workers in pulmonary wards, infectious disease wards and emergency wards being 2.9 ~ 10.5 times more likely to contract TB compared to other departments. The recent resurgence in TB and emergence of multidrug-resistance means that an effort to avoid nosocomial transmission by preventing and reducing the prevalence of tuberculosis must be made.

Comments

In accordance with the strategies identified in the Bangkok Charter for Health Promotion, "necessary action" and "effective intervention" was carried out in this study for people at high risk of TB exposure. Employees were provided with medical care and support to eliminate the threat posed by "occupational tuberculosis" to worker health and infection control within the hospital.

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P 179. The Study of Enterprise Applied Learning and Growth Perspective (Preventive Medicine Model) of Bsc – A Case Study of Hospitals Taipei City

LIU Wen-Chi, HSU Tzu-Chuan

Introduction

The purpose of this study is to describe the application of the Balanced Scorecard (BSC) model linking Preventive Medicine model for Taiwan advance hospital(TAH) ,TAH introduced Balanced Scorecard (BSC) among 6~ 7years , as one of the strategic management tools.

Purpose/Methods

The study evaluates the effect of learning and growth perspective of BSC applied in TAH through survey.

Results

The study found out the following results: The subjects included the staff (n: 114). In the construction of learning and growth coefficient of correlation: knowledge, participating, identification, satisfaction [$r=0.4$ ($p<0.01$), $r=0.4$ ($p<0.01$), $r=0.3$ ($p<0.01$), $r=0.3$ ($p<0.01$)] there have significant ($p<0.05$).

Conclusions

As observed above, the Balanced Score Card System is beneficial to the hospital in many aspects. Therefore, we hope this study can be an essential reference and guidance in managing on hospital.

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P 180. Students of Master Degree Programme in Health Promotion Offer Possibilities to Develop Health Promotion in Hospitals

TUOMI Sirpa, LIIMATAINEN Leena

Introduction

The Master degree programme in health promotion has started 2003 in JAMK University of Applied Sciences. This programme will provide new competence for development and expert tasks in health promotion. The extent of studies is 90 ECTS credits and the master's thesis (30 ECTS credits) constitutes a significant part of the programme. It is implemented as a working life development assignment. There have graduated 75 students 2005-2010. The main focus of their master's theses has been health promotion or management.

Purpose/Methods

The purpose is to describe what kind of health promoting working life development master level students have done as their master's thesis. There are 70 master's theses which content is analysed qualitatively.

Results

There have been done 70 theses in master's programme in health promotion during 2005-2010 in JAMK University of Applied Sciences. The contents of students' master theses can divide different themes. Next themes can be found: sexual health promotion, health promotion and welfare of children and families, health promotion of aging people, health promotion of people with chronic diseases, mental health promotion, promoting healthy workplaces, management and development of social services and health care system.

Conclusions

Even though the specialization options of the master degree programme in health promotion have changed yearly, the main focus of master theses have been in health promotion and the perspective have been chosen from the point of specialization. These master theses have been done closely with working life and they have been some kind of activators for developing organizations health promotion work from the view of patient, workplaces and management.

Comments

Master degree programme in health promotion develop students' competence: a) in developing and reforming customer-oriented, health-promoting services, processes and operating models, b) for the expert tasks of health promotion in the various organizations and associations of social and health care, in municipalities and educational organizations, c) for innovative, proactive and evaluative work and research and develop activities in working life

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P 181. A Family Expecting Their First Child as the Customer of the Maternity and Child Welfare Clinic. From the Point of View of the Service System, Management, Planning and Planning and Developing of Contents

CORNU Tuula, RAUTAVA Päivi

Introduction

Maternity clinics offer low-threshold services. According to the reports on the work in the clinics, it has been seen necessary to develop managerial skills and multi-professional collaboration. This study will investigate if the action research process will be successful in developing the management. Is it possible to find the families which need most help by using home visits? Home visits are part of the interview outline of the early mother-child interaction.

Purpose/Methods

Our objective is that all two-parent Finnish-speaking families waiting for their first child are recruited in the study; 100 families from clinics making home visits and 100 control families from other clinics. There are three home visits to families from the home visit clinics. In both groups the families fill out a questionnaire on three occasions. Questions cover the functionality and social network of the family, the possible feelings of alienation and emotional loneliness, and the strength of the parenthood.

Results

The aim of the study is to harmonize the practices in maternity and child welfare clinics. Our aim is to support the development



of parenthood in the families which are expecting their first child. We want to develop the the recording system of the clinics and also to enhance the collaboration of maternity and child welfare clinics.

Conclusions

The purpose is to clarify how the service system of the maternity clinic should be developed to correspond to the needs of the families of the 2000's. We need to find out if the reorganized family welfare clinic responds better to the customers' needs and expectations than the present one and, also, what is required of the management in maternity welfare.

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P 182. Assessment of the Nursing Care Quality Inpatient Psychiatric Institution

STIGIENE Alina, VINDASIENE Giedre, DEMBOVSKAJA Zana

Introduction

The quality of nursing care has great importance for health results. Nursing quality, however, faces a number of problems. The main of them is the absence of uniform standards and criteria. Traditionally, such criteria for assessing the quality of nursing care as the absence of hospital infections, tumbles, pain, are not too informative in the psychiatric.

Purpose/Methods

The aim of the study was to examine the quality of nursing care in an in-patient psychiatric institution. Seeking to identify the criteria of meeting the patient expectations that would also reflect the requirements traditionally raised for nursing care, patients and nurses have been surveyed in Republican Vilnius Psychiatric Hospital. Triangulation was used by combining the qualitative and quantitative methods of survey. The semi-structured interview as a qualitative survey method was used for six nurses and six inpatients. 113 inpatients and 103 nurses filled in a questionnaires for conducting the quantitative survey.

Results

Psychiatry inpatients and nurses (86 per cent of patients and 92.8 per cent of nurses) consider the alleviation of a patient's condition and performance of physicians' prescriptions as the main goal of nursing. Such most important criteria of quality nursing care as tolerance, benevolence were identified. The need for the majority of inpatients is quality performance of procedures (86.9 per cent). Nurses placed the need of communication and attention to the patients in the first place (100 per cent). The nurses were tended to underestimate the importance of associated services, whereas contrary to that, the opinion of patients showed the relevance of these services. In the opinion of the patients, among the improvement measures the priority is given to the improvement of living conditions (74.8 per cent). The nurses were of the opinion that nursing quality could be improved by the reduction of the workload (93.8 per cent).

Conclusions

The most important criteria for the quality of nursing care are: employee qualification, hygienic condition of the department, relationships between the patients and the nurses. However, the survey revealed essential differences between the perception of quality of nursing care between the patients and the nurses. After eliminating this gap, the quality of nursing services be improved.

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P 183. Quality of Delivered Services in Patients' and Specialists' Opinion

MAČIULIS Valentinas, BUGINYTĖ Alma, STIGIENĖ Alina, MICKIENĖ Fausta

Introduction

Medical staff in Republican Vilnius Psychiatric Hospital, acting as deliverers of psychiatric services to patients, and striving to enhance the quality of treatment and the trust in institution, performed an investigation to learn how much their activities meet patients' needs and expectations. The project was carried out in 2009-2010. Opinions of the staff and patients about the availability, timeliness and efficacy of services, the professional and communicative competence of staff, contacts with patients and their families, also about the safety and comfort of the environment were accumulated.

Aim

The aim of the study was to analyze the quality of services and activities, adaptation of the surroundings and the psychological atmosphere.

Methodology

Opinion pool by questionnaires according to subjects and objectives: Evaluation of the services delivered; Evaluation of the competence and communicational behaviour of medical staff; Evaluation of the hospital surroundings and psychological atmosphere; Sociodemography of respondents.

The sample consisted of 200 inpatients and 200 workers of the hospital. General group of patients staying at RVPH and various specialists.

Results

The staff believes their services are delivered to patients in proper time and without delay, in accordance to quality standards and patients' needs and expectations, with respect and consideration for patients. Specialists are not always satisfied with the hospital premises and technical equipment. 45% of workers pointed out psychological and physical abuse experienced by patients and especially staff. 10% of patients think they do not receive services in due time and quickly. As many again are dissatisfied with shortage of communication while being attended. The services do not match expectations of 8-16% patients, so they would not use them again. The surroundings and the technical quality of accommodation meet patients' wishes, however the proper atmosphere of treatment suffers from lack of trust and communication between staff and patients.

Conclusions

There is difference of opinions between staff and patients about the quality of services, specialists and environment factors. The quality of services is evaluated higher by specialists, while patients are more satisfied with psychological atmosphere and surroundings.

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P 184. Patient Satisfaction as an Outcome of Individualised Nursing Care

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Introduction

Between-country differences in patients' perceptions of individualised care and a positive association between individualised care and patient satisfaction have been previously found. However, there is a lack of studies examining this association between individualised care and patient satisfaction in a cross-cultural study. This study examines the between-country differences in patients' perceptions of individuality in care and satisfaction and the association between these concepts in a sample of surgical patients from five European countries: Cyprus, Czech Republic, Greece, Finland and Hungary.

Purpose/Methods

A cross-sectional design and survey method were used to collect data from general surgical patients (N=1315, response rate 78%) in 72 in-patient wards in 26 general acute hospitals' in 2009 using self-completed questionnaires, the Individualised Care Scale Part B (ICS-B) and the Patient Satisfaction Scale (PSS). Data were analysed using descriptive statistics, Pearson correlation coefficients and Multiple Stepwise Regression analyses.

Results

Surgical patients reported that the care they received was only moderately individualised but they were satisfied with their care. Between-country differences in patients' perceptions of individuality in care and patient satisfaction were found. A positive correlation between the level of individualised care received and patient satisfaction was found demonstrating that this quality of care indicator might be able to be used as a predictor of patient satisfaction, one outcome of care enhancing commitment to self-care.

Conclusions

The results can be used in clinical practice as individualised care can be used to increase patient satisfaction and commitment to self-care and in nursing education. Further research is needed to consider whether the between-country differences found are caused by differences between cultures, nursing practices, roles of nurses or patients in the different countries. Further research is needed to examine the effect of patient characteristics' and health care organisation and cultural variables in association with patients' perceptions of individualised care.

Comments

International cross-cultural nursing research is considered important for the advancement of nursing knowledge and there is need for a global perspective. International multi-country comparative nursing studies are rare in database citations

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P 185. The Survey of the Satisfaction of the Hospital Emergency Service- an Example of a Public Hospital

LIN Szu-Hai, CHEN Wen-Jone, LIN Yea-Wen, TUNG Shu-Chen, HUANG Hsiao-Ling

Introduction

In recent years, the hospital has entered the era when is competed for in an all-round way, and the promotion of the service quality is the important strategy under such a competition of the medical care. Satisfaction is a kind of measurement indicator, already used and approved extensively. Therefore, the medical care must understand the patients' true demand and offer it to them, then obtain patients' high satisfaction, especially the quality of the emergency service which concerns the urgent rescue of the patient's life and health. So the purpose of this research is for understanding the satisfaction of the hospital emergency service.

Purpose/Methods

This research regards a public hospital of emergency cases as the research object, The survey includes the environment and facility of the hospital, the waiting time, the attitude of the hospital staff and the medical course. The investigation is from May 17, 2010 to June 4, 2010. when put, the emergency call unit There 250 valid questionnaires distributed to Emergency Unit, and data are analyzed by SPSS 17.0, regarding descriptive statistics and X2 analysis.

Results

Subjects are male and aged 30 to 39 for the majority with the education level above college or university and with service career as majority. The choice of this hospital emergency is due to the transportation convenience and good service. The emergency patients are satisfied with the altitude of the whole medical team such as volunteers, security guards, especially the nurses, who well explain the whole medical procedure and the doctors, who examine and explain and listen to the patients.

Conclusions

The patients are satisfied and willing to make the recommendation to other patients to visit this hospital. The patients also propose that the emergency room is not big enough a little crowded, inadequate number of beds should be improved.

Comments

To get a comfortable space for the emergency procedure, we propose to extend the emergency room space and plan to improve the moving line, separate the waiting area and the examination room, reduce the interference among different medical subjects, restrict the number of the accompany in examination room, in order to further enhance the quality of emergency medical services.

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P 186. The Impact of Treatment on Quality of Life in Obstetric Fistula Patients at Kisii Hospital, Kenya

MUTISO Stephen, MWANGI Judy, PURI Ruchi

Introduction

Involuntary loss of urine has multiple implications for the sufferer. Incontinence has been noted to be a major barrier to social interests, entertainment, or physical recreation. Ample evidence suggests that urinary incontinence affects a person's quality of life. However, little formative data has been gathered in the context of obstetric fistula patients. The AMREF outreach program has been carrying out repair of obstetric fistula in women in East Africa since 1995.

Objective

To assess quality of life in obstetric fistula (OF) pre and post repair.

Method

Analytical study focusing on obstetric patients treated in a medical camp held in Kisii Hospital, Nyanza Region, Kenya in November 2009. The King Health Questionnaire (KHQ) tool for measuring quality of life was administered to all consenting women found with obstetric fistula on admission and at six months follow-up. Higher scores denoted lower QOL. T-test was utilized to compare means in the KHQ dimensions.

Results

Mean age was 32 years (range=15-70). 27.3% had no living children, while about two thirds were married (66.1%). Repeat surgery cases constituted 14%. The fistula closure rate was 88%, with 20% stress incontinence six months post repair. The KHQ outcomes pre and post repair showed significantly reduced differences in means in all quality of life indicators nota-



bly, emotions (mean diff 56; $p < 0.000$; 95% CI:34-78), physical limitations (mean diff 56; $p < 0.000$; 95% CI:37-75) and role limitation (mean diff 49; $p < 0.000$; 95% CI:31-68)

Conclusions

OF repair coupled with psychotherapy was found to contribute to improvement in quality of life in all dimensions. Sexual dimension was found to have been lower post repair, since women are advised to abstain for six months. We recommend early repair to reduce the time span the women live with the disability and subsequent lost life-years. We recommend a more health promoting approach at hospital level encompassing surgery, physiotherapy, psychosocial support for better patient outcomes and social reintegration

Comments

The patients have been recruited through Social mobilisation and screening for OF. All patients admitted interviewed but only those with follow up data included. They received interventions in terms of empowerment of the patients such as family planning, skilled deliveries, group and individual counselling. There were better outcomes in 7 of 8 dimensions, the most improvement was seen in the three dimensions highlighted in the results. There was no control group, since this was longitudinal study.

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P 187. Developing Organisations and Services Towards Health Promotion and Quality of Services

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Introduction

Central venous catheters (CVC) are essential tools used in the management and treatment of patients diagnosed with end stage renal failure requiring haemodialysis as a mode of renal replacement therapy. However according to Balwit and Reza-beck (2002) there are complications associated with their use, such as they have a higher rate of infection compared to an arteriovenous fistula and grafts. In addition an exit site CVC infection is one of the many problematic complications which lead to CVC removal. The rate of catheter related blood stream infection occurs at 5.0 per 1,000 catheter days, the mortality associated with these infection is 24.6% and the length of stay is increased by between 7 and 19.1 days, also the cost per case has been estimated to be €16,356 cited in (Ramritu et al 2008). Exit site infection occurs at a rate of 1.2-2.2 per 1,000 catheter days (cited in Astle and Jensen 2005). Also 37.5% of hospitalizations of haemodialysis patients were due to infections, therefore making it the leading cause of hospitalization and the second leading cause of death (Dinwiddle and Bhola 2010).

Therefore we need to be champions in reducing infections within our unit with patients using a central venous catheter, thus we will save cost, reduce length of stay in hospital and improve mortality and morbidity. It is well established that haemodialysis nurses are the first and sometimes the only health care professional to assess, evaluate and manage haemodialysis exit sites. Interesting, Lewis et al (1999) found in their study that registered nurses working in haemodialysis identified nursing interventions to prevent vascular access infections as one of five nursing research priorities. Subsequently, throughout recent years significant advances have been made in prophylaxis measures to prevent CVC site related infections. Therefore the development of preventative strategies to reduce or remove the incidences of CVC exit site infections is an important goal for all healthcare professionals working in the haemodialysis unit. This research endeavours to explore the impact of introducing a CVC exit site assessment tool to be used by nurses in the haemodialysis unit when man-

aging the care and evaluation of haemodialysis patients CVC exit sites. The title of the research study is "Exploring the impact of an exit site assessment tool in haemodialysis patients with a central venous catheter".

Purpose/Methods

Nurses are in a unique position to introduce change by innovation and are drivers to improve patient outcomes (Orto and Greene 2006). Therefore it is intended that this research will do just this. Firstly we have to look at this intervention as a clinical governance issue to improve the development and quality of services and improve patient outcomes. As stated by Dodge (2010) specialized training and education combined with a surveillance tool is key to nursing interventions and improved quality of patient outcomes. Patel et al (2010) cited in Dinwiddle and Bhola (2010) reinforced this idea and reported that the use of a surveillance system helped decrease bloodstream infections.

Simpson and Doig (2007) stated that approximately 30% of all hospitalised patients fail to receive care in line with current scientific evidence. Hence, as the nurse has the most contact with the patient it has been shown that nurses are responsible for the most patient deaths per year than any other health professional (Anoosheh et al 2003), as nurses have the most contact with patients. This can be especially important in Haemodialysis nurses as routine tasks can cause distraction and decrease of carefulness in practice and therefore lead to nursing errors to arise from random and unpredictable mental slips and lapses (Anoosheh et al 2003).

Results

At present that data is being collected and should be finished at the time of the presentation making it fresh new material.

Conclusions

Clinical governance is about doing the right thing in the right way at the right time for the right patient (Royal College of Nursing 1998). Clinical effectiveness incorporates a number of steps to maintain and improve health therefore providing the highest standard of patient care with the available resources (Norman 1999). The public is losing trust in the health care system, hence we need to regain this trust by integrating professional regulation and clinical effectiveness to ensure the public that practitioners are properly prepared for practice and are able to provide clinically effective care (Norman 1999). Kurt Lewin the pioneer in the change process stated "If you want to truly understand something, try to change it".

Comments

The research is taking place at the present time, and the research will be new to our unit as not much research has been undertaken in the area of central venous catheter exit site infection compared to central venous catheter bloodstream infection.

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Session P 2-10: National and regional perspectives on health promotion and public health challenges

P 188. Monitoring and Evaluation Model of Health and Welfare in the Population of Northern Finland

**MÄÄTTÄ Lea, KOSKIMÄKI Ville, KUJALA
Veikko, JÄRVI Leea**

Introduction

The health promotion unit (TERE) of Northern Ostrobothnia Hospital District is a provincial partner for monitoring regional health and welfare measures and factors affecting health and welfare. Elected municipal officials and top management need monitoring data on health and welfare to help them in decision-making.

Purpose/Methods

The TERE unit identifies and gathers regional monitoring data on residents' health and welfare. The aim is to obtain a coherent and user-friendly monitoring and assessment model of health and welfare in the population of Northern Finland. The methods of gathering and reporting the monitoring data include regional surveys, welfare indicators and statistical data. The purpose is to have welfare coordinators in the field who act as contact persons for the management and planning of the monitoring data.

Results

In 2010, data on lifestyle, the environment, social capital and functionality of welfare services were collected in the Northern Ostrobothnia Hospital District area. We will develop an electric welfare report model. With this tool, authorities in administrative districts can establish the demographic data of residents' health and welfare, status quo and define goals as well as prioritize future activities.

Conclusions

There is increasing interest in municipalities and co-operation districts towards obtaining monitoring data on residents' health and welfare. In the early stages in 2011, co-operation will be set up with the Lakeus co-operation district and Oulunkaari federation of municipalities.

Comments

The TERE unit will promote the dissemination of a common monitoring and assessment model of health and welfare in co-operation with municipalities, co-operation districts and Northern Finland's Welfare Centre. The TERE unit will also support the expansion of these models to encompass all the districts of Northern Finland.

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P 189. Unmet Needs for Health Care: Preliminary Results of the Hellas Health Iii Survey.

KARAGEORGOPOULOU Konstantina, FILIPPIDIS Filippos, OIKONOMOU Nikolaos, GIANNOPOULOU Ekaterini, DIMITRAKAKI Christine, TOUNTAS Yannis

Introduction

A key objective of health care systems, especially the primary health care sector, is to provide equal access to health care for everyone in need. One way to gauge equity of access to services is through the assessment of unmet health care needs, which are usually categorized by the types of barriers to using existing services. These barriers include awareness of need, knowledge about services, availability, affordability and accessibility of services.

Purpose/Methods

The objective of this study was to identify unmet needs for primary health care services in Greece. Data were obtained from the cross-sectional nation-wide household survey Hellas Health III, which was conducted during October 2010. Respondents were selected by means of a three stage, proportional to size sampling design. Effective response rate reached 48.6%. The sample consisted of 1,000 individuals, aged 18 years old or more and it was representative in terms of age and residency.

Results

10% of the respondents report that they had to delay treatment or diagnostic tests which they believe they needed and 10% didn't receive them at all, during the past 12 months. Cost (34.3%) and accessibility issues (30.3%) were the most frequently reported reasons for not receiving treatment or/and diagnostic tests, regardless of the area of residence, socioeconomic status and educational level. Women report unmet health care needs significantly more frequently than men ($p < 0.001$).

Conclusions

Our study results draw attention to the high proportion of reported unmet health care needs for primary health care services in Greece. Individual characteristics, such as income, socioeconomic status and educational level were not associated with more frequent reports of unmet needs. In order to improve primary health care services, one should carefully examine unmet needs and the barriers to existing services.

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P 190. Public's Concerns for Health Care in Greece in the Face of the Economic Crisis.

GIANNOPOULOU Ekaterini, FILIPPIDIS Filippos, OIKONOMOU Nikolaos, DIMITRAKAKI Christine, KARAGEORGOPOULOU Konstantina, TOUNTAS Yannis

Introduction

Health care costs, both public and private, have increased significantly in Greece during the past 20 years. In the light of the recent fiscal crisis, the reduction of health care costs has been set as a priority by the Greek authorities. Austerity measures have already affected the budget available for health services. Concerns that the quality of care will worsen and budget cuts will mostly affect primary care and health promotion services have been raised.

Purpose/Methods

The purpose of this survey was to assess the public's concern for health care and identify the proportion of the population that usually uses private health services. The national household survey was conducted during October 2010. The survey sample consisted of 1,000 individuals, aged 18 years old or more. Respondents were selected by means of a three stage, proportional to size sampling design. Effective response rate reached 48.6%. The sample was representative in terms of age and residency.

Results

Only 42% of the respondents reported they are, in general, satisfied with health services in Greece and 56% are very concerned with the level of health care in the face of cuts due to the economic crisis. Currently, 53% report that they usually turn to private health services for health advice and 50% report making out-of-pocket payments during the last year. Rural residents and respondents with basic level of education appear significantly more concerned than the other demographic groups ($p < 0.05$).

Conclusions

The majority of the Greek population is not satisfied with health services in the country and there are concerns that they will deteriorate in the face of the economic crisis. According to a similar survey in 2006, the percentage of people who seek health advice in the private sector has remained at the same but high levels. Therefore, comprehensive health promotion activities implemented in the public health sector can only reach a limited amount of people.



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P 191. Prevention of National Diseases in Central Finland

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Introduction

Benefits of prevention and early diagnosis of national diseases are indisputable. Great majority of the main Finnish national diseases (DM II, artery diseases) can be prevented through lifestyle changes. Even a brief intervention can initiate positive life-style changes and therefore life-style counseling should reach the general public in all stages of life. To handle the increasing requirements of life-style counseling the professionals are in need for additional expertise, new methods and increased cooperation between municipal actors.

Purpose/Methods

The Primary Health Care Unit of Central Finland Health Care District offers expert services to professionals of specialized and primary health care and other municipal actors. The unit lowers interface barriers, initiates cooperation and supports health promotion by strengthening professional skills and developing new methods for addressing lifestyle factors. The goal is to make early risk recognition an initial part of every health care contact. At municipal level health promotion is coordinated by multiprofessional working group together with the unit.

Results

Annually hundreds of health care professional are being educated by the unit of primary health care. The most extensive education programs are the resourceful-family program organized by the Child and Maternity Health Clinic and the user training of SAPERE method for food and nutrition education. In addition to these lifestyle group counselors have been trained for nine municipalities using the case-training. To support the decision-making and counseling the municipalities have been provided with specially designed, easy access treatment maps.

Conclusions

The Unit of Primary Health Care functions as a link between specialized and primary health care, allowing development of regionally standardized guidance material and methods. The municipal working groups have gathered multiprofessional actors to participate in comprehensive health promotion planning. The groups have contributed action proposals for municipal policymakers concerning e.g. school catering and communication. During 2011 the goal is to enhance the work of the working groups and to support municipal policymakers in matters related to health care law.

Comments

More detailed results will be available at the poster show.

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P 192. Management of the Influenza Pandemic in Hospitals of the Greek Hph Network. An Evaluation by Doctors and Nurses.

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Introduction

The pandemic influenza was a controversial issue in Greece. Doctors and nurses play a crucial role in the management of the pandemic. Their opinion on the level of preparedness for the pandemic is an important part of the evaluation of the country's response to it.

Purpose/Methods

The objective of the study was to evaluate the knowledge of hospital staff and the management of the influenza pandemic in Greek hospitals. The survey was carried out during the period March-June of 2010. 381 participants were randomly selected from five public hospitals in Attiki; they were doctors (35.4%) and nurses (64.6%), whose average age was 41.1(±11.7) years. The self-report questionnaire consisted of 32 questions and the response rate was 60.1%. A knowledge-score was calculated using responses regarding the influenza pandemic.

Results

59.7% of the staff believes that they are well/very well informed about the influenza. More doctors than nurses were vaccinated (44.4% vs 22.3%, $p < 0.001$). Doctors were also more knowledgeable ($p < 0.001$). Reasons for no vaccination included doubts about the safety (55.6%) and the efficacy (68.7%) of the vaccine. 75.2% of the staff believe that their hospital was well prepared for the pandemic, despite having noticed that more doctors and nurses (61%) and improved hospital infrastructure (48%) are needed.

Conclusions

Doctors and nurses in Greek hospitals believe that their hospitals were well prepared for the influenza pandemic. Despite that, there are still areas that need to be improved in order to increase preparedness for a new pandemic influenza wave.

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P 193. Provincial Health Promotion - Theoretical Orientation on Health Gain in Regional Communities

KUJALA Veikko, HONKANEN Pekka

Introduction

At the global level, the big issues posing a threat to health include poverty, climate change, environmental degradation, discrimination, and safety issues in all forms. At the national level, furthermore, struggling with income inequalities and socio-economic environmental problems is the big issue. However, at the local level, health promotion is only about achieving results with people, through changes in behaviour or community health issues. Health promotion takes place in all human interaction and communication.

Purpose/Methods

At local level, health promotion is operative when it consists of both population- and community-level measures, emphasises early interventions by professionals, and enables individuals' own health management. All of these health promotion activities must be considered with lifespan modification. The priorities in childhood and youth, in adulthood and in old age modify all the activities of health promotion.

Results

At the population and community-level, firstly, health promotion includes assessing health, ill health, lifestyle and environmental influences on health. Municipalities measure health outcomes for their local residents and community-level factors as tools for

local policy-making and implementation. Secondly, early intervention attached to all public services is essential. The professionals need updating knowledge and skills on how to motivate and support people in changing their health behaviour. Thirdly, health promotion includes improving individuals' own health management. People with health risks and chronic conditions are the ones administering the actions in everyday life.

Conclusions

In Finland, the National Institute for Health and Welfare has a central role in struggling with socio-economic items. At the local level, people take responsibility for their own health in particular, and for their own lives or their neighbourhood in general. However, it is unrealistic to expect all individuals to fully come through with their own health and well-being. Local policy-making, leadership, and health promotion planning is required. As are tailored advice and assistance by professionals in managing individuals' own health.

Comments

Today, the use of a home computer and the Internet has enabled health information to become accessible to all at all times. The ways of action include effective health information and communication, shared community regulations, and facilities supporting health. However, seeking concordance in practice is often complicated, making it difficult for patients to comply with treatment protocols.

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P 194. The Survey of Community Residents' Medical Demand in Peitou District, Taipei, Taiwan

LIU Jorn-Hon, CHIEN Wu-Hsiung, YEH Ming-Yang, CHOU Yi-Peng, LIU Chi-Ming, WANG Yen-Ting, LIN Shu-Hsia, TUNG Tao-Hsin

Introduction

Purposes: To avoid replicated wasting the medical utilization, it is necessary to formulate the suit local medical services. This study was to estimate the community residents' medical demand in Peitou district, Taipei, Taiwan.

Purpose/Methods

Methods: Estimated the community residents' medical demand and issues about the patient's behavior from health care providers, social welfare, and the public need. The analysis were included the 2005' medical departments data of Cheng Hsin General Hospital from health care providers, the medical services of teenagers, women and elders from social welfare visiting, the subjective important health problems and medical demand from the convenience sampling and questionnaire survey for the community residents' in Peitou district.

Results

Compared to other districts in Taipei, there is the better medical utilization in Peitou district. For health care providers, the Cheng Hsin General Hospital provided the community medical services including cardiac health, chronic healthcare, cure and rehabilitation of psychiatric patient. For medical demand, estimated actually patient's need by visiting method with constructional questionnaires. 1,752 copies of questionnaires were issued from community residents', with 54 copies not completely filled in, 1,698 copies were useful. According to qualitative interview and quantitative analysis, we found the community residents' expect to obtain more life health lectures, health examinations, nutrition consults, medical services, drug consults, and free diagnosis. Additionally, it was also necessary to develop the community site service of psychiatry and rehabilitation.

Conclusions

Community integrated health care model will be a direction for providing the best quality holistic healthcare of the community in Peitou district, Taipei, Taiwan.

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P 195. Health Directorate of Istanbul Research and Development Unit Sets Out for a Universal Approach in Health Promotion

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Introduction

Health Directorate of Istanbul (HDI) Research and Development (R&D) Unit was founded on October 15, 2009. The model sets out an agenda for hospital professional groups to improve interinstitutional and international collaborations. With foresight from the Health Director of Istanbul, in compliance with current legislation, and in accordance with internationally accepted definitions, HDI sets forth an evolved vision through R&D.

Purpose/Methods

In the TR Prime Ministry State Planning Organization's Ninth Development Plan, development axes define a main objective to increase competitiveness through "R&D and Innovativeness". OECD proposes increasing the stock of knowledge in man, culture, and society, thus devising new applications while focusing on innovations for 1) human capital, 2) education, training systems. Funding for technology centers, R&D projects, pre-competition collaborative projects, techno-initiatives comprise the 2008 "Law With Regards To Supporting Research and Development Activities" TR Official Gazette (law number: 5746).

Results

Organizational and process innovations take priority within the scope of the HDI R&D Unit. With a dynamic approach for sustainable progress in medical services, R&D takes initiative over the scope of the entire city. Strategic planning includes 1) international collaborations in research capacity building, 2) resource development and the application of EU standards, 3) research methodology training in evidence-based medicine, 4) sustainable development in the provision of health care services.

Conclusions

HDI oversees a health care system consisting of 51 hospitals, 39 public health and 891 family practice centers. The Unit's primary focus is implementing R&D perspectives into daily routines, initially within the 26 Research and Training Hospitals. With Turkish universities and Harvard University, a "Research Methodology in Medical Sciences" course was carried out, inspiring further collaborations in medical research. Through grant application trainings and individual advising by the Unit, numerous program activities and individual trainings continue to receive EU funding.

Comments

The ultimate gain will be to raise health care services to universal "golden standards" and to surpass current best-practice levels for the benefit of the entire international medical community. There is a call for new incentives in transforming professional cultures from customary practices to international collaborations. Deliberative planning will yield lasting outcomes.

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P 196. Province Of Bergamo: Shared Protocols for Patient Preparation in Diagnostic Tests

IMBALZANO Giuseppe, MAZZOLENI Giuliana

Introduction

The ASL started in 2008 several provincial projects aimed to integrate hospital and primary care with the focus on simplifying access to services like Gastroenterology, Radiology Laboratory and Surgery. ASL has identified the opportunity to standardize the information for patients in order to help them in preparation for exams (more frequently provided in outpatient clinic), simplifying the organization of health care facilities and to offer patients best possible practices.

Purpose/Methods

Regarding preparation for G.E. exams, all hospitals in the province used in the past, different methods, mainly the patient was supposed to go directly to the structure to book the service and find the needed information. The Health Director Board, planned to define how to prepare and arrange documents for patients and to make them available to the provincial network (primary care physicians pharmacies). and to promote online reservation.

Results

The Health Direction of ASL promoted the project, and asked the Hospitals to identify specialists enrol in working groups. The work started with the collection all the forms at the moment in use in the facilities followed by a review by groups of professionals, based on scientific evidence. In a few meetings the pertinent information was identified and modules for exam preparation and tips for post test was realized and shared by all the groups.

Conclusions

Documents was then formatted to highlight the homogeneous approach in all the provincial level, submitted in October 2009 and approved by the Health Direction of ASL. All the facilities was then provided, with the documents as well as Primary Care Physicians and Pharmacies. The documents are being translated into the languages of more representative ethnic groups of the province. A similar path is ongoing for Radiology, Laboratory and Surgery.

Comments

To evaluate the effectiveness of the project following indicators of process and outcome was defined:

- N. of specific complaints / total of complaints from users
- Specific survey for assessment of user's rating (after at least six months from activation process) (the survey will be included in the customer satisfaction survey required by the Lombardy Region)
- Number of patients that led to a postponement of the examination due to bad preparation (recorded by clinicians)

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P 197. Together, We Canada Do More! – A Mountain Of Health

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Introduction

In order to improve health and well-being among the population of the Western world in a consistent way, it is necessary to take actions which are highly integrated between the Health services and the territorial Agencies, in order to develop in citizens the awareness that they are the protagonist as far as concerns their state of health. In particular, in the Apennine area of the Emilia region, -Reggio Emilia Province - Health and Social District of Castelnovo ne' Monti- an integrated project has been created for promotion of aerobic physical activity (walking, jogging, cycling, swimming, circuit training) in synergy with the local health system, the 10 municipalities of the district, the National Park and sports organisations aimed at the resident population (34.000 inhabitants) and tourists, with specific projects for chronic patients (heart problems, diabetes, high blood pressure, depression).

The population involved, in addition to the 34.500 residents, of which 27% consists of over sixty, will be the tourists that attend our mountain area (that has an area of 786 Km2 in the week-end and during winter and summer season).

Purpose/Methods

- 1) Identification, organisation, networking and promotion of the places where aerobic physical activity can be performed: equipped natural itineraries and gyms. Up to now have been described four nature trails in the first municipality which has started the collaboration, the Castelnovo né Monti municipality, the head district, in which there are a wellness center with gym and swimming pool, members of the regional project "safe gyms", one CONI centre of athletic, tennis courts, gyms, sports facilities and sports clubs such as cross country skiing, downhill skiing, volley-ball, basket-ball, cycling, gymnastic and dance. The sport medicine center, together with the district, is liaising with all the actors and promoters of physical activity: GPs, pediatricians, schools, other municipalities, to promote the physical activity taking advantage of the natural resources of the territory.
- 2) Production of a guide for the population, which show the benefits, times and places in which to perform aerobic physical activity safely, such as primary prevention of many diseases.
- 3) Prescription by the GP or paediatrician of the "aerobic physical activity drug" to their patients.
- 4) Creation, in the secondary prevention, of personalised "aerobic physical activity aerobica (swimming, walking, cycling, circuit training) programs", particularly aimed at those suffering from heart problems, diabetes, high blood pressure, in close collaboration between sports medicine doctors, graduates in motor sciences, specialists, doctors and paediatricians, 5-Organisation of events in order to involve the population in physical aerobic exercise in a continuous and appropriate way (at least 3-4 weekly sitting of 30/45 minutes)

Results

- Diffusion among the population of awareness of regular and constant aerobic physical activity as an essential means of improving the quality of life and a primary and secondary prevention factor
- An increase in visits to natural environments and sports structures by the local population and tourists
- A change in the living habits of the population, starting from the pre-school age and up to old age
- Reduction of the number of hospital admittances and drugs used for pathologies linked with physical inactivity and reduction of their incidence in the general population. Cardiopathy, ischemia, diabetes, hypertension, hypercholesterolemia
- In 2010 about 500 adults were evaluated, they have improved the quality of life as a result of physical activity prescribed and done

Conclusions

It is only possible to influence the living habits of the population and consequently their state of health significantly and in an economically sustainable manner through integrated actions which are continuous over time among institutional operators: health service, municipalities, National Park, schools, gyms and sports clubs. An innovative organisational model, at mountain area health level, integration between the health services, local agencies - municipal authorities and Park - schools, the world of sport, voluntary associations, an economic situation and policies aimed at improving the "quality of life" of citizens and those who frequent the Reggio Apennine region. The clinical and scientific results will be collected from this year, in June will be the official presentation of the brochure, now in print (the draft of the brochure is attached at this abstract). By now we have the first results, in terms of compliance of citizens, in addition to a great interest and motivation of the 26 GPs and three pediatricians, that have been formed in 2010 with a special refresher course, and are beginning to promote healthy lifestyles in local communities and towards their patients. A large and growing interest is being recorded by associations of businesses and local representatives of large retail chains.

Comments

The presence of strong compliance between local agencies has allowed the sharing and starting of a project which is proposed as a basic model of development of the state of health of industrialised countries. We attached the draft of the brochure "Castelnuovo ne' Monti: Una montagna di sport e salute" ("Castelnuovo né monti: a mountain of sport and health")

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Session P 2-11:

Miscellaneous health promotion topics

P 198. Continuity of Care and Liaison Between Health Care Levels

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Background

The continuity of care is a process over time, which requires coordination, involves different patients, health workers and contexts, and includes the information transfer and effective response of different levels of cares (Hospital, General Practitioner, Health care, etc.).

Aim

To describe and analyze the program about continuity of care of the patients discharged from the Joseph Trueta Hospital that required continuing care.

Methods

In 2005, in the Girona Health Region (northeast of Spain), a program of continuity of care and liaison between the referral hospital in the region and its seven areas of primary care was established. The program involved teams of health units, services of the center and primary care. A nursing liaison coordinated the discharge and continuity of care within the first 24 hours of arrival at home.

Results

Results: From January 2006 to December 2009, 1136 adult patients were included in the program. According to patients, there were 686 men (60, 3%) and 450 women (39, 7%), they had a mean age of 69, 6 years (SD 13, 8), with a higher proportion of surgical patients. The most frequent profile is of patients

requiring continuity in technical and complex care, with high dependency ratios in the most basic needs. 86% of the patients who required attention in the first 24 hours after discharge successfully received it. Around 90% of the patients needed attention in the first 48 hours. The highest demand was in the first day post-discharge.

Conclusions

Conclusions: The program dealt with complex and dependent patients, and the majority of the patients received treatment at the right time. Due to the complex condition of post-discharge patients, continuity of care and fast response is essential

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P 199. Health Gain Orientation in Clinical Services of Integrated Care Program in Taiwan

TSENG Wu-Pin, LIN Mena-Chiao, YEN Yu-Chin

Introduction

Studies have indicated that the prevalence of chronic diseases increased year by year, and patients with multiple chronic diseases are the most important users of Taiwan health care system. As the population aging, the prevalence of multiple chronic diseases will increase and the issue of their medical care will be more important. The Bureau of National Health Insurance promotes the integrated care program for better healthcare among these patients.

Purpose/Methods

The purpose of this program was to provide the integrated care service and the improvement of healthcare quality. These patients came from data of National Health Insurance of 2008 and 2009. There were 1,303 loyal patients who had over fifty percent of the physician visits in our hospital. During 2010, they were enrolled in the integrated care service which provided multiple specialty medical treatment and only one copayment was charged. Besides, their medical information could be shared by multiple specialists.

Results

Our major findings are as following:

- The average number of physician visits is lower than baseline.
- The average number of emergency visits is lower than baseline.
- Some ninety-two percent of the loyal patients regard this program feeling satisfaction.

Conclusions

The integrated care program was favored by majority of the loyal patients. Both the average number of physician visits and the average number of emergency visits decreased during this program. We suggest the integrated care program should be continued for health gain orientation.

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P 200. The Experience of the Implementation of Integrated Care Services Within a Teaching Hospital in Central Taiwan



LEE Shu-Ling, CHEN Chien-Hua, YEH Yung-Hsiang, HUANG Min-Ho, SU Yung-Yu, CHUNG Tieh-Chi

Introduction

In order to keep up with the trend of current issue of patient safety in the world, a community hospital created a policy for establishing a Patient-centred model of medical services in Taiwan. The aim of this research is to share the experience of the implementation of integrated care services by organizing an integrated medical team improve the quality of inpatient medical care.

Purpose/Methods

Based on the research design of retrospective cohort study method and combined with nine criteria of clinical services within inpatients, 1,198 cases were selected as study samples in this research since 2007 to 2010. For data analysis, descript analysis was used to display characteristics of study samples and the trend of the change among study samples.

Results

From 2007 to 2010, the integrated medical team served 662, 739, 890, and 1522 patients respectively. The legal issues could be decreased 80%, the hospital stay could be decreased 0.9day and the mortality could be decreased 7%.

Conclusions

Nowadays, the Global budget system of health insurance plays an important role under the National Health Insurance (NHI) in Taiwan; it is a challenge for healthcare organizations to satisfy with the requirements of NHI. This research found that the implementation of integrated care services by organizing an integrated medical team will help a hospital to improved the quality of medical service (the condition of an inpatient), decreased the length of stay of an inpatient, and enhancing the issue of patient-centred.

Comments

In regarding to the aim of integrated care within clinical service, it is to provide a seamless service by integrating multidisciplinary between different professionals' services within healthcare organizations based on the issue of patient safety. Based on the results of this research, an integrated medical team is an appropriate method to achieve such ultimate aims within a hospital in Taiwan.

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P 201. Psychological Aspects in an Epidemiological Study About Suffering in Emilia Romagna (Italy)

MARRI Elena, DI RUSCIO Eugenio, RUSCIGNO Rosangela, GILLI Giuseppe, FORINI Elena, MATARAZZO Teresa

Introduction

National Law 38/2010 with the project "Pain Free Hospital and Land" is intended to achieve greater focus on health care humanization through a higher interest in the physical and psychological well-being of people.

Purpose/Methods

To this end the Hospitals Service in the Emilia-Romagna Region (Italy) has coordinated a survey on the state and expectations of patients in 'hospitals' and 'hospices' through out the Region by using the 'one day prevalence' model. 9370 patients both in- and out- patients (day- hospital and day- surgery) have

voluntarily answered to a questionnaire made of seven questions analyzed in detail sex, age and three areas of admission (surgical, medical and oncology) of pain levels and other.

Results

Patients in moments of distress ask: 'the presence of loved people' (women 42%, men 39%), 'to feel less pain' (women 41%, men 37%), 'not to be a burden to family' (women 36%, men 33%), 'more self-sufficiency' (women 34%, men 31%), 'precise information on care' (women 33%, men 34%). The psychological status 'very good' is enhanced in the 20% of patients by the 'visiting of relatives', 10% didn't answer.

Conclusions

There are several areas of intervention that humanize the treatment of the patients mainly thanks to the listening and closeness of loved ones.

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P 202. Pain Assessment and Management in a Rehabilitation Department

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Introduction

Common conditions treated in a rehabilitation setting include a wide range of motor, cognitive and sensory impairment, that influences pain assessment. When a patient is non-verbal and cannot self report pain, as in vegetative state, a specific pain assessment should be conducted with proper scales. Pain might influence the possibility of restoring function and therefore clinical outcome, including quality of life. Hence the need to develop an interdisciplinary, multiprofessional and EBM approach as protocol in the practical management of pain in a rehabilitation setting.

Purpose/Methods

Working group included experts of rehabilitation (physical therapists, physicians, a psychologist, nurses) along with other specialists as technical advisor in pain management. A questionnaire has been designed to collect information about attitudes, beliefs, and behaviours in pain management from all health professionals of our Rehabilitation Department. The literature review (EBM) has been focused on scales and instrument for pain assessment in conscious and unconscious patients, the impact of pain on function recovery, drug therapy, physiotherapy, psychological, nursing care and non-conventional medicine

Results

Pain resulted to be underestimated and undertreated, also because of lack of proper assessment instruments and protocols. A classification by aetiology of most frequent pain treated in a rehabilitation setting has been operated. Therapeutic intervention causing pain has been also described. Finally, we selected appropriate scales and tools for pain assessment and protocols for a multidisciplinary treatment of specific types of pain and designed a protocol for practical management of pain in our Department.

Conclusions

According to our pain management processes, pain will be measured: every day along with the other vital parameters, by mean of Abbey scale or VNS (Visual and Numeric Scale), recorded in the same clinical chart (computer or paper framework), treated with symptomatic drugs while investigating pain aetiology. We designed pain combined treatment protocols for most frequent syndromes, which include cognitive and behavioral techniques, complementary medicine, drugs and physiotherapy. Experimental trials test and validation of pain assessment instruments have been carried out. Project training and sharing activities for patients and workers empowerment are underway.

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P 203. The Review Process of Research Ethics Committees (Rec): Systematic Review as a Pilot Study

PIETILÄ Anna-Maija, HALKOaho Arja, VESALAINEN Mari, LUOTO Kirsi, TIMONEN Kirsi

Introduction

The purpose of REC is to evaluate and approve health research before starting of the study. The REC is responsible for assessing research protocols for conformity to ethical principles and legal requirements. One main principle why the assessment of REC is needed is to guarantee respect to the autonomy of the research volunteers as well as their beneficence and justice. In Finland the evaluation of REC is legal requirement for clinical studies and one criterion to clinical study initiation.

Purpose/Methods

The purpose of this systematic review was to describe the processes of research ethics committees based on systematic review. The electronic search was performed with the keywords "ethics committee" and "ethics boards" from PubMed, Cochrane, Cinahl, PsycINFO and Medic. The search covered January 1980 - May 2010. Search generated altogether 491 articles, 71 of these were read fully. From these 11 scientific original research articles that described the review process of REC were included. Data were analysed by content analysis.

Results

The review process was homogenous and the findings indicate two entities of challenges to research ethics committees and researchers. The first was the process of informed consent and the second was the process of reviewing the application (processing time, content issues, technical revisions). To generalize the outcome of this literature review it is important to continue the analyzing of research ethics after this pilot study.

Conclusions

Based on this literature review all research ethics committees should have homogeneous instructions, procedures and forms at least within one country. There should be more education for researchers and members of research ethics committees. Multiprofessional collaboration and communication should be increased nationally and internationally.

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P 204. Healthy Plans for 88 Flood Rescue and Reconstruction

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Introduction

On August 8 in 2009, Typhoon Morakot brought torrential rain and caused severe damage. Taitung and southern part of Taimali received such a heavy blow, so much so that, it will take a long time and a lot of money to have it recovered. The roads are washed away communications are cut off. Reports of casualties are still coming in. So far, Chia-Lan village of Taimali suffer most. Fifty seven (57) houses were flushed into the river; the number of the refugees numbered 187; several houses of our colleagues in the hospital fell and two of them are missing, losing contact. Fifty-one (51) cases of our house-personnel were unable to get in touch with us, which made us worry so much. On August 10, we went deep into the worst area in Chia-lan, and were shocked to see that the bridges were washed off and only a small route is left to make connection with the outside world.

Purpose/Methods

The Bishop asked St. Mary's Hospital invited those responsible for different Catholic organizations to meet at the Parish Church of Taimali and a working group of "88 Flood Rescue and Reconstruction" was formed and work was arranged as follows:

- Livelihood settlement: Taimali Parish Church is responsible to understand and evaluate the situation and needs of the refugees, and to distribute the rescue material as to priority.
- Medical and mental services: St. Mary's Hospital is responsible to provide medical services and transferece, evaluation and management of high risky group with symptoms of pressure from post-injury; Psychiatrists and experts in various kinds of treatment will be arranged to the severely injured regularly.
- Prayer and care: Sisters of Mercy of the Holy Cross are responsible to go to the refugee center every morning at 10 o'clock to pray and offer support of team spirit.

The Bishop said, "The Church herself is the rescuer, not the rescued. In the damaged area, the local church must rescue the local people. The church should not give out money, for, because of low mood, they would buy drinks and when money is in need, they have not. Now the material looks plenty, but as time prolongs, the heat of rescue will go down. Then the material will become less and less. So we must have a plan for different stages.

Results

The rescue and reconstruction follows the five action principles and three stages. The five action principles:

The calming down of the refugees, livelihood settlement, children's attendance of school, proper arrangement of the senior citizens, medical service of the sick. The three stages of rescue:

- First stage: (8/8—8/18) Emergency and spiritual support. Collection of material, and fund raising. Up till now, they have enough material. And every refugee receives 3000 dollars of consolation from the Diocese. Everyday priests or sisters are arranged to pray with them in the refugee center. Services of various treatment and reflexology are provided.
- Second stage: (8/19—the mid of September): Post disaster settlement. To arrange all kinds of resources, complete the building of temporary 'combines houses', including land and funds, help the refugees to live normal lives. All the parish church must find out the situation of the settlement of the senior citizens, children's at-



tendance of school and their home life so that every household, or individual, the way of regular fixed amount of support may be taken care of continually.

- Third stage: (3 years expected): Permanent settlement. The Diocese will work with the government and people to help the refugees to build a safe home, without worrying about the future.

After two years efforts, we gain their trust. We create some works and activities to improve their health. Now they are happier and healthy.

Conclusions

Health promotion is good! But before people fall ill, most of them are not interested in the subject. Even they have resistance or rejection toward the movements, such as smoking cessation and abstinence. So the effects are poor or limited. However, when disasters come, the true concern and support of the medical groups can win strong confidence. The medical groups can let people themselves understand the benefits of good health by holding such activities (or even give them jobs) as creation and health promotion. Little by little people are willing to change their unhealthy living ways to healthy living ways.

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P 205. Speak Up! : The Hospital Listens to the Family

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Introduction

The needs of the family, this is where we start from. To get to an involvement of the family. The family is a fundamental resource while managing an illness especially for the chronic or long-term pathologies. During the second half of the twentieth century the care of the child has undergone some radical transformations that can be condensed into three steps: The assistance provided to the children has gone from the family home, to the assistance provided by professionals in the hospitals, to the care in the hospital provided by qualified health professionals together with the family. The recruitment of the family in the therapeutic team, complying with structured and progressive formalities, is one of the priority aims pursued by our sanitary management.

The project

The hospital meets the user on his/here staying in hospital, through the staff at the public relation office, thus establishing a contact with him/her respectfully gathering his/her suggestions. A special attention is given to the talkings with the parents, done on a personal basis, including the creation of small hearing settings, so granting a focused care to everyone to avoid any suggestion and conditioning among the different users.

Purpose/Methods

It has been chosen that the staff at the public relation office could start the meetings with the users in couples, according to the following considerations:

- Deep focus on the communication with the parents.
- Guarantee a return message that could be as much objective as possible, to prevent the tendency of the interviewers to use filters, suggested by some subjective mental categories.
- Use the model reported in the British speak-up work, as far as it is possible, thus allowing a future comparison

with the original model.

The informations received are recorded in a form consisting of six investigation fields:

- 1-Confort of the environment care
- 2-Cleaning services
- 3-Food
- 4-Nursering assistance
- 5-Care coordination
- 6-Emergency rescue services

During the talks between the parents and the operators, no judgement is issued. The focus is set on practical and easy-to-solve problems, in order to smoothly show the results of the improvement.

Results

The project started in 2010, while 36 operative units, belonging to ten departments have been visited and the same were chosen among those showing more problems according to the data gathered by the customer satisfaction surveys, as they were proposed during the previous year.

Conclusions

The operative units has been visited for 61 times, repeating the visit as new problems were evidenced. Families were faced with 528 interviews conducted with mothers, fathers, grandparents and sometimes with the same patients. The results were compared with reports of disruption came the public relations office. Compared data led us to think that the situations in which collected the reports were too different to be linked together. We have therefore considered as comparable as the number of complaints submitted to our office complex in the years 2009-2010. The inquiry found that although the Speak Up project has only started in May 2010, there has been a decline in reports of inefficiency related to the operating units concerned. From the 46 recommendations of 2009 goes to 25,2010. This figure will be confirmed or less next year. We hope that our plan to go to the user, without waiting for it would structure conflicts sometimes dictated only by misunderstandings of communication, leading to a more peaceful stay in our hospital.

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