



International HPH Network: What do we mean by **Good** Practices?

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Victoria-Australia HPH Network

Policy context for action on
environment and sustainability is wider

WHO WPR and SEAR
People Centred Health Care 2008

WHO WPR
Regional Framework on Healthy
Urbanisation 2016-2020

2008: WHO WPR People Centred Health Care Policy

The key characteristics of people-centred health care include:

For individuals, patients and their families:

- Access to clear, concise and intelligible health information and education that increase health literacy;
- Equitable access to health systems, effective treatments, and psycho-social support;
- Personal skills which allow control over health and engagement with health care systems: communication, mutual collaboration and respect, goal setting, decision making, and problem solving, self-care; and
- Supported involvement in health care decision-making, including health policy

2008: WHO WPR People Centred Health Care Policy

The key characteristics of people-centred health care include:

For health practitioners:

- Holistic approach to the delivery of health care;
- Respect for patients and their decisions;
- Recognition of the needs of people seeking health care;
- Professional skills to meet these needs: competence, communication, mutual collaboration and respect, empathy, health promotion, disease prevention, responsiveness, and sensitivity;
- Provision of individualized care;
- Access to professional development and debriefing opportunities;
- Adherence to evidence-based guidelines and protocols;
- Commitment to quality, safety and ethical care;
- Team work and collaboration across disciplines, providing co-ordinated care and ensuring continuity of care.

2008: WHO WPR People Centred Health Care Policy

The key characteristics of people-centred health care include:

In health care organizations:

- Accessible to all people needing health care;
- Commitment to quality, safe and ethical care;
- Safe and welcoming physical environment supportive of lifestyle, family, privacy and dignity;
- Access to psychological and spiritual support during the care experience;
- Acknowledgement of the importance of all staff - managerial, medical, allied health, ancillary – in the delivery of health care;
- Employment and remuneration conditions that support team work people-centred health care;
- Organisation of services that provide convenience and continuity of care to patients;
- Service models that recognise psycho-social dimensions and support partnership between individuals, their families and health practitioners.

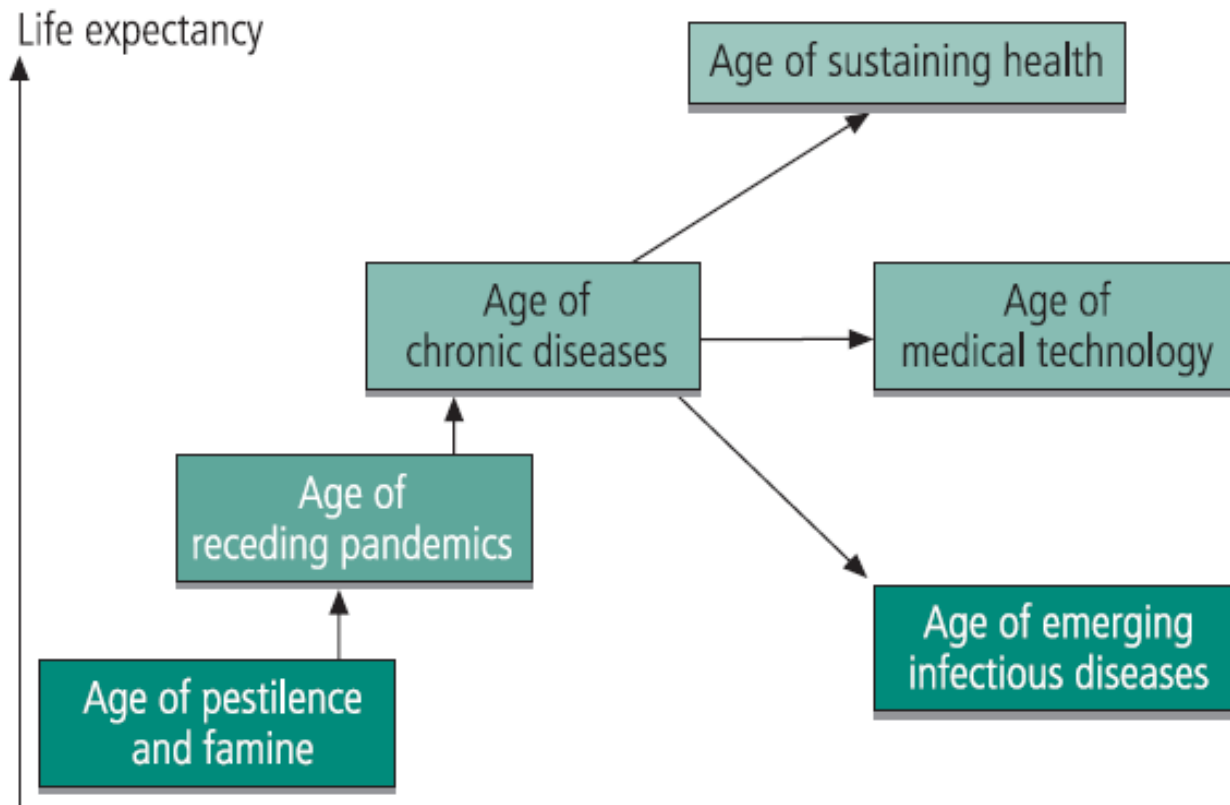
2008: WHO WPR People Centred Health Care Policy

The key characteristics of people-centred health care include:

In health systems:

- Primary care serves as the foundation;
- Financing arrangements for health organisations that support partnership between health practitioners and people accessing health care;
- Investment in health professional education that promotes multidisciplinary team work, good communication skills, an orientation towards prevention, and integrates evidence about psychosocial dimensions of health care;
- Avenues for patient grievances and complaints to be addressed;
- Collaboration with local communities;
- Involvement of consumers in health policy;
- Transparency.

Fig. 2. **Future stages in the health transition.** It is possible for developing countries to skip the “age of chronic diseases” and move directly to the “age of sustained health”, “age of medical technology” or “age of emerging infectious diseases”



WHO 03.188

- Futures thinking/ foresight can support integrated approaches to health
- ‘Join the dots’
- Create strong narrative for disruption of practice
- Environment and Health Taskforce of INHPH has important role in showing how futures thinking can mobilise action



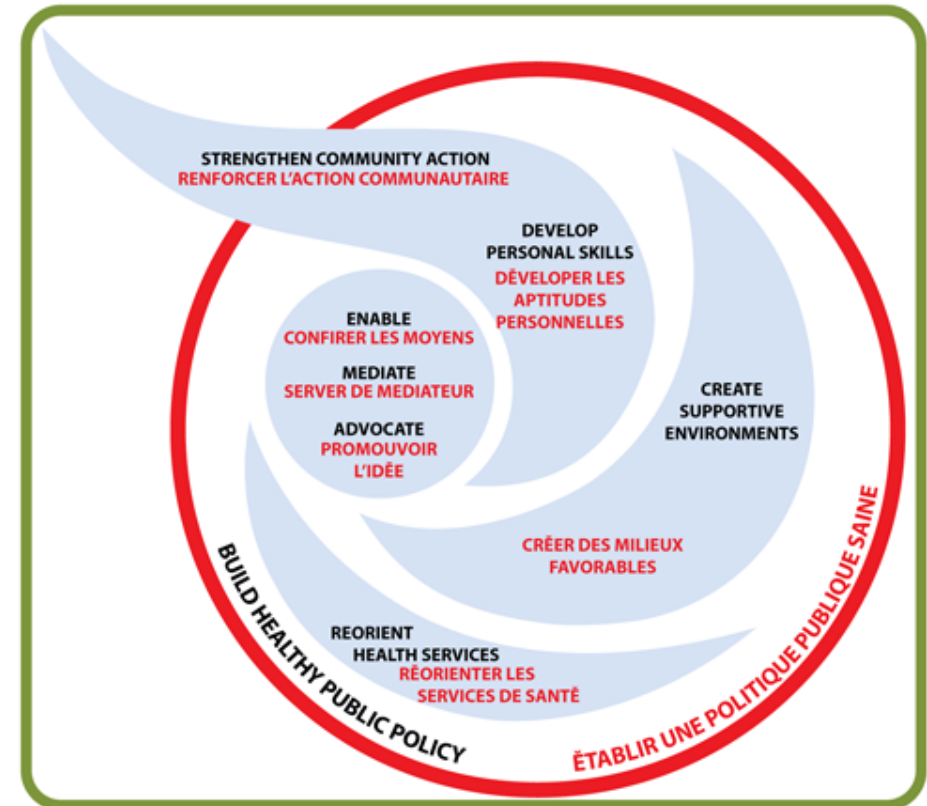
International Network of
HHealth
PPromoting
HHospitals & Health Services

About the IHPHN

Growing – but is growth associated with better population health?

1986: Ottawa Charter for Health Promotion

- **Reorientation of health services** towards prevention and health promotion (participation, empowerment, equity) – **Advocate + Actor**
- Shift of emphasis from curative services
- Health care system must be equitable and client-centred
- May necessitate reengineering and organisational change, especially in professional education and training, management, recruitment and deployment of health personnel, planning/development/delivery of services



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HHealth
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History

- **1979 - WHO Alma Ata Declaration:** primary health care, prevention agenda, participation
- **1986 - Ottawa Charter for Health Promotion:** 5 action areas inc reorientation of health services
- **1988 - WHO HPH (settings) project** formalised in Europe: patients, staff, community, **environment**
- **1996 - Ljubljana Charter** on Reforming Health Care-
- **1997 - Vienna Recommendations** on HPH
- **2006 - Independent Network** (non-WHO) with Governance Board, Secretariat
- Now 900+ hospitals; > 41 national or regional networks – Europe, Asia, Australia, Nth America;
Affiliates include community health services, NGOs
- MOUs



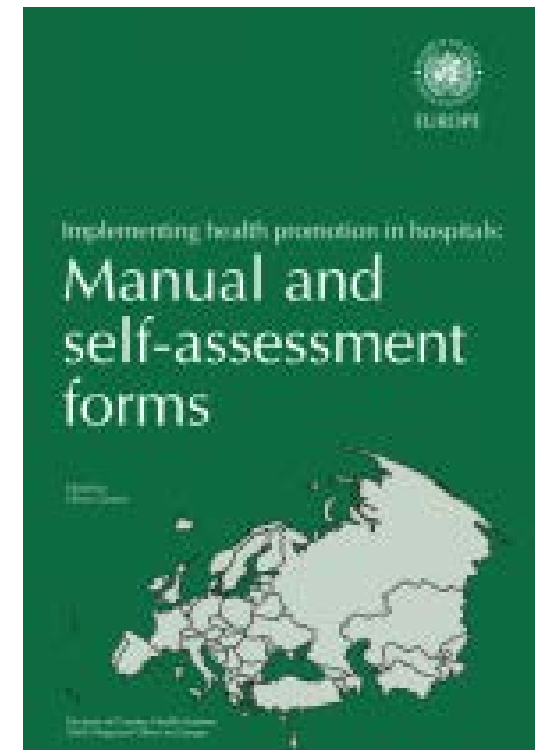


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2006 – Implementing health promotion in hospitals: Manual and Self-assessment forms

Enable managers and health professionals to:

- assess health promotion activities in hospitals
- improve the capacity of health care organizations in improving health promotion activities
- formulate recommendations for the improvement of health promotion activities in hospitals
- involve all professionals and the patient in improving the quality of care
- improve the coordination of care with other providers of care
- improve the health and safety of staff and patients.



A working group of the Health Promoting Hospitals' network was set up in 2001 to develop standards for health promotion in hospitals and experts consulted during workshops in 2002-2003. The five final standards relate to hospitals' management policy, patient assessment, patient information and intervention, promoting a healthy workplace, and continuity and cooperation. The aim is to provide hospitals with a tool for self-assessment so that they can improve their health care services through health promotion. Furthermore, quality improvement and accreditation bodies are encouraged to include the standards into existing standards sets



International Network of
HHealth
Promoting
Hospitals & Health Services

Annual conferences, Taskforce meetings

Promote discussion of practices – variety of contexts, health challenges

Conference abstracts raise key issues for good practice

Good number of interesting HP initiatives but also:

- Stigmatising language - ‘Drug abusers’; ‘Vulnerable groups’
- High number of abstracts on weight loss via competitions – no reference to/projects on ‘unintended’ outcomes
- Presumptions about patients’ social circumstances - ‘Poor class attendance’
- Health issues reflect health professionals’ priorities not community – due to expertise, research interests
- Educational processes – ‘top down’ – expertise of patient/client ignored
- Emphasise success measured by physiological indicators
- Weak or non-existent discussion of theory underpinning program design; integrity of program implementation

Good practices

Good practices Bad practices Best practices

Baby Friendly Hospital

The number of mothers exclusively breastfeeding their baby after they have completed their stay at LRH has increased dramatically in the last two years.

More than 80% of new mothers are now breastfeeding.

The increase, from 51% in 2001, has been officially recognised by the World Health Organisation and UNICEF, with LRH receiving accreditation as a Baby Friendly Hospital from these organisations.

The Baby Friendly Hospital Initiative (BFHI) aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm.

Working towards the internationally

recognised BFHI accreditation required the staff to address a series of steps to promote and support breastfeeding for those women who choose to breastfeed their babies. Successful implementation of the ten steps has led to an increase in exclusive breastfeeding rates.

All midwives are trained to support mothers with breastfeeding and specifically trained Lactation Consultants are on hand to address any particular concerns.

These LRH staff can assist with breastfeeding enquiries at any time and ante-natal classes in breastfeeding are also available.

Please phone 51 73 8211 for more information.



Nurse Sarah Wilke and new mother Nicole Dunbar check over baby Hugh while he sleeps.

Standing Up For Better Health At Alfred Health - Alfred Health

Commitment to Workplace Health and Wellbeing



Visitors to Alfred Health notice something different when walking through the doors of its Melbourne, Caulfield and Sandringham sites - employees are standing because they are specialists, doctors and nurses doing the rounds, but because more than 500 Alfred Health employees have opted to stand up for better health. As the primary provider of health services within the inner south east of Melbourne and one of Victoria's leading health care providers, Alfred Health is committed to maximising the health and wellbeing of the community it serves and its employees. While Alfred Health recognises the importance of treating illness, primary prevention, also known as proactive focused illness prevention is one of its key drivers. That's why it has created the Alfred Health Sit-to-Stand Program, where employees can opt to use their computer in a sitting or standing position by changing the height of their workstation instantly. Growing evidence shows positive health impacts associated with sitting comfortably for a prolonged



Women's Health Information Centre

Free, confidential, statewide health service. Our experienced women's health nurses offer information, individualised support and referral options on a wide range of women's health issues.

Location
Women's Health Information Centre
Ground level
20 Flemington Road
Parkville Victoria

Health issues

Information, advice, support and referral on any women's health issue in English and other community languages.

What we do

A women's health nurse/midwife is available to:

- Discuss any women's health issues or questions you may have.

Melbourne Health Health Promotion Action Plan 2011-2014



Victorian Network of Smokefree Healthcare Services

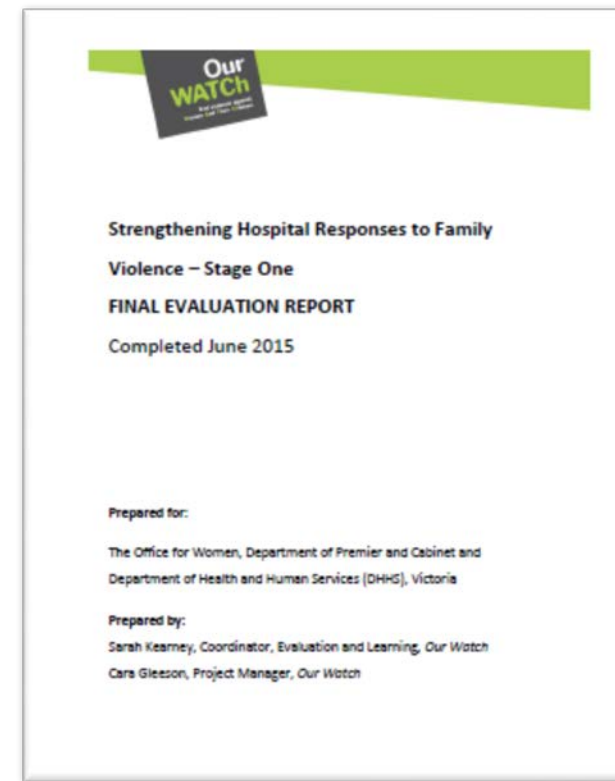
A regional network of ENSH www.smokefreevictoria.com.au



CSIRO PUBLISHING

Australian Health Review, 2012, 36, 158-162
<http://dx.doi.org/10.1071/AH11998>

Do smoke-free environment policies reduce smoking on hospital grounds? Evaluation of a smoke-free health service policy at two Sydney hospitals



Bad practices...

Are:

- Unsafe
- Unacceptable
- Ineffective
- Unaffordable
- Not part of the 'organised effort'
– do not contribute to population-level health outcomes

Done without:

- Evidence
- Support
- Documenting
- Dissemination

Not subject to:

- Debate and review
- Evolution and adaptation - PDSA
- Possibility of substitution

Best practices ...

- A method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark

But how might results be affected by ...

- Context?
- Capability?
 - Health professionals
 - Patients/clients/community members
- Infrastructure, including resources?
- Values?
- Research?

Good practices...

Are:

- Safe
- Acceptable
- Effective
- Affordable
- Part of the
'organised effort'
- contribute to
population-level
health outcomes

Require:

- Evidence
- Support
- Documenting
- Dissemination

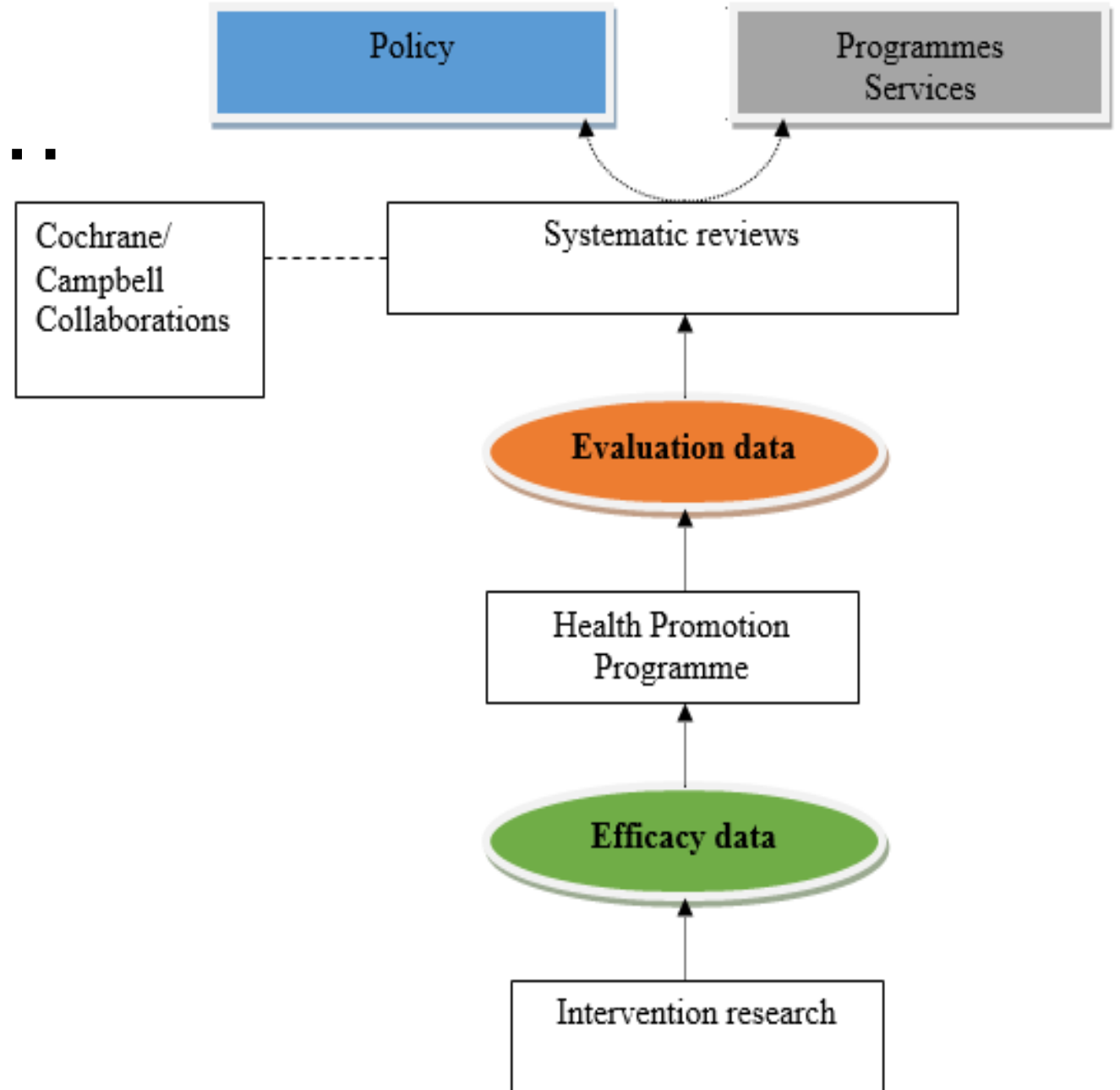
Subject to:

- Debate and review
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- Substitution

Participation – Empowerment - Equity

Good practices...

Are based on research



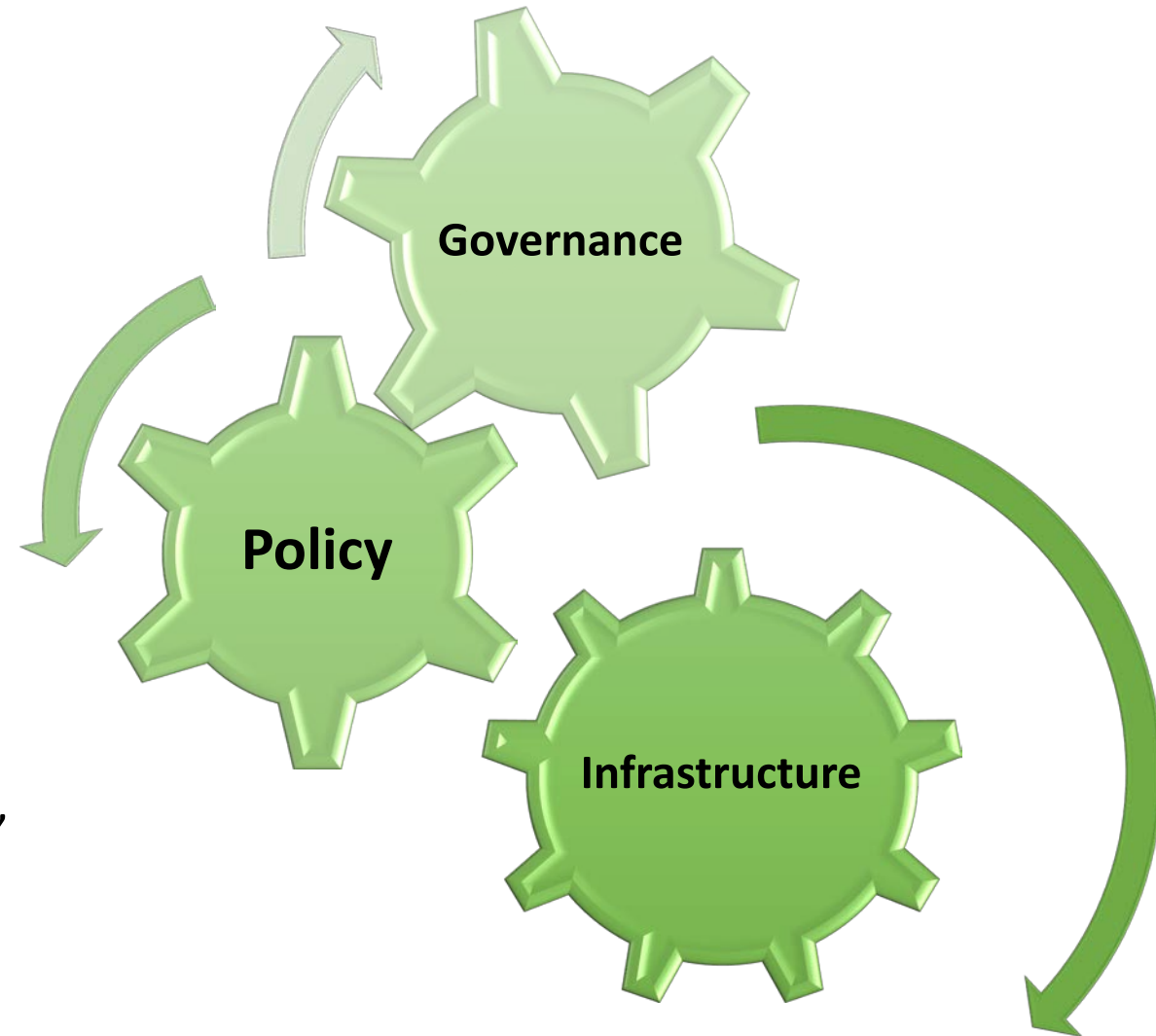
Good practices...

Arise from a **health promotion system** that produces conditions for good practices to emerge *

- **Governance**
 - strategic priority setting, accountability, financing, **[disruptive]** leadership
- **Policy**
 - policy development and planning
- **Infrastructure and Resources**
 - workforce, research, knowledge management, funds

>>> Programs and services [focus: people and/or environment]

* Fawkes and Lin, WHO National Health Promotion Capacity Mapping Project




Reflections on practice

Practices change over time, as new challenges provide learning opportunities and demands for different approaches

1984: Box Hill Hospital

- Prevention as a role of health care services
- Individual responsibility, Wellness (physical, mental, social, spiritual wellbeing)
- Community behaviour change and personal skill development
- Patient peer support (one of first cancer support groups)



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How to Book...

Course bookings are required and can be made by phone, e-mail, in-person or mail. Payment by instalment can be negotiated with the Health Promotion Unit.

The Health Promotion Unit

Box Hill Hospital

Nelson Road Box Hill 3128

Ph: 03 9895 4947 or Fax: 03 9895 4951

Email:

health.promotion@easternhealth.org.au

1987:

Alfred Hospital > Alfred Group of Hospitals

- HP in strategic plans – integral to the business portfolio of hospitals
- Physical facility in hospital precinct – recommissioned old operating theatre
- ‘Australian Nursing Federation’ – Nursing the Environment
- Smoke-free hospital (one of Australia’s first to declare policy objective and introduce environmental change, staff and patient supports, engagement with public, patient QUIT clinic, staff training)
- Community health programs – eating issues, living with cancer, cooking
- Shared care program - asthma
- Staff health initiatives – quit smoking, health products, massage for stress reduction

1991-1993:

National Better Health Program HPH Project

- 6 sites in pilot - Victoria
- HPH Charter
- Inc responsiveness by outpatient departments to demands for chronic condition care

1996: Royal Melbourne Hospital

HP in core business

- Wards – patient education eg diabetes
- Hospital in the home
- Discharge planning

Good practices...

- *May not be called 'health promotion' or be explicitly informed by health promotion principles*
- *May not have a health objective but have +ve health impact*
- Aim to 'enable people to increase control over the determinants of their health'
- Satisfy principles of HP (participation, empowerment, equity) and use its strategies
- Can be identified in non-health sectors >> benchmarking opportunities

Good practices...



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Creativity and Innovation



Beyond the Basics of Patient Safety



Activating Communities to Create Health



Utilising digital and social media for distribution of health information

Professor Maxine Power, director of innovation and improvement science at Salford Royal Foundation Trust, talks at Ko Awatea last month about digital information. This is a great watch for anyone in the healthcare sector interested in utilising digital and social media channels for their communications, engagement, or distribution of health information. In this 28-minute talk...

25 January 2016 / Leave a comment / Blog / By Lynna Armstrong



Involving women and families in service development

A senior midwife from Ayrshire based Crosshouse Hospital in Scotland says a visit to both Ko Awatea and APAC Forum inspired her to work harder at involving women and families in service development. Laura Muir has a patient safety role as the midwifery champion for the region, NHS Ayrshire and Arran, to support the implementation...

14 January 2016 / Leave a comment / Blog / By Lynna Armstrong



Equipping communities to address self-harm

Michelle Atkinson is Consumer Educator at the Mental Health Education Team in Ko Awatea. Michelle recently won 'Best Poster for a Youth Led Project' at the Third International Youth Mental Health Conference in Montreal for her poster addressing self-harm education. Self-harm is an important issue to me due to my own experiences self-harming as a...

10 December 2015 / Leave a comment / Blog / By Haiona Gray



Students today, leaders tomorrow



When it stops being fun, that's when I'll stop – Paul Pisek

...emerging from **design thinking** that puts the person/consumer at the centre of the process and develops low risk prototypes for testing
...HPH objectives achieved without HPH framework

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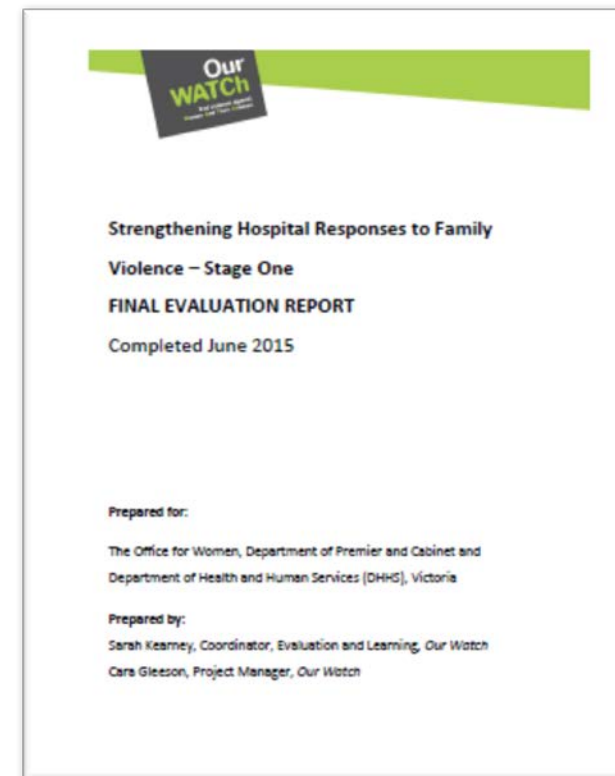
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Learning what good practices are needs investment, research, dissemination

Thank you

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International Network for Health Promoting Hospitals & Health Services

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Program BOOKLET



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MONDAY, 22nd Feb 2016

Griffith University, Nathan Campus

Hosted by The Task Force on Health Promoting Hospitals and Environment
of International Health Promoting Hospitals and Health Services Network
and co-hosted by Griffith University

Venue: Griffith University Nathan Campus, Building N18 (Central Theatre), Theatre II

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