



Standards for Health Promotion in Hospitals

Self-Assessment Tool for Pilot Implementation

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EUROPE



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Self-Assessment Tool for Pilot Implementation

This document has been prepared by Oliver Gröne, Svend Juul Jorgensen, Mila Garcia-Barbero and the International Working Group on Standards for Health Promotion in Hospitals. It has been developed in accordance and in cooperation with international quality organizations and the members of the International Network of Health Promoting Hospitals.

Please visit our website: www.euro.who.int/healthpromohosp.

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Contents

	Page
General considerations	6
Introduction	7
Frequently asked questions	9
Purpose of the pilot implementation	11
Phases of the pilot implementation	11
Roles and Responsibilities	12
Data collection	14
Developing an action plan	15
Structure of the Standards	16
References	17
Using the Self-Assessment Tool	18
Responsibilities for self-assessment	19
Assessment of Standards	22
Standard 1: Management Policy	22
Standard 2: Patient Assessment	28
Standard 3: Patient Information and Intervention	32
Standard 4: Promoting a Healthy Workplace	36
Standard 5: Continuity and Cooperation	41
Overall action plan	47



General considerations

Introduction

The WHO Health Promoting Hospital (HPH) project seeks to incorporate the concepts, values and standards of health promotion into the organizational structure and culture of the hospital, improving the health of patients and staff, supporting healthy environments and actively cooperating with the community. It provides hospitals with an opportunity to contribute to the public health agenda.

Health promotion is a core quality issue in hospitals and therefore should be incorporated into the daily work. Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter for Health Promotion) [1], and is here understood to embrace health education, disease prevention and rehabilitation services. It is also understood to include health enhancement by empowering patients, relatives and employees in the improvement of their health-related physical, mental and social well-being.

Hospitals play an important role in promoting health, preventing disease and providing rehabilitation services. Some of these activities have been an essential part of hospital work although may not have been explicit. However, with the increasing prevalence of lifestyle-related and chronic diseases, a more expanded scope and systematic provision of activities is required. Therapeutic education, strategies enabling patients to take an active role in chronic disease-management or motivational counselling, can support better hospital health outcomes. Hospitals also need to put stronger emphasis on working conditions in order to improve the health of staff, and to improve efficiency and quality of care.

The main strategy to improve quality in health care is by setting standards. However, a review of the main standards in use by accreditation agencies yielded few standards related to health promotion actions [2].

The WHO Regional Office for Europe in 2003 developed standards for health promotion in hospitals which are in line with the recommendations of the ALPHA programme [3]. The standards were developed on the basis of an extensive critical literature review, several expert workshops and consultations. The final set of standards was piloted in 34 hospitals in nine European countries. The standards address the issues of management policy; patient assessment, -information and -intervention; promoting a healthy workplace and continuity and cooperation. The developmental process and final standards have recently been reported in the literature [4, 5, 6, 7].

The standards provide hospitals with a framework to evaluate their health promotion practice and to stimulate development. They provide a real opportunity for staff to question what they do, why they do it, and whether it can be done better. Performance indicators complementary to the standards were added to allow a quantitative monitoring of quality improvement over time.

To support the assessment of standards and indicators, a self-assessment tool has been developed [8]. Self-assessment is a process by which all professionals in a healthcare organization carry out their own quality evaluation against a set of standards. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of an action plan, implementation and subsequent evaluation. Self-assessment has to be clearly distinguished from external evaluation.

Hospitals within the WHO Health Promoting Hospitals network and other hospitals are encouraged to use the self-assessment tool presented in this document to improve health promotion activities and to contribute to continuous quality improvement.

The Self-Assessment tool includes measurable elements and evidence to assess the compliance with standards. A complementary document, "Manual on implementing health promotion in hospitals", is being developed to facilitate implementation [9]. It will be finalized after the piloting phase of the tool has been completed.

Frequently asked questions

Q Is it compulsory for members of the WHO Health Promoting Hospitals Network to undertake self-assessment?

No - the self-assessment is voluntary. The tool is an offer to the member hospitals to facilitate the identification of areas where improvement is needed.

Q What are the incentives for hospitals to undertake this self-assessment?

Hospitals may undertake self-assessment in order to provide better patient care and improve patients quality of life. The self-assessment tool supports evaluation if health promotion services are in place and helps to identify gaps in service provision.

Q How does this fit in with other quality initiatives?

The process of setting standards is an integral part of continuous quality improvement. The health promotion standards developed in this manual aim to complement existing quality standards that do not have a concrete focus on health promotion. They have been developed in accordance with the methodology and terminology used in standards developed by accreditation bodies organized in the International Society for Quality in Health Care. Complementary indicators have been added to allow quantitative assessment of performance over time. It is highly recommended to link the self-assessment of standards for health promotion to the quality strategies already in use.

Q What will we get as an organization when we have completed the self-assessment?

You will have identified your areas of good practice and areas for improvement in the field of health promotion, and will be able to structure an action plan. This will all contribute to improved patient care.

Q Will we get a certificate?

No, certificates will not be issued. The process is a self-assessment and continuous quality improvement and development through action plans. There is not a 'pass' or 'fail'. Each hospital will be different and will have a different set of action plans designed by their own organizations depending on the results of the self-assessment, their priorities and local and national initiatives.

Q Do we need to score 'yes' in all the substandards for each standard?

You need to accurately state your position in each substandard, in order to identify areas of good practice which you may want to replicate elsewhere in the organization, and areas where there could be improvement. This is so that both can be fed into an action plan at the end of the self-assessment. This plan should then be integrated into the hospital's own quality management processes for continuous quality improvement.

Q How do we have to measure indicators?

The manual specifies for each indicator its rationale, description of numerator and denominator, data source and stratification. Indicators need to be measured repeatedly over time in order to reflect the continuous quality improvement process. In order to reduce possible biases indicators should not be altered over time.

Q How can we build an action plan based on standards and indicators?

The assessment of standards compliance is based on a number of measurable elements, which need to be assessed as being fully, partially or not fulfilled. The comments box must be filled with remarks on the evidence used, on quality potentials or further suggestions that support improvement. Data on complementary indicators at the end of each standard may be gathered, facilitating the monitoring of progress over time. The action plan should be developed based on the assessment of standards, indicators and the comments and observations that have been added during the self-assessment process. The action plan should also relate to main gaps identified during the assessment and reflect organizational priorities.

Q What happens to our action plan?

In order to ensure implementation and monitoring the action plan needs to be presented to executive management and included into the quality management processes in the hospital.

Q Will the tool be used for benchmarking with other hospitals?

No. The tool is only intended to be used for self-assessment, although at a later stage and after sound validation of the tool, benchmarking may be discussed further.

Purpose of the pilot implementation

The purpose of this pilot implementation of standards and indicators for health promotion in hospitals is threefold:

1. To assess clarity of the self-assessment tool and complementary documentation enabling hospitals to internally assess and improve the quality of health promotion activities.
2. To assess how data can be collected on indicators for health promotion.
3. To assess the development of a quality improvement plan based on data on compliance of standards and performance assessed by indicators.

It is not the purpose of the pilot implementation to assess test-hospitals. However, information about the hospitals' actual compliance with the standards will be important to identify applicability and relevance. The information will be used by WHO to improve the tool. The data will not be communicated to other parties and the analysis will be anonymous.

Phases of the pilot implementation

The pilot implementation is divided into five phases:

Phase 1: Preparation - March 2004

National coordinators appointed, hospitals selected, all documentation prepared, translated and staff involved briefed about the project.

Phase 2: Assessment of standards compliance - April and May 2004

Standards compliance being assessed using the self-assessment tool. Evaluation of the clarity of formulation, understandability, relevance and applicability of measurable elements in the self-assessment tool to be performed.

Phase 3: Data collection for indicators - June to August 2004

Data to be collected to assess performance based on selected health promotion indicators. Various methods may be applied to gather data, such as review of patient records, use of routine data, conducting surveys, etc.

Phase 4: Development of quality improvement plan - September to October 2004

Based on the assessment of compliance with standards and performance on health promotion, the project leader, together with a multidisciplinary steering group, will develop a quality improvement plan to be submitted to hospital management.

Phase 5: Reporting of results - November and December 2004

The project leader, together with a multidisciplinary steering group in the hospital, fills in the meta-evaluation form provided by WHO. This form will gather results from the assessment of compliance with standards and performance based on indicators as well as evaluate the clarity and relevance of the self-assessment tool, and the burden of data collection.

The self-assessment tool and complementary documentation will be revised afterwards. The results will make no reference to the performance of individual hospitals. They will yield important information on the relevance and applicability of measurable elements and indicators. Further, the quality improvement plan submitted to hospital management will facilitate the identification of the main scope for quality improvement related to health promotion activities within the hospital.

Roles and Responsibilities

Role of WHO

To produce the working materials for the pilot implementation, to encourage countries and hospitals to participate in the pilot implementation, to identify coordinators at regional and national levels, to coordinate the pilot implementation in the participating hospitals, to support the participation and to analyse the results sent to WHO using the meta-evaluation form.

Role of the regional and national coordinator

To translate the working documents prepared by WHO if necessary¹, to encourage and identify hospitals to participate in the pilot implementation, to provide guidance to hospitals taking part in the pilot implementation and to provide feedback on the results. Five to ten hospitals in each country, depending on the size of the country and situational factors, will participate in the project. Participating institutions may be of public or private ownership and should vary in size and location. Although the standards and indicators are not disease-specific we encourage the participation mainly of general hospitals at this stage.

Hospital Management

Essential to the success of this project is the commitment to the project of the chief executive, governing body and senior managers of the hospital, to ensure implementation of the action plan and to release the necessary resources to undertake the task.

¹ NOTE: Not all documentation will need to be translated in all countries, however, WHO strongly encourages to translate at least the complete self-assessment tool. Translated documents, particularly the self-assessment tool, should be the same in layout as the original one. WHO will provide technical assistance on the layout if necessary.

Project leader

It is also crucial that a project leader within the hospital is appointed to lead the process and train other staff in carrying out the self-assessment. Ideally, this person may already be responsible for other quality initiatives in the hospital as the project needs to be run as any other quality improvement activity.

Lead person for standards

The project leader may wish to nominate a lead person for each of the standards (lead persons may be responsible for more than one standard). They will need to take responsibility for assessing the level of compliance with the standard and substandards. They will be responsible for collecting the evidence that supports their response. They will also be responsible, in collaboration with other members of the steering group, to collect data for health promotion indicators.

Multidisciplinary steering group

The project leader needs to establish a multidisciplinary steering group that represents the staff at all levels. He will need resources for the administrative tasks (e.g. collecting the data and evidence) and for training the steering group.

Each hospital will have to identify the members of the steering group according to their organization. Nevertheless, it is suggested that the following staff should be involved in the multidisciplinary steering group:

- a senior nurse who may also be responsible for quality /clinical audit
- a senior and junior doctor
- a senior manager
- a human resources/personnel member
- a member of staff from ancillary professions allied to medicine (e.g. physiotherapy, occupational therapy), general support medical services (e.g. Radiography) and a member of staff from general non-clinical services (e.g. catering, hotel services, cleaning, etc.).

Staff at all levels in the hospital should be involved in collecting the evidence and supporting a collective response to the compliance of the standard.

The steering group will need to meet on a regular basis to discuss progress with the self-assessment, generate ideas across disciplines and promote greater ownership of the project.

It is important to stress that there is very little value in one person completing the self-assessment without the involvement of relevant staff, as the results would be subjective and prevent staff from being involved in the learning process.

Data collection

Data needs to be collected to assess standards and to construct indicators.

Standards

Regarding data collection to assess standards, the self-assessment tool contains for each standard and substandard a number of measurable elements and indicates evidence that may be used to assess the standard as being fully, partially or not fulfilled. The comments box must be filled with remarks on the evidence used, on potentials for quality improvement or further suggestions that support improvement.

The standards covering the management level, and standards covering all parts of the hospital, need to be assessed by the hospital management or quality committee if it exists.

The standards for clinical activity are to be assessed in one of the clinical units in the hospital. It is recommended, that 50 records for patients who are discharged and have been admitted to the unit within 3 months be chosen randomly for assessment (for sampling and audit procedure please refer to the corresponding section in the manual).

The audit group should be an interdisciplinary group of professionals with good knowledge about the documentation routines of the unit. The term "patients' records" covers all kinds of documentation (medical record, nursing record, therapists and dieticians notes etc.) that needs to be taken in consideration in the assessment of the hospital's compliance with the standards.

Further background information on the principles of carrying out an audit are included in the manual "Implementing health promotion in hospitals".

Indicators

Indicators need to be reported in the self-assessment tool. However, the process of data collection to construct the indicators will be carried out separately.

Indicators were developed to complement the standards for health promotion, reflecting the effect of sustained compliance with standards and hence providing a quantitative monitoring tool to improve quality of care. They are not designed to assess compliance with standards.

A number of health promotion-related indicators were selected and developed, for example: staff awareness of management's health promotion policy, patients' capacities for modifying risk factors; patients' self-management capacities; staff short-term absenteeism; staff smoking behaviour; assessment of communication with external partners; timely information transfer to providers, and preventable emergency admissions of elderly.

It is up to the hospital to decide which indicator they will choose, however, at least one indicator to complement each of the five standards needs to be collected. Indicators reflecting local priorities may also be included or developed. Such indicators should be described in the same detail (rationale, description, numerator, denominator, data source, stratification) as the indicators already included in the self-assessment tool (see manual for descriptive sheets of indicators).

Indicators need to be reported in the self-assessment tool for developing an action plan based on the assessment of both compliance with standards and the level of performance as per the indicators.

Repeated measurements of indicators over time are necessary in order to reflect changes in the indicator. It is suggested that data on indicators will be gathered every six months, however, given the restricted time for the pilot implementation only a single measurement is required for hospitals in the piloting phase.

The manual includes descriptive sheets for each indicator, specifying its rationale, description, numerator, denominator, data source and stratification of each indicator, and further information related to the data collection for indicators.

Developing an action plan

When the self-assessment is completed, the steering group will be able to identify areas of good practice and areas for development where the hospital is not meeting the standards or substandards.

An action plan can then be developed to address those issues. It is important that actions on the plan relate to local and national priorities or targets and the hospital's own available resources. The action plan should also be integrated into the existing management system of the hospital to monitor development.

This process is not an accreditation scheme, and therefore there are no 'passes or fails', and no certification on completion of the self-assessment. The core of self-assessment is better understanding of the organization and identifying potential for quality improvement.

Structure of the Standards

Five standards were developed addressing the following issues:

- Standard 1: Management Policy
- Standard 2: Patient Assessment
- Standard 3: Patient Information and Intervention
- Standard 4: Promoting a Healthy Workplace
- Standard 5: Continuity and Cooperation

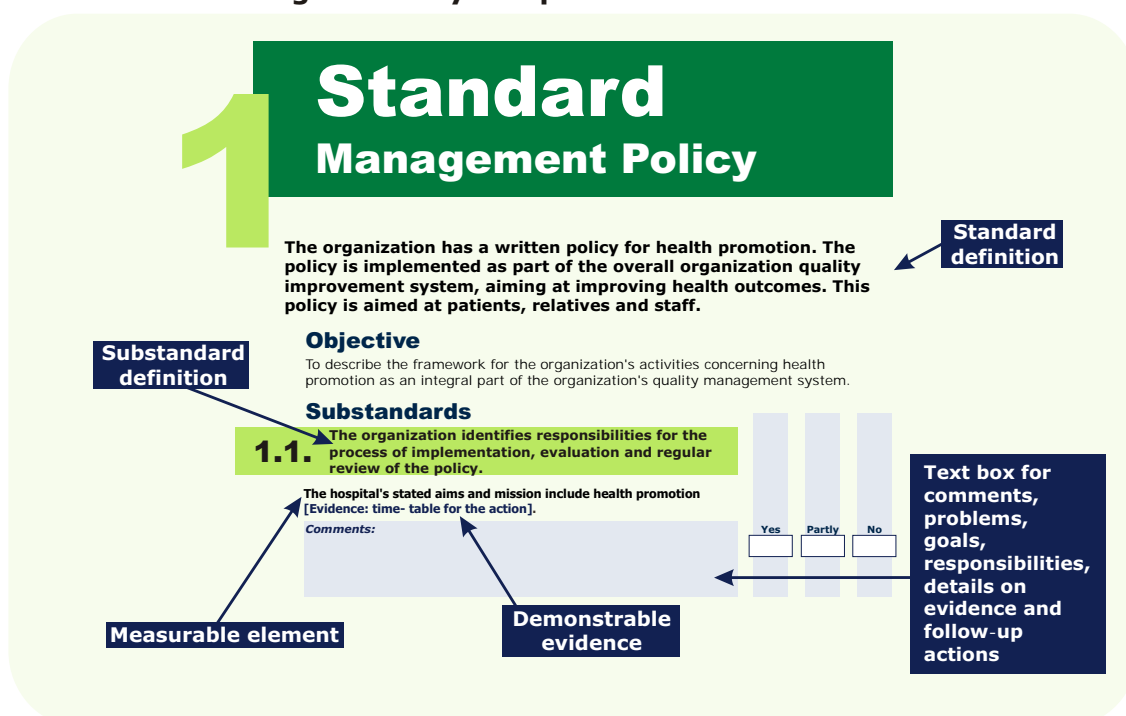
Each standard has a set of substandards, and each substandard has one or more measurable elements, which require an answer of 'yes, partly or no'. Demonstrable evidence is required to show compliance with the substandards. Examples of evidence against which substandards may be evaluated have been added in square brackets.

A box for comments is located next to the measurable elements where problems, goals, responsibilities, details on evidence and follow-up actions must be documented. This qualitative information provides important background for the development of the quality improvement plan.

Indicators have also been developed for each standard. The manual specifies for each of the indicators its rationale, description, numerator, denominator, data source and stratification. The computed indicators should be reported in the corresponding section after each of the five standards. Subsequent to each standard you will find a table where actions, responsibilities, timeframe and expected results need to be documented.

The following graph illustrates the components of the standards.

Figure 1. Key components of the standard



References

- [1] World Health Organization. *Ottawa Charter for Health Promotion* (http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf). Ottawa, WHO, 1986 (accessed 4 March 2004).
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- [8] World Health Organization. *Self-assessment tool for health promotion standards and indicators in hospitals (Draft)*. Copenhagen, WHO Regional Office for Europe, 2004 (document EU/04/5038045-S).
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Using the Self-Assessment Tool

Responsibilities for the self-assessment

Responsibilities for the self-assessment should be documented in this section. One person has to take the overall responsibility (project leader). Additional responsibilities may be distributed for the various standards, according to the hospital's structure and human resources available (e.g. responsibility for the assessment of standards 1 and 5 may be with a senior management member, while responsibilities for the assessment of other standards may be with a member of clinical services). Each member should sign an agreement to confirm that they will collect, or supervise the collection of data.

The action plan should be discussed and planned by the whole steering group. The project leader approves the action plan and facilitates its implementation. The action plan needs to be presented to management.

Project leader

(Takes responsibility to overlook the overall self-assessment process and for the results presented)

Name

Function

Date

/ /

Signature

Members of the steering group

Name	Department	Title/ Function	Profession/ Discipline

Project Leader for Standard 1: Management Policy

Name

Function

Date / /

Signature

Project Leader for Standard 2: Patient Assessment

Name

Function

Date / /

Signature

Project Leader for Standard 3: Patient Information and Intervention

Name

Function

Date / /

Signature

Project Leader for Standard 4: Promoting a Healthy Workplace

Name

Function

Date / /

Signature

Project Leader for Standard 5: Continuity and Cooperation

Name

Function

Date / /

Signature

1

Standard Management Policy

The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.

Objective

To describe the framework for the organization's activities concerning health promotion as an integral part of the organization's quality management system.

Substandards

1.1.

The organization identifies responsibilities for the process of implementation, evaluation and regular review of the policy.

The hospital's stated aims and mission include health promotion [Evidence: time-table for the action or list of activities].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minutes of the governing body reaffirm agreement within the past year to participate in the WHO HPH project [Evidence: date for the decision or for payment of the annual fee].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The hospital's current quality and business plans include HP [Evidence: health promotion explicitly in the plan of action].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The hospital's HP policy has been formally adopted or revised by the executive management within the past two years [Evidence: minutes or instructions from the CEO or other responsible member of the management].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The policy explicitly refers to HP for patients, staff and community [Evidence: guidelines for action for patients, specific plan for staff and community].

Comments:

Yes

Partly

No

1.2.

The organization allocates resources to the processes of implementation, evaluation and regular review of the policy.

A programme for quality assessment of the health promoting activities is established [Evidence: time schedule for surveys is available].

Comments:

Yes

Partly

No

There is an identifiable budget for the evaluation of HP services and materials [Evidence: budget or staff resources].

Comments:

Yes

Partly

No

Operational procedures (e.g. clinical practice guidelines or pathways) available in clinical departments incorporate HP [Evidence: check guidelines].

Comments:

Yes

Partly

No

1.3.

Staff are aware of the health promotion policy and it is included in induction programmes for new staff.

The hospital organization structure identifies personnel and functions for the coordination of HP [Evidence: staff member nominated for the coordination of HP].

Comments:

Yes

Partly

No

The policy is accessible to staff in all departments and all shifts [Evidence: newsletters, posters or brochures].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff in all departments are aware of the content of the policy [Evidence: annual performance evaluation or staff's participation in the HP programme].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The hospital's induction program for new staff specifies health promotion activities [Evidence: the program includes introduction to the HP plan].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4.

The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.

Data are routinely captured on HP interventions and available to staff for evaluation [Evidence: availability assessed in staff survey].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is documented evidence of ongoing systematic audit including implementation of the HP policy in each department [Evidence: time schedule for the audit].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.5. The organization ensures that staff have relevant competences to perform health promotion activities and supports the acquisition of further competences as required.

Job descriptions for all staff members specify relevant health promotion activities [Evidence: for individuals or well-defined groups. Familiarity with job description documented by survey or interview].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuing professional development program includes health promotion [Evidence: training program on HP attended].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.6. The organization ensures the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.

Specific structures and facilities can be identified [Evidence: lifting facilities available].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 1 Management Policy

Complementary indicators

_____ % of staff aware of health promotion policy

_____ % of patients aware of standards of health promotion

_____ % budget dedicated to staff HP activities

Additional indicators

(local indicators you may want to consider for the action plan)



Standard 1 Management Policy

Action plan

	Action	Responsible	Timeframe	Expected result
General remarks				
1.1.				
1.2.				
1.3.				
1.4.				
1.5.				
1.6.				

2

Standard Patient Assessment

The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.

Objective

To support patient treatment, improve prognosis and to promote the health and well-being of patients.

Substandards

2.1.

The organization ensures the availability of procedures for all patients to assess their need for health promotion.

Guidelines on how to identify smoking status, alcohol consumption, nutritional status, psycho-social-economic status are present [Evidence: check availability].

Comments:

Yes

Partly

No

Guidelines/procedures have been revised within the last year [Evidence: check date, person responsible for revising guidelines].

Comments:

Yes

Partly

No

2.2.

The organization ensures procedures to assess specific needs for health promotion for diagnosis-related patient-groups.

Guidelines are present on how to identify needs for HP for groups of patients (e.g. asthma patients, diabetes patients, chronic obstructive pulmonary disease, surgery, rehabilitation) [Evidence: for groups of patients specifically treated in the clinical department].

Comments:

Yes

Partly

No

2.3.

The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request.

The assessment is documented in the patients record at admission [Evidence: for all patients. Identified by patient records audit].

Comments:

Yes

Partly

No

The date of assessment is written down in the patient record [Evidence: Review of patient records].

Comments:

Yes

Partly

No

There are guidelines / procedures for reassessing needs at discharge or end of a given intervention [Evidence: guidelines present].

Comments:

Yes

Partly

No

2.4.

The patients' needs assessment ensures awareness of and sensitivity to social and cultural background.

The patient record documents social and cultural background as appropriate [Evidence: religion that requires special diet or other specific attention. Social conditions indicating that the patient is at risk].

Comments:

Yes

Partly

No

2.5.

Information provided by other health service partners is used in the identification of patient needs.

Information from referring physician or other relevant sources is available in the patients record [Evidence: for all patients referred from physician].

Comments:

Yes

Partly

No

Standard 2 Patient Assessment

Complementary indicators

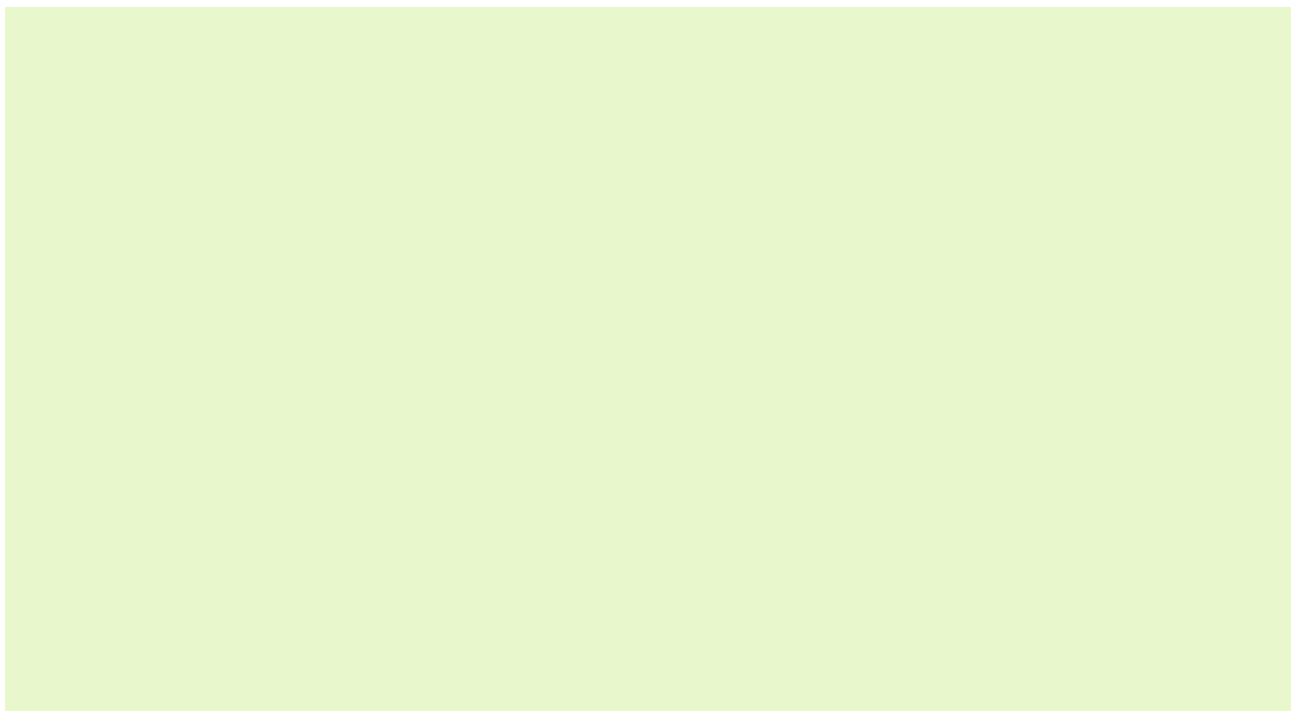
_____ % of patients assessed for generic risk factors

_____ % of patients assessed for disease specific risk factors according to guidelines.

_____ score on survey of patients' satisfaction with assessment procedure

Additional indicators

(local indicators you may want to consider for the action plan)



Standard 2 Patient Assessment

Action plan

	Action	Responsible	Timeframe	Expected result
General remarks				
2.1.				
2.2.				
2.3.				
2.4.				
2.5.				

3

Standard

Patient Information and Intervention

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.

Objective

To ensure that the patient is informed about planned activities, to empower the patient in an active partnership in planned activities and to facilitate integration of health promotion activities in all patient pathways.

Substandards

3.1. Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed.

Information given to the patient is recorded in the patients record [Evidence: random review of patient records for all patients].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. Patients are given clear, understandable and appropriate information about their actual condition, treatment, care and factors influencing their health.

Patient satisfaction assessment of the information given is performed and the results are integrated into the quality management system [Evidence: various assessment methods: survey, focused group interview, questionnaire. Time schedule].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3. The organization ensures that health promotion is systematically offered to all patients based on assessed needs.

Information and intervention is documented in the patients record [Evidence: patient records audit].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4.

The organization ensures that information given to the patient, and health promoting activities are documented and evaluated, including whether expected and planned results have been achieved.

Activities and expected results are documented in the records [Evidence: patient records audit].

Comments:

Yes

Partly

No

Data of review of progress is documented in the records [Evidence: patient records audit].

Comments:

Yes

Partly

No

3.5.

The organization ensures that all patients, staff and visitors have access to general information on factors influencing health.

Information is available on patient organizations [Evidence: contact-address is provided].

Comments:

Yes

Partly

No

General health information is available [Evidence: availability of printed or online information, or special information desk].

Comments:

Yes

Partly

No

Detailed information about high/risk diseases is available [Evidence: availability of printed or online information, or special information desk].

Comments:

Yes

Partly

No

Standard 3 Patient Information and Intervention

Complementary indicators

_____ % of patients educated about specific actions in self-management of their condition

_____ % of patients educated about risk factor modification and disease treatment options in the management of their condition

_____ Score on survey of patients' experience with information and intervention procedures

Additional indicators

(local indicators you may want to consider for the action plan)

Standard 3 Patient Information and Intervention

Action plan

	Action	Responsible	Timeframe	Expected result
General remarks				
3.1.				
3.2.				
3.3.				
3.4.				
3.5.				

4

Standard

Promoting a Healthy Workplace

The management establishes conditions for the development of the hospital as a healthy workplace.

Objective

To support the establishment of a healthy and safe workplace, and to support health promotion activities for staff.

Substandards

4.1.

The organization ensures the establishment and implementation of a comprehensive Human Resources Strategy that includes the development and training of staff in health promotion skills

A performance appraisal system and continuing professional development exists [Evidence: documented by review of staff files or interview].

Comments:

Yes

Partly

No

New staff receive an induction training [Evidence: interviews with new staff].

Comments:

Yes

Partly

No

Training plans are set up and fulfilled by the end of the year [Evidence: check with staff].

Comments:

Yes

Partly

No

Working practices (procedures and guidelines) are developed by multidisciplinary teams [Evidence: check procedures, check with staff].

Comments:

Yes

Partly

No

Staff's knowledge on health promotion is assessed through surveys [Evidence: check questionnaire used for and results of staff survey].

Comments:

Yes

Partly

No

4.2.

The organization ensures the establishment and implementation of a policy for a healthy and safe workplace providing occupational health services for staff.

Working conditions comply with national/regional directives and indicators [Evidence: national and international (EU) regulations are recognized].

Comments:

Yes

Partly

No

Staff comply with health and safety requirements and all workplace risks are identified [Evidence: check data on occupational injuries].

Comments:

Yes

Partly

No

Smoking cessation programmes are offered [Evidence on availability of programmes].

Comments:

Yes

Partly

No

Information on diet and physical exercise is offered [Evidence: availability of printed or online information, or special information desk].

Comments:

Yes

Partly

No

Staff's experience with quality, choice and access to healthy food is assessed through surveys [Evidence: check questionnaire used for and results of staff survey].

Comments:

Yes

Partly

No

The canteen offers variations of healthy food [Evidence: policy for healthy food, check food offered in canteen].

Comments:

Yes

Partly

No

4.3. The organization ensures the involvement of staff in decisions impacting on the staff's working environment.

Staff involvement in hospital policy-making, audit and review [Evidence: check with staff; check minutes of working groups for participation of staff representatives].

Comments:

Yes

Partly

No

4.4. The organization ensures availability of procedures to develop and maintain staff awareness on health issues.

Education sessions are offered to staff [Evidence: programs and educational material].

Comments:

Yes

Partly

No

Policies are available for staff [Evidence: check for issues smoking, alcohol, substance misuse and physical activity].

Comments:

Yes

Partly

No

Annual staff surveys are carried out including an assessment of individual behaviour, knowledge on supportive services/policies, and use of supportive seminars [Evidence: check questionnaire used for and results of staff survey].

Comments:

Yes

Partly

No

Staff are aware of risk management procedures [Evidence: check with staff].

Comments:

Yes

Partly

No

Standard 4 Promoting a Healthy Workplace

Complementary indicators

- _____ % of short-term absence
- _____ % of work-related injuries
- _____ % of staff smoking
- _____ Score of survey of staff experience with working conditions
- _____ Score on burnout scale
- _____ % of staff participating in regular health promotion activities within the hospital
- _____ % of staff coming to work by bicycle
- _____ Retention rate
- _____ Turnover rate

Additional indicators

(local indicators you may want to consider for the action plan)

Standard 4 Promoting a Healthy Workplace

Action plan

	Action	Responsible	Timeframe	Expected result
General remarks				
4.1.				
4.2.				
4.3.				
4.4.				

5

Standard Continuity and Cooperation

The organization has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis.

Objective

To ensure collaboration with relevant providers and to initiate partnerships to optimise the integration of health promotion activities in patient pathways.

Substandards

5.1. The organization ensures that health promotion services are coherent with current provisions and health plans.

The management board can document regulations on the health plan and reference them [Evidence: regulations and provisions identified and listed].

Comments:

Yes

Partly

No

The management board is aware of the health plan [Evidence: interview].

Comments:

Yes

Partly

No

The management board can demonstrate compliance with the plan (progress has been documented) [Evidence: report on compliance is available].

Comments:

Yes

Partly

No

Criteria to assess compliance have been specified [Evidence: list of criteria available].

Comments:

Yes

Partly

No

5.2.

The organization identifies and cooperates with existing health and social care providers and related organizations and groups in the community.

There is a written rationale for the selection of partners available [Evidence: cooperating organizations and partners listed, rationale for each described].

Comments:

Yes

Partly

No

Partners have been identified and can be documented [Evidence: documentation provided].

Comments:

Yes

Partly

No

There is a written procedure to meet regularly [Evidence: check procedure and record date of last meeting].

Comments:

Yes

Partly

No

Participation of all partners can be demonstrated [Evidence: minutes from the meetings].

Comments:

Yes

Partly

No

There is a written plan for collaboration to provide seamless services to the patient [Evidence: criteria for admittance, plan for discharge].

Comments:

Yes

Partly

No

There are procedures for the exchange of information with other health care organizations that take account of patient confidentiality [Evidence: information about patients is only exchanged after informed consent].

Comments:

Yes

Partly

No

5.3.

The organization ensures the availability and implementation of activities and procedures after patient discharge during the post-hospitalisation period.

Patients (and their families as appropriate) are given understandable follow-up instructions at referral or discharge [Evidence: patients' evaluation assessed in patient surveys].

Comments:

There is a joint review procedure for discharge policy and information exchange practices between organizations [Evidence: availability of procedure].

Comments:

It can be documented that the issues of appropriateness and timeliness are part of the review process [Evidence: needs to be addressed in procedure].

Comments:

The receiving organization is given a written summary of the patient's condition and health needs, and interventions provided by the referring organization [Evidence: availability of copy].

Comments:

This summary is included in the patient's record [Evidence: check patient's record].

Comments:

Procedures for discharge and plans for post-hospitalisation period are present [Evidence: existence of protocols].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A plan for rehabilitation describing the role of the organization and the cooperating partners is documented in the patient's record [Evidence: review of records].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.4.

The organization ensures that documentation and patient information is communicated to the relevant recipient/follow-up partners in patient care and rehabilitation.

It can be documented that the plan was sent: within 1 week to the GP, or where applicable within 24 hours to the community nurse [Evidence: survey of or interviews with receiving GP or nurse].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures for communication with relevant partners are present [Evidence: check procedures].

Comments:

Yes	Partly	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 5 Continuity and Cooperation

Complementary indicators

- _____ % of discharge summaries sent to GP or referral clinic within two weeks or handed to patient on discharge
- _____ Readmission rate for ambulatory care sensitive conditions within 5 days
- _____ Number of guidelines developed or revised with collaboration of external users and care providers
- _____ Score on patient discharge preparation survey

Additional indicators

(local indicators you may want to consider for the action plan)

Standard 5 Continuity and Cooperation

Action plan

	Action	Responsible	Timeframe	Expected result
General remarks				
5.1.				
5.2.				
5.3.				
5.4.				

Overall assessment of standards compliance

Management Policy

1

Total:

Yes	Partly	No
17	17	17

Patient Assessment

2

Total:

Yes	Partly	No
8	8	8

Patient Information and Intervention

3

Total:

Yes	Partly	No
8	8	8

Promoting a Healthy Workplace

4

Total:

Yes	Partly	No
16	16	16

Continuity and Cooperation

5

Total:

Yes	Partly	No
19	19	19

Total:

Yes	Partly	No
68	68	68

Overall action plan

General actions

Actions related to the assessment of specific standards and indicators

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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