

Guide to develop a **health promotion** **policy and compendium of policies**

A publication of the Montreal Network of Health Promoting Hospitals and CSSSs



Montreal Network of Health
Promoting Hospitals and CSSSs

A Network Initiated by the WHO

Guide to Develop a Health Promotion Policy and compendium of policies

**Agence de la santé
et des services sociaux
de Montréal**

Québec 

Guide to Develop a Health Promotion Policy and compendium of policies is a publication of the Agence de la santé et des services sociaux de Montréal. It was written in collaboration with the Working Group for the Development of a Health Promotion Policy of the Montreal Network of Health Promoting Hospitals and CSSSs to help member institutions implement the first standard of the World Health Organization's International Network of Health Promoting Hospitals and Health Services (HPH) within their organization.

Note:

In this document, masculine pronouns are used in their generic sense and therefore refer to both women and men.

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- CSSS d’Ahuntsic et Montréal-Nord
- CSSS de Bordeaux-Cartierville–Saint-Laurent
- CSSS de Dorval- Lachine-LaSalle
- CSSS de la Montagne
- CSSS de Québec-Nord
- CSSS du Sud-Ouest–Verdun
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GLOSSARY

ASSSM	Agence de la santé et des services sociaux de Montréal (Montreal Health and Social Services Agency)
CLSC	Centre local de services communautaires (Local Community Service Centre)
CSSS	Centre de santé et de services sociaux (Health and Social Services Centre)
DSP	Direction de santé publique (Public Health Department)
HPH	Health Promoting hospitals and Health Services
MSSS	Ministère de la Santé et des Services sociaux (Ministry of Health and Social Services)
WHO	World Health Organization

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FOREWORD



Dear members of the International Network of Health Promoting Hospitals and Health Services,

It is my pleasure to acknowledge the Montreal Network's publication of this guide entitled *How to Develop a Health Promotion Policy and Compendium of Policies*. It is an important publication, since all member organizations of the International HPH Network must develop written health promotion policies aimed at patients, relatives and staff in accordance with WHO-HPH standards.

This guide will be a valuable source of inspiration for any institution looking to do just that, whether they are new members developing their health promotion policies for the first time, or existing members looking to review their current policies. The guide's strength is that it is based on the concrete experiences of hospitals and health services. Accordingly, it provides examples of policies created by our members, which can serve as a great starting point for any policy development or revision.

This guide emphasizes the importance of mobilizing all sectors within an institution and of developing an integrated vision within the organization. Ensuring that each member institution develops and disseminates a policy will help us harmonize the initiatives that each organization already takes. Such a harmonization is important internally, but it is also a significant contribution towards an internationally consistent high quality health promotion in hospitals and health services.

I thank the Montreal Network and its many international collaborators for the great effort, which they have put into this important publication.

A handwritten signature in blue ink, reading 'H. Tønnesen'.

Hanne Tønnesen, MD, DMSc, Director of Centre, Head of Research WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services Bispebjerg University Hospital, Copenhagen

CEO International Network of Health Promoting Hospitals and Health Services

WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals
Clinical Unit of Health Promotion

A WORD FROM THE COORDINATOR OF THE MONTREAL NETWORK OF HEALTH PROMOTING HOSPITALS AND CSSSs



Dear members,

In 2005, the Agence de la santé et des services sociaux de Montréal (the Montreal Agency), in collaboration with a number of its members, joined the International Network of Health Promoting Hospitals (HPH). Together, they form the Montreal Network of Health Promoting Hospitals and CSSSs.

By joining this initiative, these Montreal health care centres have shown a clear desire to integrate health promotion into their institutional culture in order to tackle the major challenges facing many regions of the world, which include the aging of the population, the rise of chronic disease, and growing pressures on health care staff.

Health promotion is an important strategy for any health institution that occupies a strategic position within its community as a provider of quality care, as a community employer, and as a partner in the development of healthy living environments (schools, neighbourhoods, cities, etc.), and this from the standpoint of sustainable development.

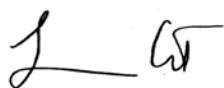
The adoption of a health promotion policy (Standard No. 1 of the International HPH Network) is therefore an inevitable step. Such a policy, as inspired by the Ottawa Charter, acts as a tool for developing an integrated vision of health promotion in relation to an institution's quality improvement system. This policy gives meaning to the initiatives that an institution has already implemented to improve the health and well-being of patients, staff and the community. It can also be used to identify the major priorities that the institution will focus on in the years to come. Developing this policy is therefore an excellent opportunity to mobilize the members of an organization's highest levels along with staff, users and community partners around the promotion of health.

Aware of the importance of this policy in the creation of a global vision, the Montreal Agency, as coordinator of the Montreal Network, has been working for some years now to support institutions in their process to develop a health promotion policy.

This guide is the result of collaborations with the member institutions of the Montreal Network of Health Promoting Hospitals and CSSSs. It concisely presents the main components involved in developing a health promotion policy along with various examples of policies from health centres both in Montreal and other countries. Once the policy has been adopted, an institution can use this document as a reminder of what needs to be done so that all organizational levels can work towards meeting health promotion challenges.

We would like to thank all individuals and institutions that helped produce this document.

Above all, the Montreal Agency hopes that this guide will serve as a useful tool for members of the HPH Network as they develop their health promotion policies.



Louis Côté

Director of Human Resources, Information, Planning and Legal Affairs

Agence de la santé et des services sociaux de Montréal

Coordinator of the Montreal Network of CSSSs and Health Promoting Hospitals

Introduction

Historically, hospitals and health services have evolved based on their ability to treat disease and maintain patient health; in other words, their goal has been to cure patients and, when no cure is available, to alleviate suffering and provide comfort. In recent decades, this mandate has been questioned in light of the need for effective responses to the rise in chronic health problems and diseases associated with the aging of the population.¹

It was in this context that the WHO Regional Office for Europe created the International Network of Health Promoting Hospitals and Health Services (HPH) in 1990. This network, which today has more than 740 member institutions around the world, strives to integrate health promotion concepts, values and strategies within the organizational structure and culture of hospitals or health services. The goal is to improve health by improving the quality of care, the quality of life for staff, and the relationship between the hospitals or health services and the community. In other words, HPH put a strong emphasis on users and their families, particularly in relation to the needs of vulnerable groups, staff, the community, and the environment.

The International Network of Health Promoting Hospitals and Health Services (HPH), which today has more than 740 members institutions around the world, strives to integrate health promotion concepts, values and strategies within the organizational structure and culture of hospitals or health services.

¹ Who Regional Office for Europe. *The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services*. URL: http://www.santemontreal.qc.ca/pdf/hps/HPH_BROCHURE.pdf

Institutions that would like to adopt this kind of health promotion approach and be recognized as a member of an HPH network must make commitments based on five standards, the first of which is to create a written policy for health promotion.² This guide is therefore designed to help these institutions develop a health promotion policy.

Any institution that would like to adopt this kind of approach must develop a written policy for health promotion

Have you just started the process of exploring the HPH concept?

Institutions that are starting the process of exploring the HPH concept should first consult the following document: WHO Europe (2008). *The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services*. URL: http://www.santemontreal.qc.ca/pdf/hps/HPH_BROCHURE.pdf

² The five standards are: 1) Management Policy 2) Patient Assessment; 3) Patient Information and Intervention; 4) Promoting a Healthy Workplace; and 5) Continuity and Cooperation.

How this Guide is Organized

This guide is comprised of six sections.

1. A summary of the standard and substandards of the health promotion policy issued by the International HPH Network.
2. A presentation of types of HPH organizational approaches.
3. Recommendations on the content of a health promotion policy. This section includes a checklist to help institutions ensure their policy is in accordance with the HPH concept.
4. The main benchmarks in the policy development process in terms of ownership by the institution's various departments.
5. A description of the support provided by the Agence as regional coordinator of the member institutions that must develop a health promotion policy.
6. Examples of health promotion policies adopted by member institutions of the HPH network in Montreal and other regions of the world.

Standard and Substandards of the Health Promotion Policy

The World Health Organization Regional Office for Europe created a manual on implementing health promotion practices in hospitals and health services.³ This manual contains five standards, the first of which is the focus of this guide and which stipulates that the institution must have “a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes.”

The WHO manual outlines the substandards and measurable elements listed in the box below.

Substandards and measurable elements

The organization identifies responsibilities for health promotion.

- The hospital's stated aims and mission include health promotion.
- Minutes of the governing body reaffirm agreement within the past year to participate in the WHO HPH project.
- The hospital's current quality and business plans include health promotion (HP) for patients, staff and the community.
- The hospital identifies personnel and functions for the coordination of HP.

The organization allocates resources for the implementation of health promotion.

- There is an identifiable budget for HP services and materials.
- Operational procedures such as clinical practice guidelines or pathways incorporating HP actions are available in clinical departments.
- Specific structures and facilities required for health promotion (including resources, space, equipment) can be identified.

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.
- A program for quality assessment of the health promoting activities is established.

³ *Implementing Health Promotion in Hospitals: Manual and Self-Assessment Forms*. Edited by Oliver Groene. World Health Organization, Europe, 2006, 92 pp.

Types of HPH Organizational Approaches

After reviewing the organizational approaches of a number of health promoting hospitals, Johnson and Baum (2001)⁴ developed a typology for these approaches. Here is a summary:

- The first type of approach focuses solely on ad hoc health promotion projects that may be oriented towards patients and their families, staff, the functional structure of the institution, its physical environment or the community.
- The second type is concerned with one or multiple groups and the aspects listed above but is usually delegated to a specific division, department or staff member. The potential impact of the project is therefore limited.
- The third type involves implementing an integrated health promotion program that involves the entire institution. However, type-3 promotion initiatives are still limited to actions within the institution. By implementing this type, the institution becomes a health promotion “setting”.
- Finally, **the fourth type** combines the third type along with actions and partnerships intended to promote the health of the community.

According to the authors, the first two approaches may be appropriate for initiating organizational change in favour of health promotion, while the latter two types are the only ones that can truly mobilize the entire organization and ensure the sustainability of the institution's health promotion culture. Johnson and Baum also underline the importance of obtaining the commitment and support from all levels of the organization if the institution is to succeed in adopting and implementing a health promotion policy.

In keeping with the spirit of the HPH concept, the Montreal Network believes that the health promotion policy of a member institution should target patients or users, their families, staff and the community (fourth type).

Beyond ad hoc projects and delegating responsibilities to staff members, the health promotion policy should also address organizational aspects, the physical environment, and sustainable development issues if it is to be considered a health promotion “setting.”

It would also be ideal for the health promotion policy to include links with regional and local public health plans (if applicable) as a way to proactively contribute to the health of the community.

⁴ Johnson, A. & Baum, F. (2001). Health promoting hospitals: A typology of different organizational approaches to health promotion. *Health Promotion International*, 16(3), 281-287.

What type of organizational approach will you adopt in your health promotion policy? Explain.

If you answered type 1 or 2, do you think you could attain type 3 or 4 over the next few years? What organizational factors would you have to work on to achieve this?

Policy Content

Do your institutional management policies include common sections? If so, what are they?

As a first step, get advice from those responsible for developing policies at your institution.

Most health centres have management frameworks that set out the sections to be included in institutional policies. The health promotion policy of each institution must therefore comply with this framework. Although the name of each policy section can vary from institution to institution, management policies generally consist of the following:

- Title
- Preamble
- Aim and scope
- Responsibilities
- Definitions
- Means
- Links with other internal policies

The health promotion policy should be a short text that specifies objectives along with the means that will be employed to meet these objectives.

Here are the recommendations for the specific content of each section:

➤ **Recommended title:**

“Health Promotion Policy.”

➤ **Preamble:**

- Establish a link between the health promotion policy and the institution’s mission.
- Clearly state the link between the policy and the institution's quality management program, public health plan, sustainable development policy or activities, etc.
- Refer to any relevant legal frameworks.
- Mention that the institution belongs to the HPH network.

➤ **Aim and scope (wording suggestions):**

- Mobilize staff and physicians around health promotion objectives related to users, their relatives, staff and the community from a perspective of continuity of care, prevention and promotion.
- Respect the institution's obligations and commitments.
- Observe the HPH standards.

➤ **Responsibilities:**

- The board of directors should be responsible for adopting the policy and for annual follow-up.
- Senior management should be responsible and accountable for applying the policy and identifying those responsible for implementing it.

➤ **Proposed definitions:**

- *Health promotion*: Given the source of the HPH concept, it is highly recommended that the definition from the Ottawa Charter be included: “The process of enabling people to increase control over, and to improve, their health.”
- The reference to the International Network could be stated as follows: “The World Health Organization's International Network of Health Promoting Hospitals and Health Services (HPH), initiated by the WHO, aims to spread the concept of health promotion in hospitals and health services beyond their mission of caring for patients.”
- There should be a reference to the regional network. For example, the Montreal Network could be described as follows: “Under the aegis of the Agence de la santé et des services sociaux de Montréal, the WHO-initiated Montreal Network of Health Promoting Hospitals and CSSSs is officially responsible for the further development and coordination of the network.”

➤ **Means:**

- This section will include statements related to:
 - Health promotion measures and activities for patients, their relatives, human resources (staff, physicians, volunteers, etc.) and the community.
 - Operational and clinical procedures that incorporate health promotion.
 - Funding, communication activities and material resources for health promotion.
 - Coordination mechanisms and staff for health promotion. The list of staff members should likely include:
 - ⊕ Those responsible for:
 - Service quality
 - Public health (prevention)
 - Community relations
 - Human resources
 - Infrastructure (buildings and facilities)
 - Sustainable development
 - ⊕ All other managers and staff members
 - The assessment of the policy and health promotion activities.

➤ **Links with other internal policies**, particularly those not mentioned in the preamble.

Here is a summary checklist that could be used before and after the development of the institution's policy to ensure that it adheres to the HPH concept.

- ✓ Link with the quality management program
- ✓ Link with the public health plan
- ✓ Link with the sustainable development program
- ✓ Adoption by the board of directors
- ✓ Responsibility of executive director
- ✓ Mention of health promotion in the mission, vision and organizational plans
- ✓ Reminder that health promotion is everyone's responsibility
- ✓ Regular item on the agenda of board meetings
- ✓ The policy should include:
 - Health promotion measures and activities intended for:
 - Human resources (staff, physicians, volunteers, etc.)
 - Patients and users
 - The community
 - Operational and clinical procedures that include health promotion
 - Budgets, communication activities and material resources for health promotion
 - Staff and coordination mechanisms for health promotion
 - Assessment of the health promotion policy and related activities

Development Process

Although a policy on its own may not lead to change, the process leading to its adoption provides key opportunities for members of the institution to take ownership of the project. The degree to which they take ownership will depend on a participatory process that involves consultations with staff from various departments and all organizational levels, such as:

- The users' committee
- The council of physicians, dentists and pharmacists (CPDP)
- The council of nurses (CN)
- The multidisciplinary council (MC)
- The board of directors, the executive director and managers
- Partners in the community
- Unions

It would be a good idea to base the process on one already used to develop a major policy that has gained wide acceptance in the institution. In general, the elements of this kind of process will involve:

- Designating a person in charge
- Creating a policy development committee comprised of influential leaders from various sectors within the institution
- Conducting regular communication activities
- Holding consultation activities that give as many people as possible the chance to express their opinions through multiple platforms (e.g., as part of regular management meetings, on the Intranet or a particular Web site, or through interviews or dedicated focus groups)

Does your institution already have a policy that was developed with the participation and support of many employees from various institutional levels and departments and that was led by an influential team?

Get advice from those in charge of developing this kind of policy.

A number of institutions in the Montreal Network have already developed a health promotion policy. During a meeting to assess their experiences, those in charge of developing these policies gave recommendations about how to ensure the broadest possible participation in the process.

Mobilizing senior management:

- Establishing a formal link between the quality management program and the accreditation and assessment processes will cement the commitment from senior management.
- A precise schedule for developing and adopting the policy should be confirmed by the institution's management committee.
- It is a good idea to consult board members during the policy development process.

Demonstrating the policy's relevance to all departments:

- An inventory of current measures would help illustrate the HPH concept and rally opinion leaders (for example, those responsible for dietary, sustainable development, or clinical follow-up policies that have already been adopted). This inventory will be particularly useful in institutions that have recently implemented an organizational culture in favour of health promotion.
- The role of physicians must be clearly established.
- It may be useful to include the institution's foundation, which could fund projects that illustrate the institution's willingness to promote health.
- Specific tasks must be determined to show how the policy, once adopted, will affect various departments and employees.

Ensuring the consultation process is viewed as credible and legitimate:

- The expertise, training and resources required to implement the policy must be addressed during a consultation process.
- Those in charge of the consultation must be open to discussing the issues and problems related to health promotion that directly affect the institution, such as the level of stress at work as well as any lack of resources or dedicated budgets.
- The policy may take from six to twelve months to become adopted if the process includes an extensive consultation component.

Optimizing communication and consultation activities:

- The communications department should participate in the process from the beginning and regularly publish information about the process, the adoption of the policy, and its impact. The department should also communicate how the policy is a major component of the institution's image.
- The underlying goal and benefits of the health promotion policy must be clearly communicated from the beginning.⁵
- Getting patients, families, staff members, physicians and partners to participate and provide testimonials will demonstrate the relevance and realistic nature of the vision, as will the institution's increasing adherence to health promotion.

⁵ See http://www.santemontreal.qc.ca/pdf/hps/HPH_BROCHURE.pdf

Support Provided by the Montreal Network

The mission of regional HPH networks is to help their member institutions implement HPH standards. To assist member institutions in the development of their health promotion policies, the Montreal Network of Health Promoting Hospitals and CSSSs set up a series of activities and services. The following list could serve as a reference for other networks looking to provide similar support to their members.

- ***Day-long training session for HPH coordinators and communications department representatives from each institution:*** The training content for the Montreal Network is based on this guide. A majority of institutions in the network participated in one of these sessions at the start of their policy development process. This training allowed them to create a policy action plan, which included both policy content as well as the steps involved in the development process. This training also gave the participants an opportunity to express their needs in terms of network support.
- ***One- to two-day customized consultation session:*** In the case of the Montreal Network, member institutions could request the services of an expert on policy content and development. The consultant often connects member institutions who experience similar situations so that they can share strategies and solutions to common challenges. The institutions that use this service can find answers to specific questions or use the consultant's visit as an opportunity to mobilize their colleagues.
- ***Database of adopted policies:*** This policy database is particularly valuable, as institutions can use it as a source of concrete examples to illustrate the nature and scope of future policies to their staff.
- ***Inviting the regional HPH network coordinator to consultation activities:*** Inviting the regional coordinator is a good way to position the internal process within the broader context of regional and worldwide networks, thereby giving the process greater credibility.

Conclusion

Developing a health promotion policy is often the first concrete step towards integrating health promotion into all institutional activities. The policy development process is therefore just as important as the content of the policy. Although an organizational policy is a relatively short text, it communicates a very powerful message. This is particularly true when the process involves managers and staff, when it is adopted at the highest levels of the organization, and when it is implemented as part of the institution's quality improvement system. Opening up dialogue around the policy will also lead to a comprehensive health promotion approach that will lay the groundwork to help the institution proceed with the four other HPH standards.

Appendices

Appendice 1 : CSSS d’Ahuntsic et Montréal-Nord

Health Promotion and Sustainable Development Policy



POLICY AND PROCEDURES	Issuing Department	Codification
	General Directorate	AG-2008-1004
SUBJECT:	HEALTH PROMOTION AND SUSTAINABLE DEVELOPMENT POLICY	

1. Policy Statement

The present policy is in keeping with the intention of the Centre de santé et de services sociaux d'Ahuntsic et Montréal-Nord (CSSSAM-N) to comply with its mission of “maintaining and improving the well-being and health of the population while promoting the development of its health potential.”

In this way the CSSSAM-N has made a commitment not only to maintain and improve the health and well-being of the population but also to act upstream on factors and conditions considered harmful to health.

The CSSSAM-N health promotion and sustainable development policy hinges on a comprehensive vision based on the following statement: “A healthy population and environment through socially responsible action.”

2. Scope

The present policy is aimed at all those who take part in the organization's activities. It also applies to all staff, managers, physicians, and all people working as volunteers, interns, or contract employees. This policy also concerns the population living and working on the territory served by the CSSSAM-N.

The scope of this policy can be broken down into two perspectives:

From an internal perspective, it is intended to promote activities aimed at encouraging healthy lifestyles among staff, physicians, and volunteers and at introducing organizational changes that will make it possible to reduce the ecological footprint of the CSSSAM-N.

From an external perspective, this policy is intended to help with the development of public policies and planning strategies that may increase the quality of life and the standards of living of people residing on the Ahuntsic and Montréal-Nord territories. Measures to promote a rational use of the territory, personal safety, and citizen participation will be supported through sustained participation in consensus-building groups that are engaged in community development.

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3. Definitions

Sustainable Development

A continuous process of improvement in the living conditions of current populations that does not compromise the ability of future generations to have the same and that harmoniously integrates the environmental, social, and economic dimensions of development.

Population

This plan is intended for people who live and work on the territory served by the CSSSAM-N as well as for those who work at the CSSSAM-N facilities (employees, volunteers, and physicians).

Environment

Because the health of the population is linked to that of the environment, this plan is aimed at promoting healthy, stimulating, and pleasant environments for living and working. Such environments, in combination with diverse and sturdy ecosystems, can make a significant contribution to people's health and well-being.

The environment, as understood by the CSSSAM-N, is *the range of natural and cultural conditions that can affect living organisms and human activities*. In short, the environment is composed of *all those elements that condition existence and life itself*. Following the example of Quebec's Sustainable Development Action Plan, the CSSSAM-N believes that it is important to take into account the following factors, which have impacts on the environment:

The *living environment* includes those places where human beings live and carry out their daily activities (work, study, recreation, etc.), including their accommodations and infrastructures.

Lifestyle refers to ways of being and living, especially to consumption patterns.

The standard of living means not only the level of material well-being of individuals and groups but also the potential for social mobility and the autonomy provided by freedom of choice. The standard of living includes the use of surrounding resources and the production of goods and services.

Health

This plan has drawn its inspiration from the concept of **health**, defined in the *Ottawa Charter for Health Promotion* (1986) as *the extent to which a group or an individual can realize aspirations, satisfy needs, and evolve or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being..*"

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Socially Responsible Action

The underlying approach for this CSSSAM-N exercise is inspired by the basic principles of “socially responsible development.” Socially responsible development goes beyond the ethics of sustainability, which are focused on the rational management of resources. It appeals to the ethical principle of responsibility, a human faculty that anyone can exercise.

In accordance with this ethical principle, all individuals should anticipate the consequences that their behaviours and actions will have on others. They should ensure that their behaviours and actions entail a minimum of impacts on their fellow citizens and future generations. They should also anticipate the cumulative effects of their actions and decisions when these are added to hundreds of thousands of similar acts.

Socially responsible actions, processes, and procedures do as follows:

- Reduce negative impacts on the environment (ecological footprint)
- Use natural resources wisely
- Implement rational land-use planning
- Rely on the precautionary principle
- Encourage citizen engagement and involvement
- Close the gaps in quality of health between population subgroups
- Promote equity among regions, peoples, and generations
- Contribute to the development of critical thinking, skills, and action that is appropriate in specific situations.

4. Guiding Principles

This policy is based on the following foundation:

The *Ottawa Charter*,¹ written in 1986, goes back to the health promotion concerns stated by the World Health Organization (WHO). This Charter stipulates that the purpose of health promotion is to provide people with greater control over their health and the means to improve it. With the objective of closing the gaps that exist within populations, the Charter advocates a multi-sector approach to health.

The Ministry of Health and Social Services 2005-2010 Strategic Plan identifies four priority issues intended to “maintain, improve, and restore health and well-being of Quebeckers ...” The first of these issues is aimed at “improving the health and well-being of the population through the development of effective upstream action in promotion, prevention, and protection.”

Arising from this broad policy is the development of an intersectorial support strategy, particularly in the areas of food, physical activity, safety, transportation, agriculture, environment, the fight against inequalities, and the 2003-2012 National Public Health Program.²

¹ World Health Organization. 1986. *Ottawa Charter for Health Promotion*.

² Direction de la Santé publique du MSSS. 2004. *Programme national de santé publique 2003-2012*.

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The Ministry of Health and Social Services National Public Health Program details the activities to be implemented over the course of those years in an effort to have an effect on health determinants, including lifestyle, other health-related behaviours, living conditions, and living and physical environments.

The document entitled *2006-2012 Government Action Plan for the Promotion of Healthy Lifestyles and the Prevention of Problems Related to Weight: Invest in the Future*³ identifies five areas for priority action, including the promotion of healthy eating habits and physically active lifestyles.

The CССSАM-N clinical and organizational project⁴ details the organization's mission, its priorities, and the values that guide its interventions. Focussing on a "populational responsibility" approach, the CССSАM-N intends to offer a continuum of interventions for care and healing. The CССSАM-N's populational responsibility also involves defining and pursuing health promotion activities in an effort to delay or eliminate disease precursor factors. Recognizing that health is the product of many interacting factors, the CССSАM-N proposes a multidisciplinary, intersectorial, and participatory approach to health promotion. The current action plan is part of the CССSАM-N's basic mission. It targets interventions to create living and working environments that will promote the health of the population. Furthermore, since 2005 the CССSАM-N has been a member of the Montreal Network of CССSs and Health Promoting Hospitals (previously HPH), which, in turn, is part of the WHO network.

³ MССS. *Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012 – Investir dans l'avenir*

⁴ CССS d'Ahuntsic et Montréal-Nord, September 2006. *Projet clinique (phases I et II)*.

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5. Objectives of the Policy

The major orientations of the present policy are as follows:

- To improve the quality of life and living conditions of employees, physicians, and volunteers;
- To introduce organizational changes that will make it possible to reduce the ecological footprint of the CSSAM-N facilities;
- To improve living conditions and the quality of life for the clientele and the general population;
- To help to achieve Canada's and Quebec's international commitments to reduce greenhouse gases;
- To contribute to intra- and inter-generational equity: fair trade, fighting poverty, local development, etc.

6. Stages of Procedures or Activity

Does not apply

7. Roles and Responsibilities

Employees and others taking part in the organization's activities:

- Are to be concerned with the impact of their acts on the environment;
- Are to use the means at their disposal to help to actualize the present policy.

The person responsible for the health promotion and sustainable development file will do the following:

- Ensure that the present policy is promoted and that a plan for the necessary awareness, training, and support is implemented;
- Preside over and facilitate meetings of the Health Promotion and Sustainable Development Committee;
- Draft an annual activities report;
- Make an annual report to the Management Committee and to the Board of Directors on the status of the file and on action taken.

The Health Promotion and Sustainable Development Committee will do the following:

- Define major directions and ensure that priority mechanisms are implemented;
- In collaboration with other relevant CSSS players, develop specific action plans and major directions and objectives arising from said plans;
- Act as an ambassador for the present policy;
- Promote innovative action in health promotion and sustainable development.

Trade unions and professional boards (CMDP, CM, CII) are asked to do the following:

- Inform their members of the existence of the present policy and encourage them to comply with it;
- Become involved by taking part in action on behalf of health promotion and sustainable development.

The Management Committee will do as follows:

- Endorse the major directions recommended by the Health Promotion and Sustainable Development Committee and the specific action plans arising from said directions;
- Act as an ambassador for the present policy.

The Board of Directors will do as follows:

- Adopt the present policy.

8. Responsibility for Implementation

The Local Network Coordinator and head of the Public Health Program will be responsible for implementing the present policy.

Monitoring of Implementation

A report on the implementation of the present policy will be made public on an annual basis. Furthermore, following its adoption, the policy will be re-evaluated every three years, and, if needed, the directions will be reviewed in light of outcomes achieved.

9. Effective Date

The present policy shall become effective the day that it is adopted by the Board of Directors. This policy automatically nullifies all regulations or policies on this subject that may have been adopted previously in another facility or in other facilities administered by the CSSSAM-N.

Initials: mg

Date: May 6, 2008

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Appendice 2 : CSSS de Bordeaux-Cartierville–Saint-Laurent

Health Promotion Policy

ORGANIZATIONAL POLICY

TITLE: Health Promotion

1. SUBJECT

The CSSS health promotion policy incorporates health promotion into the culture, structure, and practices of the organization. It is intended to develop a vision of health promotion to be shared by all users, residents, relatives, the staff, policy-makers at our CSSS, our partners, and the general population throughout our territory.

2. PREAMBLE

Although health promotion has traditionally been one of the primary mandates of CLSCs, while secondary and tertiary prevention have fallen more within the domain of hospitals, the new contextual backdrop of populational responsibility has made health promotion part of the core action undertaken by the local service network.

The mission of the CSSS is to improve the health and well-being of the population living on the Bordeaux-Cartierville-Saint-Laurent territory. The CSSS also intends to promote health, as defined in the 1986 *Ottawa Charter*: “Health promotion is the process of enabling people to increase control over, and to improve, their health.”

To meet the above commitments, the CSSS de Bordeaux-Cartierville – Saint-Laurent has adopted a health promotion policy that draws its inspiration from the best practices recognized by the World Health Organization (WHO) and from the quality standards advocated by Accreditation Canada.

3. GUIDING PRINCIPLES

3.1. Respecting the five health promotion standards proposed by the WHO

- **Standard 1: Management Policy**

The organization has a written health promotion policy, which is part of the organizational quality improvement program, aimed at improving health outcomes. This policy targets users, their relatives, staff, and the population living on the territory. It is to be taken into consideration particularly when the CSSS conducts its three-year strategic planning.

- **Standard 2: Assessment of Users**

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

Source : Departement of Prevention and General Specific Services

Adresses : Staff, managers, physicians, users and residents

Approved by : Board ☐ Management ☐

Name : Geneviève Hotte

Title : President, CSSS de Bordeaux-Cartierville- Saint-Laurent

Signature :

Background :

Version : November, 24, 2008

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Draft ☐ Final version ☐

Date : December 15 , 2008

- **Standard 3: Information and Intervention Concerning Users and Residents**

The organization provides users and residents with information on significant factors related to their disease or health condition. All care and service pathways include health promotion interventions that foster healthy living environments.

- **Standard 4: Promotion of Healthy Workplaces**

Management establishes the conditions required to develop a healthy workplace at the CSSS.

- **Standard 5: Continuity and Cooperation**

The organization adopts a planned and continuous process of collaboration with other components of the health care system, with other institutions and partners, and with the community (local service network).

3.1. Consolidating the allocation of human and financial resources to health promotion

3.2. Developing promising health promotion strategies

3.3. Recognizing different cultural values within the population of the CSSS territory

3.4. Promoting sustainable economic, social, and environmental development

4. RESPONSIBILITIES

3.5. The Board of Directors, the Director General, and the Control Committee (comité de régie) are responsible for supporting the evolution of a culture and a structure that foster health promotion within the CSSS.

3.6. The Director of Prevention and General and Specific Services as well as the Interdisciplinary Committee for Implementing and Monitoring Health Promotion provide for implementation of the policy, compliance with WHO standards, and both development and monitoring of the action plan.

3.7. Managers ensure that the staff working under their responsibility are familiar with the present policy and that they actively collaborate in its implementation.

3.8. The professional boards (CII, CM, CMDP) and advisory departments (DSI, DQMU, DSP) attend to including health promotion in professional practices and supporting the development of health promotion skills and tools.

3.9. All staff, physicians, interns, and volunteers shall comply with this policy and include health promotion in their work.

5. IMPLEMENTATION STRATEGIES

3.10. Maintain our membership in the Montreal Network of CSSSs and Health Promoting Hospitals, which has been accredited by the WHO (see appendix 1)

3.11. Create an Interdisciplinary Committee for Implementing and Monitoring Health Promotion

The Director of Prevention and General and Specific Services shall create an interdisciplinary implementation and monitoring committee. Staff representatives from all departments and disciplines as well as representatives of institutional and community-based partners are invited to work on this committee.

3.11.1. Conduct a self-assessment of the WHO Health Promotion Standards

In the course of the self-assessment process, all professionals working for organizations that provide health care and social services conduct their own quality assessment with respect to a set of standards. This process is based on the principle of continuous quality improvement, the definition of potential for quality improvement, the development of an action plan, its implementation, and its subsequent assessment.

Resource persons appointed to the committee agree to be responsible for a standard, to assess the level of compliance with the standard, and to coordinate implementation of the action plan with the Director of Prevention.

3.11.2. Develop an action plan in accordance with the CSSS management cycle

An action plan will be developed and should be aligned with local, regional, and national public health priorities so as to improve compliance with the standards.

3.12. Conduct a continuous assessment of the level of compliance with WHO standards at the same time as the accreditation process is taking place

- The action plan for monitoring health promotion standards shall be in accordance with the continuous improvement plan provided for in the accreditation process.
- The committees established for the accreditation process will include the assessment of compliance with health promotion standards in their processes.
- Mechanisms have been planned so as to monitor the action plan for health promotion, possibly with the assistance of a trend chart that would be submitted to the Board of Directors.
- The present policy makes use of health promotion policy and will undergo a review every two years.

3.13. Foster the health promotion policy with staff, users, and our partners

- Establish a communication plan adapted to the different target clientele
- Make CSSS employees familiar with the policy by way of staff orientation programs
- Ensure that staff have the skills required to conduct health promotion activities via continuing training programs and organize skills development activities for this purpose within the CSSS training master plan

REFERENCE TO THE CONSTANT EVOLUTION IN SERVICES OFFERED AND TO OTHER POLICIES

- CSSS Strategic Plan
- Continuous Quality Improvement Plan
- Local Public Health Plan
- Smoking Policy
- Environmental Policy (CSSS Vert)

5. REFERENCE DOCUMENTS

- *Ottawa Charter for Health Promotion* (1986). WHO, Geneva.
- *Budapest Declaration on Health Promoting Hospitals* (1991). WHO, Budapest.
- *Jakarta Declaration on Leading Health Promotion into the 21st Century* (1997). WHO, Vienna.
- *Standards for Health Promotion in Hospitals: Self-Assessment Tool for Pilot Implementation* (2004). WHO.
- CSSS Dorval-Lachine-LaSalle Health Promotion Policy.

Appendix 1

Conditions for Membership in the Montreal Network of Health Promoting CSSSs and Hospitals, Accredited by the World Health Organization

- 1. Pay annual dues.**
- 2. Take part in meetings and committees set up by the Montreal Network.**
- 3. Continue the projects that helped us to become a member:**

- a) Strengthening Our Ties with the Community

One of our organization's ongoing objectives is to strengthen our ties with the community. A total of 16 consensus-building mechanisms have been implemented in the development of new programs, and we are taking part in the development of different community projects, including the areas of food security, social housing, and neighbourhood revitalization.

- b) Health Education and Patient Visits

The clinical prevention system is aimed at improving the preventive clinical practices of physicians on our territory. Physicians can refer their clients to the Health Education Centre, which is devoted to promoting health lifestyles.

- c) A Smoke-Free Institution

The implementation of the policy on the use of tobacco has updated enforcement procedures related to Act 112, which bans smoking in our institutions. A committee is responsible for ensuring compliance with this policy on all sites.

- d) Occupational Health

We continue with the staff health program called *Ma santé, je m'en occupe* (I take care of my health), proposed by the ACTI-MENU corporation. In addition, the Staff Health Service subsidizes and organizes healthy activities for employees.

- 4. Respond to infrastructural needs, including resources, space, equipment, etc., so as to implement ongoing health promotion activities. A budget is prepared every year for the purpose of enhancing our health promotion infrastructure.**

Appendice 3 : CSSS de Dorval-Lachine-LaSalle

Health Promotion Policy



ADMINISTRATIVE POLICIES AND PROCEDURES

Page 1 of 1

TITLE	CODIFICATION
Health Promotion Prepared by : Direction du développement des pratiques professionnelles, de la santé publique et des soins infirmiers Effective : November 4, 2008 Revised :	Subjet : 07 03 0100 Level 001 Facilities : 11 Department : 03
TO: ALL STAFF	
PERSON IN CHARGE Director of the Development of Professional Practices, Public Health, and Nursing (Francine Labrecque) <i>Signature</i>	

1. Preamble

Although health promotion has traditionally been one of the primary mandates of CLSCs, while secondary and tertiary prevention have fallen more within the domain of hospitals, the new contextual backdrop of populational responsibility has made health promotion part of the core action undertaken by the Local Services Network. This situation has become even more significant with the current and continual increase in the prevalence of health problems caused by unhealthy lifestyles, problems that can lead to chronic disease. Furthermore, employees and physicians in the health and social services network are exposed to high levels of physical and psychological stress.

By joining the Montreal Network of CSSSs and Health Promoting Hospitals,¹ the CSSS de Dorval-Lachine-LaSalle is making a commitment to include health promotion as an integral part of the continuum of services, wherever they are provided. The CSSS is also making a commitment to establish the conditions required to help staff and physicians maintain and enhance their state of well-being.

To fulfill these commitments, the CSSS de Dorval-Lachine-LaSalle has adopted a health promotion policy that draws its inspiration from the best practices recognized by the World Health Organization (WHO) and from the quality standards advocated by the Canadian Council on Health Services Accreditation (CCHSA).

¹ The WHO-initiated International Network of Health Promoting Hospitals intends to disseminate the concept of health promotion in hospitals and health services beyond the mission of caring for patients. The Montreal Network, under the auspices of the Montreal Health and Social Services Agency, is officially responsible for developing and coordinating the Network in Quebec.

2. Guiding Principles

The health promotion policy of the CSSS Dorval-Lachine-Laval links the fundamental values of care and services with populational responsibility for the purpose of enhancing the health of our population. The intended guiding principles are therefore the following:

Emphasis on the Population

- Working with communities to identify their needs and full health potential.

Access

- Providing services based on a comprehensive approach to health and doing so equitably and on a timely basis.

Safety

- Providing user safety, given that the quality of care plays an important role in the health of the population.

Workplace

- Promoting well-being in the workplace from a perspective of comprehensive health.

Clientele Approach

- Promoting health on the basis of an interdisciplinary clientele approach and of service delivery focussed on clients and their relatives.

Effectiveness

- Promoting health and achieving the best possible outcomes in collaboration with our network partners.

Efficiency

- Using resources as appropriately as possible in accordance with their potential contribution to the enhancement of health.

3. Goal and Objectives²

Goal

The health promotion policy of the CSSS de Dorval-Lachine-LaSalle is intended to fulfill the health potential of every person and to develop a common vision to be shared by all users, professionals and non-professionals, as well as the population, for the purpose of promoting the development of a genuine culture of health promotion.

Objectives

In more concrete terms, the objectives are the following:

- Improve the health of the population living on the territory;
- Foster the participation of professionals from the Local Services Network, of our major partners, and of the public so as to develop innovative health promotion strategies;
- Include health promotion in the continuous quality improvement management process;
- Foster a prevention and health promotion approach via different CSSS missions (physical health, community health, residential and home care) to respond to the needs of different clientele.
- Translate health promotion into action by way of a comprehensive approach to health in which curative care is a fundamental but not exclusive means.
- Include health promotion in the development of care and services by promoting the process of healing and empowering clients, their relatives, and the community as a whole.
- Recognize the cultural values and specific health needs of different ethnic groups that are present on the CSSS territory.
- Adopt a sustainable development policy in order to promote a culture of environmental protection, given that the environment plays an important role in the health of the population.

4. Scope

In accordance with the health promotion approach developed by the WHO International Network of Health Promoting Hospitals and Health Services, health promotion interventions should target the major CSSS clientele groups:

- The general population;
- Clients and relatives who use the services of the different CSSS programs:
 - o Medical services
 - o Physical health services
 - o Child, family, and youth services
 - o General and specific services
 - o Home support services
- Residents and relatives who use residential services;
- Professionals and non-professionals;
- The community.

² Objectives adopted from *The Vienna Recommendations on Health Promoting Hospitals* (1997). WHO, 3rd Workshop of National/Regional Health Promoting Hospitals Network Co-ordinators, Vienna.

5. Roles and Responsibilities

Health promotion is everyone's business. Nevertheless, some bodies have more specific responsibilities.

Board of Directors

- The Board of Directors receives an annual monitoring report on the enforcement of the present policy.

Management Committee

- Defines the organization's strategic directions for health promotion.
- Provides for health promotion within the CSSS de Dorval-Lachine-LaSalle.
- Ensures that health promotion values and directions are included in the CSSS mission and shared by all CSSS de Dorval-Lachine-LaSalle managers and staff.
- Ensures that the policy is enforced within the organization.
- Designates those responsible for supporting the policy's implementation and assessment process.
- Ensures that health promotion is included in the continuous quality improvement management process.
- Issues guidelines and makes procedures available for collecting and evaluating data that will enable the CSSS to monitor the quality of activities related to health promotion.
- Establishes favourable conditions for the acquisition of new skills.
- Provides infrastructure (resources, space, equipment, etc.) for health promotion activities.
- Supports clientele program managers regarding best practices related to health promotion activities.
- Submits to the Board of Directors an annual report on the enforcement of the policy.

Managers

- Provide strong leadership in the implementation and enforcement of the present policy.
- Ensure that the staff under their responsibility is familiar with the present policy.
- Translate the strategic directions established by senior management into targets adapted to the particular needs of their respective clienteles.
- Develop an action plan that defines indicators linked to chosen targets.
- Conduct an annual assessment of indicators associated with health promotion activities and of the quality of those activities.
- Ensure that staff have the skills required to include health promotion in their daily clinical practices.
- Promote the development of a culture that shares knowledge and is steeped in ongoing learning so that health promotion can occupy a prominent position in clinical activities.

Professionals and Non-Professionals

- Work to develop new skills and capabilities that will enable them to integrate health promotion into their respective clinical fields.
- Commit to share their knowledge and thereby promote the implementation of best clinical practices within the CSSS and the Local Services Network.

Professional Bodies (CECII, CM, CMDP)

- Support health promotion at the CSSS Dorval-Lachine-LaSalle.
- Promote the enforcement of the policy in the organization.
- Support the inclusion of health promotion in the continuous quality improvement management process.
- Support the development of a culture that shares knowledge and is steeped in ongoing learning so that health promotion can occupy a prominent position in clinical activities.

Partners within the CSSS and the Local Services Network

- Collaborate to further health promotion in partnership with the bodies, staff, and physicians of the CSSS Dorval-Lachine-LaSalle.
- Support the inclusion of health promotion in the continuous quality improvement management process in partnership with the bodies, staff, and physicians of the CSSS Dorval-Lachine-LaSalle.
- Support the development of a culture that shares knowledge and is steeped in ongoing learning so that health promotion can occupy a prominent position in clinical activities, all of the above in partnership with the bodies, staff, and physicians of the CSSS Dorval-Lachine-LaSalle.

6. Implementation Strategies

The different strategies are directed particularly at the dissemination of the present policy, the awareness of all concerned with regard to the importance of including health promotion in all spheres of CSSS activities, the development of an action plan for the implementation of health promotion, and, finally, the definition of assessment and monitoring mechanisms. The chosen strategies are as follows:

- Making all CSSS middle and senior managers aware of the need to include health promotion throughout the continuum of services.
- Incorporating the concept and definition of health promotion into the CSSS mission statement.
- Reviewing the list of values promoted by the CSSS and inserting those conveyed by the International Network of Health Promoting Hospitals.
- Developing a communication strategy for the purpose of disseminating the present policy to CSSS professionals and non-professionals and to partners within the CSSS and the Local Services Network.
- Drafting a summary of the policy and posting it in busy areas of all CSSS facilities so that clients and their relatives will become familiar with the CSSS commitment to health promotion.

- Developing an action plan for the purpose of including health promotion in all spheres of the CSSS and promoting a commitment on the part of all concerned. This action plan should include the following strategies:
 - o Creating a steering committee made up of employees, physicians, and managers from different areas who would lead the process of assessing current health promotion practices;
 - o Assessing current health promotion practices in the different programs and facilities;
 - o Having the Management Committee decide upon strategic directions for health promotion;
 - o Developing a detailed action plan in each clientele department so as to integrate specific targets arising from the strategic directions throughout all CSSS services and facilities.
- Define mechanisms for the assessment and annual monitoring of health promotion indicators.
- Provide information on work associated with the implementation of the present policy and on activities related to health promotion in the annual CSSS report.

7. Connections with Other Policies

Other current CSSS policies aimed at promoting the health of patients and their relatives, the staff, physicians, and the community deal with the following issues:

- Sustainable development
- Promotion of breastfeeding
- Work attendance management
- Smoking tobacco in CSSS facilities

8. Effective Date of Policy

The present policy is effective as soon as it is adopted by the Board of Directors of the CSSS de Dorval-Lachine-LaSalle.

9. Definitions³

- Community : A specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and who are arranged in a social structure according to relationships that the community has developed over a period of time.
- Culture : A shared system of values, beliefs, and behaviours.

³ These definitions have been taken from the document entitled *Implementing health promotion in hospitals : Manual and self-assessment forms*. WHO Regional Office for Europe, Copenhagen, 2006. They appear as well in the French document entitled *Mise en oeuvre de la promotion de la santé dans les hôpitaux : Manuel d'autoévaluation et formulaires*, produced by the Montreal Health and Social Services Agency and the Montreal Network of CSSSs and Health Promoting Hospitals. (Montreal, 2007)

- Health promotion : The process of enabling people to increase control over and to improve their health. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also action directed toward changing social, environmental, and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.
- Health : A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity, (...). Health is a resource that permits people to lead an individually, socially, and economically productive life.

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DSIQSP CSSS

Appendice 4 : CSSS de la Montagne

Health Promotion Policy

TITLE: HEALTH PROMOTION POLICY	
SOURCE :	CSSS Public Health Department
RESPONSIBLE FOR IMPLEMENTATION :	CSSS Public Health Department
APPROVED BY :	Board of Directors
APPROVAL DATE :	2008-06-16
EFFECTIVE DATE :	2008-06-16
REVIEW DATE :	
TO :	Staff, physicians, residents, interns
CODE :	CSSSDLM SC-02

1. PREAMBLE

The CSSS has a history of values, experiences, and expertise in prevention and health promotion. These are significant strengths on which we can rely as we plan for a future that includes an actualized mission and populational responsibility.

From its beginnings, the CSSS de la Montagne positioned itself by making the will to exercise leadership in health promotion and prevention on its territory an essential value. It also adopted a policy of “doing everything possible to actualize its responsibility to intervene upstream and develop services related to prevention, promotion, protection, and monitoring of health and well-being issues that could affect the population it serves.”¹

Since December 2006 our CSSS has been a member of the Montreal Network of CSSSs and Health Promoting Hospitals (which belongs to the WHO-initiated HPH movement). Our CSSS has a strong desire to integrate health promotion concepts, values, and standards into its organizational structures and culture by adopting and disseminating a health promotion policy within the organization.

2. DECLARATION OF PRINCIPLES

This policy reflects the commitment of our CSSS to health promotion and, as well, a desire to integrate health promotion principles and actions into all CSSS activities for the purpose of improving and protecting the health and well-being of users, their relatives, staff, visitors, and the community that we serve.

¹ Projet clinique phase 1, CSSS de la Montagne, June 2005.

3. OBJECTIVES OF THE POLICY

- To incorporate health promotion into the continuous quality and standards improvement framework that governs the organization's accreditation.
- To actualize health promotion by way of the following:
 - ✓ A comprehensive approach that integrates health promotion into intervention models practised by the CSSS and that supports the implementation of prevention/promotion activities in daily practices;
 - ✓ The development of prevention and health promotion objectives and activities within the clinical projects of each program;
 - ✓ A convergence between individual health services and those provided through public health;
 - ✓ Environmental protection and the actualization of the role of the CSSS as a member institution of the Canadian Coalition for Green Health Care;
 - ✓ Coordinated and consensus-based work with institutional, community-based, and intersectorial partners for the purpose of acting collectively to promote the health and well-being of the population that we serve;
 - ✓ Maintaining and developing sufficient resources to meet skills and expertise requirements and thereby reach targeted outcomes in health promotion and public health;
 - ✓ The integrated management of work attendance so as to promote health by means of information and education as well as through a healthy and safe work environment;
 - ✓ A partnership with the academic world so as to improve the soundness of health promotion intervention approaches and clinical practices in accordance with the needs and specificities of the population; such a partnership should also be aimed at training a new generation of skilled people who can integrate a community-based vision, encompassing health promotion, into their clinical practices.

4. ROLES AND RESPONSIBILITIES

BOARD OF DIRECTORS

Adopts the policy and receives an annual report in the framework of management accords.

GENERAL DIRECTORATE

Is accountable for actualizing the policy and appointing those responsible for implementing the policy.

CSSS PUBLIC HEALTH DEPARTMENT

This advisory department works closely with all other CSSS departments and supports implementation of the policy, guidelines, objectives, and activities related to health promotion and public health within the organization. This department monitors and protects an organizational culture that values health promotion and actualizes it via concrete means.

DEPARTMENT OF QUALITY, THE UNIVERSITY MISSION, AND MULTIDISCIPLINARY PRACTICES

This department monitors the consistency of health promotion guidelines with the CSSS continuous improvement objectives and with the quality standards of the accreditation process. The department also ensures that this component of the CSSS mission is represented in the planning conducted for different programs (clinical projects). Furthermore, it provides support for the assessment of outcomes resulting from health promotion activities, particularly through management accords.

HEALTH PROMOTION ADVISORY COMMITTEE

Plays an influential role in determining policy, guidelines, and programming objectives for health promotion and public health. This committee also issues advice and makes recommendations on matters submitted to it.

SENIOR MANAGEMENT TEAM

Includes objectives and activities related to health promotion and public health in the development of clinical projects and in programming, all in accordance with established priorities and the CSSS local action plan (PAL in French) for public health.

It also supports the dissemination of a management philosophy that emphasizes the value of health promotion to employees, ensuring the development and implementation of health promotion activities aimed at the staff in their occupational setting.

MANAGEMENT TEAM

Ensures that the staff is familiar with the health promotion policy and that the policy is included in the orientation provided for new staff members. The Management Team also ensures that staff have the skills required to carry out health promotion activities and supports the acquisition of more in-depth knowledge. In addition, it provides for the infrastructure (human, technical, and material resources) required to implement health promotion activities in each sector.

The Management Team also guarantees dissemination of staff-oriented health promotion programs and activities and supports employee participation in activities.

STAFF

Include health promotion in their professional practices and collaborate in an effort to develop innovative practices in this field.

5. MEANS OF IMPLEMENTATION

Concrete means for developing health promotion are to be implemented along these general lines:

- ✓ Promoting staff participation and encouraging their engagement via the development of participatory health processes throughout the organization;
- ✓ Emphasizing the CSSS intervention values in support of health promotion: valuing autonomy, self-empowerment, solidarity, user participation in intervention plans, information on users' rights, etc.;
- ✓ Ensuring that professionals and other stakeholders have access to training so that they can master skills required to conduct health promotion activities and acquire more in-depth knowledge;
- ✓ Providing CSSS staff with access to the same health promotion services as those offered to the population at large (promoting access to family doctors, etc.);
- ✓ Including a health promotion commitment to staff in the CSSS management philosophy;
- ✓ Emphasizing safe and healthy working conditions for staff members and developing programs aimed at improving their health (promoting physical exercise and healthy lifestyles, lunch-and-learn sessions on subjects related to prevention, health promotion, well-being, etc.);
- ✓ Developing quality means of communication and information channels with the population, users, and their relatives in order to act effectively on health promotion issues;
- ✓ Consolidating communication and coordination with our partners so as to reach the health and well-being objectives that correspond to the specific needs and life situations of the population, users, and their relatives;
- ✓ Implementing CSSS prevention and health promotion programs and activities in accordance with the local action program and with regional and provincial public health priorities: the Health Education Centre, the fight against sexually and blood-transmitted diseases, conjugal violence, mental health, fall prevention, etc.

6. MONITORING OUTCOMES

Monitoring of outcomes and of the extent to which objectives are attained is to be conducted on an annual basis by way of the targets contained in the management accords. Periodic assessments of outcomes will also be performed by the different departments so that necessary adjustments can be made over the course of a year.

If needed, qualitative assessments may be undertaken in the form of objective criteria studies or by other means. Research activities and those conducted by the CSSS Population Observation Laboratory also support scientific assessments of practices and programs.

Appendice 5 : CSSS de Québec-Nord

Health Promotion Policy



POLICY

		CODE	P-009
Subject	Health promotion policy		
To	Managers – Physicians – Staff		
PREPARED BY	Executive Director		
ADOPTED BY	Board of Directors		
ACCOUNTABILITY	Director of Public Health and Service Quality		
STARTING DATE	June 21, 2006		
DATE OF REVIEW			

Subject	Code
Health promotion policy	P-009

1. PRÉAMBLE

Health promotion is one of the pioneering missions of local community service centres (CLSC). Over the past decades, the evolving health and social services system—marked particularly by the shift towards ambulatory care and the development of front-line curative care—added other priorities to the CLSCs' agenda. However, the importance of entrusting them with the promotion of health was never questioned.

The Québec-Nord Health and Social Service Centre (the institution) was set up following this vision but with the new perspective of populational responsibility. Today it must bring health promotion into the centre of the local service network's action. To accomplish this in concrete terms, the institution is developing a health promotion policy, based on exemplary practices recognized by the World Health Organization (WHO) and standards of quality advocated by the Canadian Council on Health Services Accreditation.

Health promotion is a part of the WHO's traditional activities. In fact, it is the cornerstone of every one of the Organization's actions. A vast network of institutions,¹ has adopted the WHO concept of health promotion, which provides a common vision of health and health promotion. This is a shared vision that is becoming the prelude to the development of a true health promotion culture.

2. POLICY OBJECTIVES²

1. Include health promotion in the continuous improvement of quality.
2. Give concrete expression to health promotion through:
 - a. A holistic approach that is not exclusively curative;
 - b. Integration of health promotion in the development of quality of care and services for users and their relatives, and for their well-being;
 - c. Integration of health promotion in the development of occupational health and safety;
 - d. Recognition of differences in terms of needs, values and cultures throughout the catchment area;
 - e. Protection of the environment;
 - f. Efficient use of resources and respect for cost-effectiveness as a criterion for contributing to the improvement of health.
3. Promote local network partners' commitment to the concept of health promotion to ensure that it is included in every stage of users' clinical pathway.

¹ These institutions recognized by the WHO are called "WHO collaborating centres." In Europe, the term "health promoting hospital" designates hospitals and other health centres that officially subscribe to the concept and strategies for health promotion recommended by the WHO.
For more information, visit the following sites:
<http://www.hph-hc.cc/knowledge.php> and <http://www.euro.who.int/healthpromohosp?language=English>

² These objectives are based on the WHO's fundamental principles of health promotion.

In effect on	New policy	Updated on	Approved	Page 2
2006.06.21	Yes _____ No _____			

Subject	Code
Health promotion policy	P-009

3. IMPLEMENTATION FRAMEWORK

From the start of its new mission in June 2005, the governance committee acknowledged the importance of having a shared vision of the institution's future.³

The long-term view of managers as a whole produced an initial set of priority strategic guidelines to develop the organization's missions. One of these guidelines, the third, calls for pursuing the continuous improvement of care and services to tailor them more closely to the population's needs and to recognized professional practices.⁴

Within this framework, the institution recognizes the need to strengthen professional practices in health promotion.

4. DEFINITIONS⁵

Health The extent to which a group or individual is able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.

Health promotion The process of enabling people to increase control over, and to improve their health.

Thus health promotion is not confined to the health and social service sector alone; it is aimed at well-being.

5. IMPLEMENTATION STRATEGIES

5.1 Target groups

According to the concept of health promotion developed by the WHO, health promotion interventions should be aimed at three large groups:

- Users and their relatives;
- The community;
- Staff.

³ Centre de santé et de services sociaux de Québec-Nord. *Orientations stratégiques 2005-2006* [2005-2006 Strategic Guidelines]. Document presented to the Board of Directors on June 21, 2005, 8 pages.

⁴ Orientations...

⁵ These are WHO definitions.

In effect on	New policy	Updated on	Approved	Page 3
2006.06.21	Yes ☐ No ☐			

Subject	Code
Health promotion policy	P-009

5.2 Approaches and means

The network of institutions⁶ that officially subscribe to the WHO concept of health promotion favours certain approaches and means to develop health promotion.

The strategic approaches are of three kinds:

- Foster participation and create commitment;
- Improve communication, information and education;
- Employ the methods and techniques used to carry out projects.

For each strategy, the means may be as follows:

1. Foster participation and create commitment through:

- Development of participatory procedures oriented towards health throughout the institution, including the involvement of all occupational groups, and extending to building alliances with counterparts outside the institution;
- Development of users' active role and their participation to the extent that each one is able;
- Development of users' rights;
- Improvement of well-being and creation of a health promoting environment for users and their relatives;
- Creation of healthy working conditions, including risk reduction, for staff members;
- Management team's increased engagement in improving health, including the principles of health promotion in everyday decision-making procedures.

2. Improve communication, information and education:

- Through improved communication within the organization's culture so that it contributes to the quality of life of users, staff and the community;
- Through increased quantity and quality of information, communication and educational programs, along with training for users and their relatives;
- Through the inclusion of the principles of health promotion in the institution's rules and through the development of a common identity throughout the institution;
- Through improved communication and cooperation with the other partners in the local network;
- Through continuous development of management information systems.

⁶ See footnote 1 in the preamble.

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3. *Employ the methods and techniques used to carry out projects to:*

- Change and reorient organizational routines to make the institution a learning organization;
- Train the staff in the areas of health promotion so that they can act on users, on the community and also on themselves.

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6. ROLES AND RESPONSIBILITIES

IN CHARGE / ACTOR(S)	MAIN ACTIONS	ADDED INFORMATION / PARTICULARITIES
Board of Directors	Adopts the policy and receives the annual report	
Executive Director	- Is accountable for the updating of the policy - Names those in charge of the process of policy implementation and assessment	
Director of Public Health and Service Quality	- Supports the implementation process - Issues directives and makes available procedures to collect and evaluate data that allow the quality of health promotion activities to be monitored	
Chief of program	- Makes sure that staff are familiar with the health promotion policy and that the policy is included in orientation programs for new employees - Makes sure that staff have the skills needed to carry out health promotion activities and, if necessary, helps them to perfect those skills - Ensures that needed infrastructure—resources, space, equipment, etc.—is put in place to implement health promotion activities	

In effect on	New policy	Updated on	Approved	Page 6
2006.06.21	Yes _____ No _____			

Appendice 6 : CSSS du Sud-Ouest –Verdun

Health Promotion Policy



Policy

SUBJECT: Health promotion policy of the Centre de santé et de services sociaux du Sud-Ouest-Verdun	ISSUER Department of Planning, Public Health and Partnerships	EFFECTIVE DATE: 2009-05-13
TO: All staff, physicians, volunteers, patients, residents and their families, and the general community	APPROVED BY Board of Directors, Resolution No. 2009-05-13-05	REVISION DATE:

PREAMBLE

Our vision

In keeping with its overall mission, the Centre de santé et de services sociaux du Sud-Ouest-Verdun (CSSS SOV) aims to improve the health of the population living in its territory as well as the health of employees of the CSSS. The organization intends to pool the efforts of all stakeholders to reach this goal. The institution has made health promotion a priority and has publicly implemented concrete measures to promote improved health. This goal is all the more important considering the current increase in chronic diseases related to unhealthy lifestyle choices.

The vision of health promotion put forth by the CSSS SOV is based on the Ottawa Charter, which has been published throughout the world.

“Health promotion is the process of enabling people to increase control over, and to improve, their health.”

1. FRAMEWORK

This policy has been created and applied in consideration of the experience developed at the CSSS SOV. Historically, involvement in health promotion activities has been particularly pronounced in CLSCs (local community service centres). The practical skills gained in this area up until now have served as a foundation for the development of health promotion.

The Ottawa Charter also serves as a framework for this health promotion policy. The importance of health promotion was recognized on an international scale beginning in 1986 with the publication of the Ottawa Charter for Health Promotion. The Charter outlines five health promotion strategies:

- Build healthy public policy
- Create supportive environments

- Strengthen community actions
- Develop personal skills
- Reorient health services

The CSSS SOV is a member of the Montreal Network of Health Promoting Hospitals and CSSSs of the World Health Organization (WHO). The strategies and standards at the root of this movement also serve as a foundation for this policy.

The “Health Promoting Hospitals and Health Services” movement initiated in 1988 by the WHO aims at integrating health into the organizational culture, practice and structure of the health network. The initiatives put in place allow patients, staff members, physicians and the public to gain more control over their health. The five standards for “Health Promoting Hospitals and Health Services” are:

HPH standards

1. Have a written health promotion policy.
2. Provide individuals (users, families, employees) with information on the key factors concerning their disease or state of health (develop self care)
3. Assess users’ needs for health promotion in partnership with them.
4. Develop a healthy workplace.
5. Maintain continuous collaboration with the community.

This policy is also based on the quality standards recommended by Accreditation Canada.

2. GOAL

This policy aims at structuring, coordinating and publicly disseminating the health promotion activities of the CSSS to help improve the health of staff and the population of the Sud-Ouest and Verdun boroughs.

3. SCOPE

These activities are oriented towards the institution as a living environment and towards the population as a whole in order to reach patients, their families, staff, the functional structure, the physical environment and the community.

4. APPLICATION

In keeping with the framework cited above, there are four axes that orient our health promotion actions:

- Promoting healthy lifestyles among the public, users and their families (HPH Standards 2-3)
 - The health of staff and human resources
 - The physical environment and functional structure
 - Local development, and population and community health (HPH Standard 5)
- A Health Promotion Committee is responsible for integrating health promotion into all CSSS activities.
 - Communication activities that promote participation in health promotion.

- This policy is implemented as part of the overall quality improvement system of the CSSS and aims at improving health outcomes.
- Sufficient resources (budgets, human and material resources) have been dedicated to health promotion.
- Operational and clinical processes integrate the concept of health promotion.

5. RESPONSIBILITIES

Everyone has a role to play in health promotion. However, certain institutional authorities have particular responsibilities in carrying out this mission.

Board of Directors

- Adopts the health promotion policy
- Receives an annual report of achievements made in this area.

Public Health Orientation Committee

(Chaired by the Executive Director and composed of all members of the Management Committee; this committee meets twice a year)

- Defines the strategic orientations of the institution for the four work areas covered by the health promotion policy.
- Performs annual follow-up on the policy's application.
- Receives an annual report for each area.
- Coordinates the work of the different departments.
- Ensures that there are sufficient resources allocated for health promotion.

Department managers

- Delegate a representative to participate on the CSSS's Health Promotion Committee.
- Assign projects to the Health Promotion Committee based on the strategic orientations established by the Orientation Committee.
- Present the annual report for each work area to the Public Health Orientation Committee twice a year.
- Comment on the annual report from the CSSS's Health Promotion Committee and ensure that any necessary adjustments are made.

All managers are responsible for health promotion, as health promotion activities should be carried out in all departments. Four managers at the CSSS have particular responsibilities in the application of this policy:

- *Director of Public Health Planning and Partnerships (in conjunction with all program directors): Responsible for promoting healthy lifestyles and local development and for coordinating all activities.*
- *Director of Human Resources: Responsible for health promotion among staff.*

- *Director of Material Resources: Responsible for the physical environment and functional structure.*
- *Director of Communications: Responsible for outreach and positioning health promotion in the community.*

Health Promotion Committee

Composed of at least one representative from each department along with clinical leaders or managers involved or interested in health promotion. The committee must ensure that the departments providing general or multi-client services are represented, given their expertise in health promotion. The Health Promotion Committee meets every six weeks.

- Carries out the projects assigned by the Management Committee and prepares a coordinated work schedule for these projects.
- Supports projects as they are carried out.
- Identifies performance indicators.
- Prepares a report for managers and the Public Health Management Committee.

6. EVALUATION AND FOLLOW-UP

- A status report on this policy will be submitted twice a year to the Public Health Orientation Committee and once a year to the Board of Directors of the CSSS.
- A continuous evaluation process will be conducted using a balanced score card of management indicators that documents the policy goals met.

7. INTEGRATION WITH OTHER PROGRAMS AND POLICIES

- This policy is integrated with other programs at the CSSS SOV:
 - The “Horizon 2010” clinical project
 - The quality management program
 - The local public health action plan, through its orientations
 - The sustainable development program adopted by the CSSS
 - The smoking policy
 - The coordination of work in chronic disease management.

8. EFFECTIVE DATE

This policy comes into effect on the day it is adopted by the Board of Directors of the CSSS.

9. POLICY REVIEW

This policy must be reviewed every three years following the date it is adopted by the Board of Directors of the institution.

Appendice 7 : Centre hospitalier de l'Université de Montréal

Health Promotion Policy

SUBJECT: HEALTH PROMOTION POLICY	POLICY NO. 25 100
TO: All administrative units	Issued on: April 30th 2009 Revised on:
ISSUED BY: Department of Health Promotion	
APPROVED BY: General Director	JUNE 3 RD 2009

PREAMBLE

In accordance with the orientations and policies in force in Quebec in terms of promoting health and healthy lifestyles, and as a Health Promoting Hospital, the Centre hospitalier de l'Université de Montréal (CHUM) would like to use the time that patients and their families spend at the hospital as an opportunity to promote healthy lifestyles and provide these users with health education. This policy is also aimed at CHUM physicians, employees, researchers, trainees and volunteers, as the institution would like to promote health and healthy lifestyles among these individuals in addition to providing them with a healthy workplace.

GOAL

The goal of this policy is to outline the CHUM's practices in the field of health promotion, to define the framework for the implementation of these practices, and to describe everyone's responsibilities and the measures that have been implemented.

1. INDIVIDUALS SUBJECT TO THE POLICY

All users, employees, physicians, researchers, students, trainees and volunteers at the CHUM.

2. REFERENCE TEXTS

- *An Act respecting health services and social services (R.S.Q., c. S-4.2).*
- *Programme national de santé publique 2003-2012 [Quebec public health program 2003-2012].*
- *Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids – Investir pour l'avenir 2006-2012 [Governmental action plan for promoting healthy lifestyles and preventing weight-related problems – investing in the future 2006-2012].*

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- *Standards for Health Promotion in Hospitals*, World Health Organization (WHO).
- *Vienna Recommendations (1997)*, which specifies the characteristics of a Health Promoting Hospital.
- *Budapest Declaration (1992)*, which defines the goals of the Health Promoting Hospital network.
- *Ottawa Charter for Health Promotion*, Canada, November, 1986.
- *Politique générale en matière de gestion de la santé et sécurité du travail du personnel* [General occupational health and safety policy for staff], Policy No. 80 900, published by the CHUM.
- *Démarche d'amélioration continue de la qualité* [Continuous quality improvement process], CHUM (2003).

3. GUIDING PRINCIPLES

Health promotion is a major concern of the CHUM and is indeed one of the components of its mission.

The CHUM would like to provide an environment and work setting as well as establish practices that meet the standards for Health Promoting Hospitals developed by the WHO and Accreditation Canada.

The CHUM advocates decentralizing the management of health promotion programs.

The CHUM would like to promote the development of skills among users, employees, physicians, trainees and volunteers to help them exercise greater control over their state of health.

The CHUM advocates a patient-focused care approach.

To support treatment, the CHUM would like to integrate health promotion and disease prevention into the provision of care in order to provide assistance to users in their progress towards optimum health.¹

The CHUM shall carry out its health promotion mission in accordance with the governmental orientations and policies in force and shall coordinate its actions with the initiatives implemented at the regional level.

The health promotion programs implemented at the CHUM have been developed using evidence-based data.

This policy shall be applied in keeping with the institution's quality and performance management approach.

As part of its teaching activities, the CHUM would like to contribute to health professionals' training in health promotion.

¹ White, Alan, Lesley Lockyer. "Tackling Coronary Heart Disease," Editorial, *BMJ*, Vol. 323, No. 7320, 2001, pp. 1016-17.

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4. DEFINITIONS

Health promotion: The process of enabling people to increase control over, and to improve, their health.²

Health Promoting Hospital: In accordance with the *Vienna Recommendations* (WHO, 1997), a Health Promoting Hospital seeks to integrate health promotion concepts, values, and standards into its entire structure and organizational culture. It also advocates a holistic approach to health. It creates initiatives that allow its users to increase control over their health. Finally, it strives to offer its employees a healthy workplace.

User: Any hospitalized or non-hospitalized individual who uses the services of the CHUM. This term therefore encompasses both patients and, by extension, their families.

5. GOALS

- Ensure the CHUM pursues its health promotion mission in accordance with the orientations and policies in force in Quebec.
- Ensure coherence between various health promotion initiatives at the institution.
- Provide leadership within the Montreal Network of Health Promoting Hospitals and Centres de santé et de services sociaux (CSSSs) in synergy with its members.
- Use in-patient hospital stays as an opportunity to promote health and healthy lifestyles.
- Use the time that out-patients spend at the hospital as an opportunity to promote health and healthy lifestyles.
- Help users, as well as employees, physicians, trainees and volunteers, to adopt healthier lifestyles and to better understand the factors that have a positive impact on their health.
- Help patients and their families to understand the patient's illness and suggested treatment, to adapt to the limitations imposed by the illness, and to improve the patient's quality of life.
- Make the employees, physicians and student trainees in the institution health promotion ambassadors.
- Maintain a healthy environment for users as well as for employees, physicians, researchers, students, trainees and volunteers at the CHUM and promote better overall health for all of these individuals.
- Ensure this policy is distributed among staff, physicians, trainees and volunteers and ensure managers provide the necessary coaching.

² Ottawa Charter for Health promotion, Canada, November 1986.

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- At the end of the patient's hospital stay, contribute to better continuity of care between the CHUM and the care network.
- Ensure the institution participates in certain community events relating to prevention and health promotion.

6. POLICY STATEMENT

6.1 Measures for the development and application of programs

- With the support of the Department of Health Promotion (DHP), clinical services shall integrate a health promotion approach into their care practices by taking patient needs into account.
- Each department shall strive to facilitate participation in the health promotion activities implemented by the institution for the benefit of staff and to initiate and organize activities for the staff members under their supervision by taking their needs into account.
- Clinical staff shall integrate the health promotion approach defined by its affiliated department at each step of the clinical pathway.

6.2 Continuous improvement of the health promotion management framework

All employees, physicians, trainees and volunteers are invited to share their observations and suggestions regarding the application of this policy with the DHP.

6.3 Collaboration with the care network

The CHUM shall actively collaborate with the Montreal Network of Health Promoting Hospitals and CSSSs to coordinate health promotion initiatives at the regional level.

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7. RESPONSIBILITIES

7.1 All CHUM departments

- Shall integrate the orientations of this policy into their management practices.
- With the cooperation and support of the DHP, shall strive to facilitate participation in the health promotion activities implemented by the institution for the benefit of staff and to initiate and organize activities for the staff members under their supervision by taking their needs into account.

7.2 Department of Communications (DC)

Shall advise the DHP regarding the definition and implementation of the institution's communications plan for health promotion.

7.3 Department of Teaching (DT)

- In collaboration with the appropriate university or college bodies, shall play a leading role in the development of formal health promotion courses and ensure they are integrated into training programs meant for the institution's students and trainees.
- Shall ensure that the health promotion activities given as part of university- and college-level training are in accordance with the accreditation standards and goals of each training program in medicine and health sciences at Université de Montréal.

7.4 Department for the Evaluation of Health Technology and Intervention Methods (DEHTIM)

- Shall advise the DHP to ensure that the institution uses evidence-based data to guide its intervention methods related to health promotion.
- Together with the DHP, shall collaborate in developing a methodology for assessing the institution's health promotion initiatives.
- In collaboration with the DHP and other CHUM departments, shall assess the health promotion initiatives carried out at the institution.

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7.5 Office of the Director General (ODG)

Shall support the implementation of this policy's goals.

7.6 Department of Information Management and Quality Performance (DIMQP)

- Shall support the DHP in monitoring health promotion initiatives.
- Shall participate in developing and measuring indicators with the aim of analyzing results from health promotion initiatives and programs.

7.7 Department of Health Promotion (DHP)

- Shall perform follow-up regarding the health promotion mission of the CHUM.
- In collaboration with and in support of other institution departments, shall determine the goals to be met in relation to health promotion.
- Shall support the implementation of this policy's goals.
- In collaboration with the Department of Communications, shall define strategies to publicize health promotion programs implemented by the CHUM for users or employees of the institution.
- Shall advise the clinical services belonging to the DUG, DN, DHS and DPS in the development and implementation of health promotion activities and programs that they have created for their users.
- Shall advise each department in the development of health promotion programs intended for employees.
- Shall inform, advise and assist staff, managers, department members and any other individual concerned in matters relating to health promotion.

7.8 Department of Strategic Planning and Technical Services (DSPTS)

- Shall support the DHP in its role as advisor to the CHUM community in order to facilitate the implementation of its health promotion mission, notably in terms of space management.
- In collaboration with the DHP, shall ensure that CHUM facilities and its environment represent a healthy living environment for its users as well as for staff, trainees and volunteers.

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7.9 Department of Research (DR)

Shall advise the DHP and management committees in the development and implementation of the institution's health promotion research activities.

7.10 Department of User Groups (DUG)

- Shall ensure that user groups integrate a health promotion approach into their care practices by taking patient needs into account.
- Shall perform follow-up on health promotion programs implemented for user groups. Department of Financial Resources and Economic Partnerships (DFREP)
- Through its expertise in financial management, shall support the DHP and other CHUM departments in the implementation of health promotion activities.
- Shall incorporate sustainable development criteria in the context of its governance.

7.11 Department of Financial Resources and Economic Partnerships (DFREP)

- Through its expertise in financial management, shall support the DHP and other CHUM departments in the implementation of health promotion activities.
- Shall incorporate sustainable development criteria in the context of its governance.

7.12 Department of Human Resources (DHR)

- Out of respect for selected priorities and a concern for continuous improvement, shall ensure that human resources management methods in the institution are consistent with the goals of this policy.
- According to the selected priorities, shall ensure that managers, in the exercise of their duties, have access to professional development programs that promote improved integration of health promotion management methods.
- As part of the new employee process, shall ensure that these employees are informed of the main health promotion methods and programs that are available to them at the institution and in the community.
- According to the selected priorities and in collaboration with the DHP, the DRC and the clinical departments concerned, shall contribute to integrating a health promotion approach into care processes.

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7.13 Department of Technical Resources (DTR)

Shall provide the DHP and management committees with its expertise in terms of the operation and management of the institution's technical resources.

7.14 Department of Hospital Services (DHS)

- With the collaboration of the food services management team, shall work to define and provide all users and members of the CHUM community with healthy and informed food choices in the institution's cafeterias.
- Together with the DHP, shall implement health promotion activities in the institution's cafeterias for the benefit of users.
- Shall make the cafeteria environment, as well as that of the diagnostic services under its responsibility, settings for health education.
- Shall assist its clinical services in the development and organization of health promotion activities and programs.

7.15 Department of Nursing (DN)

- Shall provide all CHUM nursing staff with continuing education programs on health promotion.
- Shall provide a program for nursing staff on integrating health promotion activities into nursing practices.
- Shall develop practice guidelines for implementing health promotion approaches into nursing care.

7.16 Department of Professional Services (DPS)

Shall support health professionals in the implementation of a health promotion approach as part of their clinical activities.

7.17 CHUM Foundation

- Shall work with the DHP to find private funding sources to support the CHUM's health promotion programs.
- Shall integrate the orientations of this policy into their management practices.

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- With the collaboration and support of the DHP, shall work to initiate and organize health promotion activities and programs for its employees by taking their needs into account.

7.18 Council of Physicians, Dentists and Pharmacists (CPDP)

- At the request of the Director of Professional Services, may be called upon occasionally to give an opinion on the methods used to assess and maintain the skills of their members in the application of a health promotion approach in the context of providing care.

7.19 Multidisciplinary Council (MC) and Council of Nurses (CN)

- At the request of the Director General, may be called upon occasionally to give an opinion on the methods used to assess and maintain the skills of their members in the application of a health promotion approach in the context of providing care.

7.20 Users' Committee

- At the request of the DHP, may be called upon occasionally to express the opinion of users regarding any issue relating to the application of the CHUM's health promotion mission.
- Shall express the point of view of CHUM users regarding the institution's health promotion programs.

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8. REFERENCES

WORLD HEALTH ORGANIZATION (WHO), *Vienna Declaration*, Geneva, 1997, 3 pp.

WORLD HEALTH ORGANIZATION (WHO), *Budapest Declaration*, Geneva, 1992, 1 p.

WORLD HEALTH ORGANIZATION (WHO), *Ottawa Charter for Health Promotion*, Copenhagen, World Health Organization Regional Office for Europe, 1986, 4 pp.

Accreditation Canada, Qmentum Method, 2008.

White, Alan, Lesley Lockyer. "Tackling Coronary Heart Disease," Editorial, **BMJ**, Vol. 323, No. 7320, 2001, pp.1016-17.

APPLICATION

This policy comes into effect on the day it is approved by the Executive Committee of the Office of the Director General: April 30th 2009

Centre hospitalier de l'Université de Montréal

Department of Health Promotion

/SD (2009-04-16)

Appendice 8 : Institut universitaire de gériatrie de Montréal

Health Promotion Policy

Number:
130-54 Page 1 of 3

Subject :	To :	Prepared by :	Effective :
Health Promotion Policy ¹	Staff Physicians Research staff Volunteers	Pierre Giguère Christine Rowan	December 2007
		Approved by :	Revised in :
		<u>[Signature]</u> Director General	

BACKGROUND

The mission of the Institut universitaire de gériatrie de Montréal (IUGM) includes an important health promotion component for users, their relatives, the staff, and seniors living in the community. The Institute adheres to the health promotion standards of the World Health Organization (WHO) and, since 2006, has been a member of the WHO-initiated International Network of Health Promoting Hospitals and Health Services and of the Montreal Network of CSSSs and Health Promoting Hospitals.

OBJECTIVES OF THE POLICY

- To promote the development of skills that make it possible to exercise greater control over the determinants of health²;
- To emphasize a comprehensive approach to health;
- To ensure that the different departments of the IUGM adhere to the concept and strategies of health promotion, well-being, and disease prevention³ and that these departments work in complementarity.

IMPLEMENTATION FRAMEWORK

Health promotion is an integral part of the organization's mission and is a responsibility of all its members.

¹ **Health promotion** is intended to have an impact on health determinants so as to provide individuals and communities with greater control over their living conditions and with means to improve their health. (WHO, 1986)

² The WHO defines **health** as a state of physical, mental, and social well-being and not merely the absence of disease or infirmity. In the context of health promotion, health is considered not to be an abstract condition but rather the possibility for someone to face the challenges of daily life and reach fulfillment. (Santé Société, *La promotion de la santé*, MSSS, 1988)

³ **Prevention** is aimed at the reduction of risk factors for disease, psychosocial problems, and traumatism as well as at the earliest possible detection of these problems, before they have gone too far.

1. Specific Objectives

By adhering to WHO health promotion standards,⁴ the IUGM pursues the following specific objectives:

- 1.1.** To systematically assess every user's needs for health promotion activities and disease prevention for the purpose of the following:
 - Supporting user treatment;
 - Improving prognosis;
 - Promoting the health and well-being of users.
- 1.2.** To provide users with information on significant factors concerning their disease or health condition and to implement mechanisms that make it possible to do the following:
 - Ensure that users are informed of activities planned for them in the health promotion and disease prevention framework;
 - Empower users in the framework of an active partnership so as to carry out said activities;
 - Integrate users into health promotion activities throughout their clinical pathways.
- 1.3.** To develop a healthy workplace and thereby do as follows:
 - Promote occupational health and safety;
 - Contribute to a pleasant working atmosphere;
 - Support health promotion and disease prevention activities for staff.
- 1.4.** To optimize the inclusion of health promotion activities in the clinical pathways of users via a planned and ongoing process of collaboration with other levels of health services and other relevant institutions and sectors.

2. Target Clientele

The health promotion and disease prevention activities conducted by the IUGM are intended for users, their relatives, staff, physicians, volunteers, and seniors living in the community.

3. Approaches and Means

In carrying out its commitments, the IUGM develops and implements health promotion and disease prevention activities, particularly by means of the following:

- 3.1.** Developing and carrying out an action plan. Planned activities comply with standards issued by the WHO.
- 3.2.** A standing health promotion steering committee, under the responsibility of the Director General and chaired by the person in charge of the IUGM health promotion file, directs, approves, and assesses progress in the implementation of the action plan.

⁴ Implementing *health promotion in hospitals: Manual and self-assessment forms*. Published by the WHO Regional Office for Europe, 2006.

- 3.3. A participatory approach that is based on continuing improvement and emphasizes both consultation and empowerment.
- 3.4. Monitoring results so as to ensure quality and engagement in the different health promotion and disease prevention activities.

RESPONSIBILITY FOR IMPLEMENTATION OF THE POLICY

The Director General is responsible for implementing this policy.

REVIEW

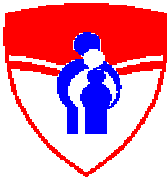
The present policy will be reviewed as needed or on a triennial basis.

EFFECTIVE DATE

The present policy becomes effective on the day that it is adopted by the Senior Management Committee (*comité de régie*).

Appendice 9 : McGill University Health Center

Framework for development of policies and procedures



McGILL UNIVERSITY HEALTH CENTRE

POLICY AND PROCEDURE

Policy title: _____	
Manual: MUHC – Policies and Procedures	Originating Dept/ Service : _____
Policy : ☐ New ☐ Revised ☐ Reviewed	Effective Date: _____
Key Words: _____	
Approved by : ☐ Supervisor/Manager ☐ Risk /Ethics ☐ Operations Committee ☐ Board /Councils	
Scope: ☐ Hospital wide ☐ Dept. specific ☐ (Specify _____) ☐ Other (Specify _____)	
Site Specific: ☐ Yes ☐ No Site _____	Distributed to: ☐ Staff ☐ Mgmt ☐ Others

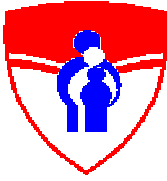
- I. Purpose** The objective of a policy is to
- reflect and support the Vision, Mission and Guiding Principles of the MUHC
 - guide the implementation of the corporate strategy
 - ensure the interdisciplinary differences are respected and represented
 - demonstrate an integrated and clearly defined process
 - clarify roles, responsibilities and accountabilities
 - ensure the application of the best available evidence to support decision making in clinical and management settings, resulting in quality standards of care and service
 - be consistent with hospital by-laws, medical staff by-laws, collective agreements and statutes and therefore not conflict with the legal aspects of the organization's operations.
 - assist the corporation to avoid, minimize, transfer and manage risk.
 - exercise fiscal responsibility.

- II. Persons/Areas Affected:**
Please specify if the policy is directed towards employees, volunteers, consultants, students, contract employees, management, physicians and/or MUHC community

- III. References (or Definition of Terms if applicable)**
Reference to specific legislation, standards and / or guidelines to support the policy

- IV. Policy:**
Policies form the written basis of operation, secondary only to legislation and an organization's by-laws. They serve as guidelines for decision-making, prescribe limits and pinpoint responsibilities and accountabilities within an organization while reducing or addressing risk to the organization. They can be viewed as laws, rules or expectations related to an area's mission, values, vision, strategic plan, goals and objectives.

Policies are statements of the organization's intentions or commitments. They can be brief statements that are broad and global in content. However, they can be long, containing many details and specific when required by the subject matter or manual



McGILL UNIVERSITY HEALTH CENTRE

POLICY AND PROCEDURE

reader. Policies can exist at a corporate or board level, reflecting the overall approach to business and affecting all areas of the organization, or they can be relevant to a specific department, discipline, program or service. Policies are usually formal, authoritative in tone. A policy tells people “what to do”.

It is important to identify the topic of a policy and why it is needed :

- there has been a change in legislation or professional standard
- there has been a change in management/ administrative process
- in response to accreditation, a critical occurrence or inquest recommendations
- if new technology has been developed
- if there is an identified safety risk involved
- in response to legal issues

V. **Procedures :**

Procedures give directions for the daily operations that are conducted within the framework of policies. They supply the “how to” for a policy rule. Procedures may describe a series of steps, outline sequences of activities, detail progressions, providing a framework for decision-making. They can apply to an entire facility, to a division, or to a department, discipline, program or service. Roles, responsibilities and accountabilities should be clarified

Standard Operating Procedures (SOPs): SOPs provide instructions to perform each step in an activity or process. SOPs form the foundation for training material, assessment tools and competency.

Standards of Care: Documents that define practice guidelines for a set of conditions for a system or patient condition.

Standards of Practice: Documents which define a level of performance for staff determined by the organization and secondary only to the profession’s regulatory college or association.

VI. **Relevant Forms**

List any particular forms that are pertinent and where they can be located

VII. **Special Considerations**

Exemptions or exceptions to the policy

Appendice 10: Healthy Ageing initiative in Residential Care, Ireland

Healthy Ageing Policy Framework



Healthy Ageing Initiative in Residential Care

HEALTHY AGEING POLICY FRAMEWORKⁱ for adaptation by facilities implementing HAIRC



National Council on
Ageing and Older People
An Chomhairle Náisiúnta um
Aosú agus Daoine Aosta

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
	Date Of Approval:	
	Revision Date:	
	Revision No:	
	Page No:	1 of 11

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
	Page No:	2 of 11

NAME OF FACILITY:

	<i>SIGNATURE</i>	<i>DATE</i>
Developed by: <i>(in consultation with the IHPH/NCAOP)</i>	Name: Title:	
Consultation with:	Name: Title: (GP/Geriatrician/Psychiatrist of Old Age)	
Approved by:	Name: Title:	
Who is responsible to review:	Name: Title:	

THIS POLICY IS DISPLAYED: (LOCATION IN BUILDING)

Disclaimer:

Each situation must be judged on its own merits and it is unreasonable for readers to follow instructions in the guideline, policy or protocol without proper assessment of individual circumstances. The information contained within this policy is the most accurate and up to date, at date of approval

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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4.0 HEALTHY AGEING DEFINITION.....	4
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7.0 RESPONSIBILITY.....	6
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HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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1.0 TITLE

Healthy Ageing Policy for (NAME OF FACILITY) facility.

2.0 POLICY STATEMENT

This policy reflects (NAME OF FACILITY) commitment to health promotion principles and actions as outlined in the Health Promoting Residential Care Initiative Ten Steps Programme to ensure healthy ageing for all residents.

3.0 AIM

To ensure that the health promotion and healthy ageing principles as outlined in the following framework documents:

- Ottawa Charter for Health Promotion (WHO, 1986).
- Jakarta Declaration (WHO, 1997).
- Vienna International Plan of Action on Ageing (UN, 1983).
- The Years Ahead... A Policy for the Elderly (Working Party on Services for the Elderly, 1988).
- Adding Years to Life and Life to Years (NCAOP, 2002).

are incorporated into all services at (NAME OF FACILITY) facility, to improve and sustain the health and well-being of residents, staff, relatives, and the community.

4.0 HEALTHY AGEING DEFINITION

HEALTHY AGEING IS DEFINED AS:

“the process of optimising equal opportunities for health to enable older people to take an active part in society and to enjoy an independent and good quality lifeⁱⁱ....and improving the lives and autonomy of older people who are already affected by illness and impairment”.

[Feel free to adapt the definition to meet the facility]

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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5.0 SCOPE OF POLICY

1. All residents, their relatives, visitors and members of the community within the catchment area of the facility.
2. All staff employed within (NAME OF FACILITY), including temporary, permanent, contract staff and any third party providers.

6.0 PROCEDURE

Please tick
if complete

1	Letter of interest/ Phone call to Healthy Ageing Initiative Co-Ordinator (HAIC)	
2	Self Appraisal Document including Consultation Appendix, Action Plan Format and Letter of Commitment sent to facility	
3	Facility carries out the Consultation with 25-50% of the residents	
4	Project group formed, a contact person for HAIC nominated	
5	Consultation documents collated and the 5 priorities identified	
6	Project group decides on areas to Action Plan	
7	Action Plan written, Self Appraisal Document completed, Letter of Commitment completed – copy sent to HAIC	
8	Facility works on the Action Plan, facility now a member of the Healthy Ageing Initiative and receives a Membership Certificate	
9	Once the Action Plan is completed another priory area is selected to action plan, Plan sent to HAIC	
10	Facility continues to work on areas identified in the consultation and areas marked No in the Self Appraisal Document until the document is completed	
11	Facility applies for the Certificate of Healthy Ageing Status by submitting an Audit Report	
12	Audit verified	
13	Facility receives Certificate of Healthy Ageing Status	

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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TOP FIVE PRIORITY ACTION AREAS IDENTIFIED BY RESIDENTS:

1. _____
2. _____
3. _____
4. _____
5. _____

THIS FACILITY COMMITS TO PROVIDE ON-GOING SUPPORT AND FURTHER STAFF DEVELOPMENT AND TRAINING TO ENABLE THE IMPLEMENTATION OF THESE PRIORITY ACTION PLANS.

Signed:

Title:

Date: ____/____/____

Review Date (2 yearly): ____/____/____

7.0 RESPONSIBILITY

• **MANAGER/OWNER:**

It is the responsibility of the Manager/Owner to support the development of a healthy ageing culture and structure within the facility.

• **CLINICAL NURSE/LINE MANAGER (OR EQUIVALENT):**

It is the responsibility of the managers to manage the integration of the healthy ageing principles and actions within their own service, and to support staff to participate in and develop health promotion within the facility.

• **OTHER STAFF:**

It is the responsibility of all staff to comply with this healthy ageing policy and procedure. Staff will incorporate health promotion into their work when dealing with residents, their relatives, visitors and all other members of staff.

8.0 POLICY PROMOTION

(NAME OF FACILITY) FACILITY HELD INFORMATION SESSIONS ON (DATE):

____/____/____
 ____/____/____
 ____/____/____

NUMBER OF STAFF EMPLOYED BY FACILITY: _____

NUMBER OF STAFF THAT ATTENDED AN INFORMATION SESSION: _____

GP or GERIATRICIAN/PSYCHIATRIST OF OLD AGE CONSULTED WITH:

NAME _____ TITLE _____

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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9.0 SUPPORT FOR THE HEALTHY AGEING POLICY

This policy is supported by:

(Examples are provided below, however posts vary between HSE areas and the posts listed below should be adapted to accurately reflect those within your own facility's area).

TITLE	NAME
Director/Manager/Coordinator of Services with Responsibility for Older People	
Regional Co-Ordinator for Health Promotion / Local Health Promotion Officer	
Local Nursing & Midwifery Development Officer	
National Healthy Ageing Initiative Co-Ordinator (HAIC)	

10.0 AUDIT PROCEDURE

Facility receives Certificate of Healthy Ageing Status following verification of the audit

|

Certificate valid for 2 years

|

Facility commits to sending in yearly audits reports

|

Facility will undergo re-certification 2 yearly

THIS FACILITY COMMITS TO AN AUDIT PROCEDURE, AS OUTLINED IN THE TEN STEPS INITIATIVE, PRIOR TO THE AWARDING OF THE 'CERTIFICATE OF HEALTHY AGEING STATUS' AND WILL PROVIDE YEARLY AUDIT REPORTS AND UNDERGO RE-CERTIFICATION 2 YEARLY.

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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11.0 REFERENCE TO OTHER POLICIES/GUIDELINES

OTHER POLICIES THAT ASSIST IN PROMOTING THE HEALTH OF RESIDENTS, STAFF AND VISITORS INCLUDE (THIS LIST IS NOT EXHAUSTIVE):

NATIONAL POLICIES

Department of Health and Children:

Quality and Fairness/ A Health System for You/ Action Plan Progress Report 2003, DoHC, 2004.

Review of the Nursing Home Subvention Scheme, DoHC, 2003.

Health Statistics 2002, DoHC, 2003.

Protecting Our Future, DoHC, September 2002.

Report of the National Advisory Committee on Palliative Care, DoHC, 2001.

Quality and Fairness? A Health System for You? Health Strategy, DoHC, 2001.

'The Years Ahead': A Policy for the Elderly, DoHC, October 2001.

Department of Social and Family Affairs

Study to examine the future financing of long-term care in Ireland – Mercer Report, Dept. of Social & Family Affairs, November 2002.

(OTHER POLICIES EFFECTIVE IN FACILITY)

LOCAL POLICIES

(OTHER POLICIES EFFECTIVE IN FACILITY)

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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12.0 APPENDIX

12.1 **FRAMEWORK DOCUMENTS- SUMMARY** (copies of the framework documents are available from the Healthy Ageing Initiative Co-Ordinator or available to download at: www.ihph.ie)

A. THE OTTAWA CHARTER FOR HEALTH PROMOTION (1986) identified 5 priority action areas for Health Promotion:

1. Building **healthy public policy**
2. **Re-orienting** the health services
3. Creating **supportive environments**
4. Strengthening **community action**
5. Developing **personal skills**

B. THE JAKARTA DECLARATION ON HEALTH PROMOTION (1997) declares that investment in, and commitment to, an infrastructure for health promotion is of fundamental importance and identifies 5 priorities:

1. Promote **social responsibility** for health
2. Increase **investments** for health development
3. Expand **partnerships** for health promotion
4. Increase **community capacity** and **empower** the individual
5. Secure an **infrastructure** for health promotion

C. The principles of THE VIENNA INTERNATIONAL PLAN OF ACTION ON AGEING (1983) are:

1. The **aim of development** is to improve the well-being of the entire population on the basis of its full participation in the process of development and an equitable distribution of the benefits therefrom. The development process must enhance human dignity and ensure equity among age groups in the sharing of society's resources, rights and responsibilities. Individuals regardless of age, sex or creed, should contribute according to their abilities and be served according to their needs. In this context, economic growth, productive employment, social justice and human solidarity are fundamental and indivisible elements of development, and so are the preservation and recognition of cultural identity.
2. Various **problems of older people** can find their real solution under conditions of peace, security, a halt to the arms race and a rechanelling of resources spent for military purposes to the needs of economic and social development.

HEALTHY AGEING POLICY FRAMEWORK for adaptation by facilities implementing HAIRC	Index No:	
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3. The **developmental and humanitarian problems** of the ageing can best find their solutions under conditions where tyranny and oppression, colonialism, racism, discrimination based on race, sex or religion, *apartheid*, genocide, foreign aggression, and occupation and other forms of foreign domination do not prevail, and where there is respect for human rights.
4. In the context of its own traditions, structures and cultural values, each country should respond to **demographic trends** and the, resulting changes. People of all ages should engage in creating a balance between traditional and innovative elements in the pursuit of harmonious developments.

D. The principal recommendations of the document '**THE YEARS AHEAD.... A POLICY FOR THE ELDERLY**' (1988) are:

1. To **maintain older people** in dignity and independence at home
2. **To restore to independence** at home those older people who become ill or dependent
3. To **encourage and support the care of older people** in their community by family, neighbours and voluntary bodies
4. To **provide a high quality of hospital and residential care** for older people when they can no longer be maintained in dignity and independence at home.

E. '**ADDING YEARS TO LIFE AND LIFE TO YEARS, A HEALTH PROMOTION STRATEGY FOR OLDER PEOPLE**' (1998) sets out the objectives of the NCAOP Healthy Ageing programme as:

1. Improve **life expectancy** at age 65 and beyond
2. Improve the **health status** of people aged 65 and beyond
3. Improve the **lives and autonomy of older people** who are already affected by illness and impairment.

The information contained in the attached document must be read and fully understood by all staff. Please print and sign your name below when you have done so.

[illegible]

ii Healthy Ageing EU Project 2004-2007.

Appendix 11: Irish HPH Network, Ireland

Development, Review and Communication of a Health Promotion Plan

TITLE: Development, Review and Communication of a Health Promotion Plan.	REFERENCE NO: HPH-002
AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed	REVISION NO: 0
APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network	EFFECTIVE FROM:
REVIEW DATE:	Page 1 of 6

TITLE: Development, Review and Communication of a Health Promotion Plan.

AREA: All Areas

REFERENCE NO: HPH-002

REVISION NO: 0

AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed

SIGNATURE:

DATE:

APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network

SIGNATURE:

DATE:

EFFECTIVE FROM:

REVIEW DATE:

TITLE: Development, Review and Communication of a Health Promotion Plan.	REFERENCE NO: HPH-002
AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed	REVISION NO: 0
APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network	EFFECTIVE FROM:
REVIEW DATE:	Page 2 of 6

1.0 Policy

The hospital shall develop a Health Promotion Plan which identifies their approach to the implementation of health promotion processes. The Health Promotion Plan shall be based on the hospital's health promotion policy statement(s) and shall be reflective of international evidence based best practice.

2.0 Definitions

Health Promotion	The process of enabling people to increase control over, and to improve their health.
Health Promoting Hospital	Develops a corporate identity that embraces the aims of health promotion and demonstrates a healthy structure and culture within the hospital. It goes beyond giving people information about health, and is a concerted and collaborative effort to ensure that all aspects of the hospital empower and enable people to achieve their optimum health.
Health Promoting Hospital Steering Committee	Multidisciplinary team within the hospital, established to oversee health promotion initiatives. This function may be incorporated into existing committees, e.g. the Quality and Safety Committee, Management Committee, etc.
Health Promotion Policy Statement	Statement of intent developed by the hospital which outlines the hospital's commitment to health promotion and its aims specific to health promotion.
Health Promotion Plan	Plan which outlines how the hospital shall implement health promotion initiatives and adhere to its policy statement.

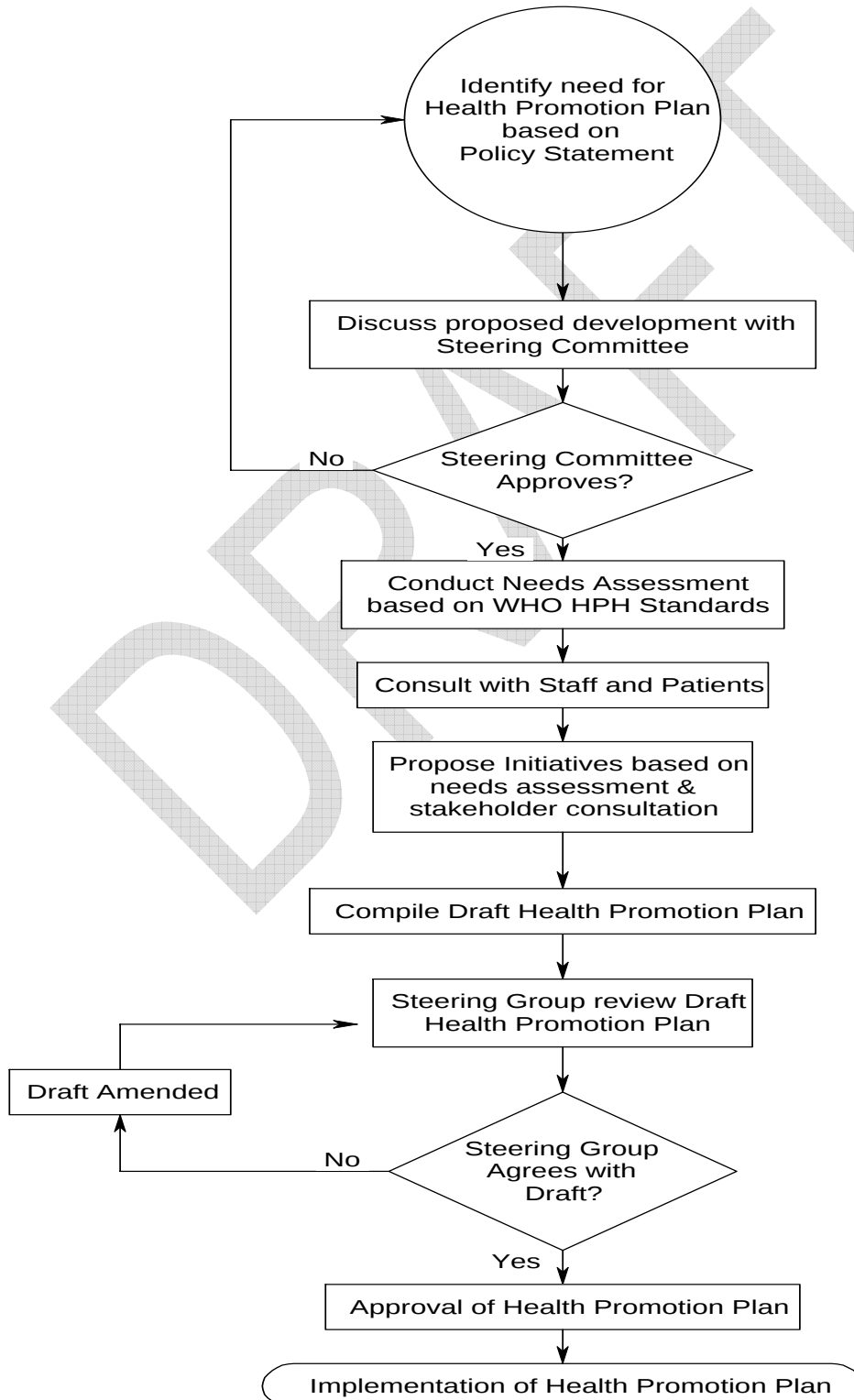
3.0 Responsibility

- 3.1** All Staff – Involvement in the consultation regarding the development of the Health Promotion Initiatives and Plan.
- 3.2** Health Promotion Officer/Coordinator – Coordinate and facilitate the development of the Health Promotion Plan.
- 3.3** Steering Committee – To oversee, support and approve the development of the Health Promotion Plan.

TITLE: Development, Review and Communication of a Health Promotion Plan.	REFERENCE NO: HPH-002
AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed	REVISION NO: 0
APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network	EFFECTIVE FROM:
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Procedure

The development of a Health Promotion Plan shall follow the process outlined below:



TITLE: Development, Review and Communication of a Health Promotion Plan.	REFERENCE NO: HPH-002
AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed	REVISION NO: 0
APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network	EFFECTIVE FROM:
REVIEW DATE:	Page 4 of 6

4.0 Identification of Need for Health Promotion Plan

- 4.1 The need for health promotion plan shall be identified in line with the hospital's Health Promotion Policy Statement(s).
- 4.2 The Health Promotion Plan shall be reviewed on an annual basis by the Health Promotion Officer/Coordinator.

5.0 Health Promotion Plan Development

5.1 Conduct Needs Assessment utilising the WHO HPH Standards

- 5.1.1 The health promotion needs of the hospital shall be reviewed in line with the organisation's Health Promotion Policy.
- 5.1.2 The health promotion needs of the hospital shall be reviewed utilising the World Health Organisation (WHO) Health Promoting Hospital's (HPH) Standards. The hospital shall review its current health promotion status against the standards.
- 5.1.3 The aim of this review is to identify areas which require further development by the hospital.
- 5.1.4 This review shall be conducted by the Health Promotion Coordinator/Officer.

5.2 Consult with Relevant Stakeholders

- 5.2.1 The development of a Health Promotion Plan shall incorporate input from all key stakeholders. This includes:
- o Staff
 - o Patients
 - o Families
 - o Visitors
 - o Irish Health Promoting Hospitals Network
 - o Any other such groups as deemed appropriate by the Health Promotion Officer/Coordinator.
- 5.2.2 The aim of this consultation is to determine key areas of importance in relation to health promotion that the stakeholders would like to see addressed.
- 5.2.3 Information gathering sessions with stakeholders shall be facilitated by the Health Promotion Officer/Coordinator.

5.3 Propose Initiatives for Health Promotion Plan

- 5.3.1 Initiatives to be included in the Health Promotion Plan shall be proposed by the Health Promotion Officer/Coordinator. These shall act as focused areas within health promotion that the organisation shall address.

TITLE: Development, Review and Communication of a Health Promotion Plan.	REFERENCE NO: HPH-002
AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed	REVISION NO: 0
APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network	EFFECTIVE FROM:
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- 5.3.2** These initiatives shall be reflective of the information gathered in the needs assessment utilising the WHO HPH Standards, and the consultation with the stakeholders.
- 5.3.3** The initiatives shall be consistent with the mission, vision and values of the hospital.
- 5.3.4** The initiatives shall provide a focus on the health promotion needs of hospital, the needs of the stakeholders and the resources of the hospital.
- 5.3.5** The initiatives shall use a framework that is available through the IHPHN (e.g. Baby-Friendly, Smoke Free etc).

5.4 Agree Initiatives for Health Promotion Plan

- 5.4.1** The Initiatives shall be brought to the Steering Group for approval.
- 5.4.2** Where the Steering Group are not in approval of the initiatives, they shall be redrafted and resubmitted to the Group for approval.

5.5 Compilation of Draft Health Promotion Plan

- 5.5.1** A draft version of the Health Promotion Plan shall be compiled by the Health Promotion Officer/Coordinator.
- 5.5.2** The draft Health Promotion Plan shall include:
- The Health Promotion Policy Statement
 - Initiatives
 - o As agreed in 7.5 above
 - Implementation Plan for Initiatives
 - o Each initiative shall have an associated timeframe
 - o Each Initiative shall have an associated plan for implementation. This may include tasks which have to be completed for the implementation to occur
 - o Each Initiative shall have specific milestones signifying the completion of tasks within the plan
 - o Each Initiative shall have responsibilities, and indicate clearly who is responsible for each task within the implementation plan
 - o Each Initiative shall specify the education and training requirements for staff
 - Review Mechanisms for each Initiative shall be specified
 - Evaluation methods for each Initiative shall be specified

6.0 Health Promotion Plan Review and Approval

- 6.1** The draft Health Promotion Plan shall be reviewed by the Steering Group.
- 6.2** Feedback and amendments shall be incorporated into the draft policy.
- 6.3** The Health Promotion Plan is approved by the Steering Group.

TITLE: Development, Review and Communication of a Health Promotion Plan.	REFERENCE NO: HPH-002
AUTHOR: Pamela Fagan, Director of Quality, Health Care Informed	REVISION NO: 0
APPROVED BY: Ann O'Riordan, Director, Irish Health Promoting Hospitals Network	EFFECTIVE FROM:
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7.0 Communication of Health Promotion Plan

- 7.1** Responsibility for distribution of the Health Promotion Plan lies with the Health Promotion Officer/Coordinator. This includes communication of the specific responsibilities for the completion of specific tasks to individuals.
- 7.2** A record of the distribution shall be kept by the Health Promotion Officer/Coordinator, to ensure all relevant staff has received the Health Promotion Plan and are aware of any changes.

8.0 Continuous Review of Health Promotion Plan

- 8.1** The Health Promotion Plan shall be reviewed and updated on an annual basis.
- 8.2** As part of the review and update, the progress of the Health Promotion Plan shall be reviewed. This involves evaluating the adherence to the Plan and the implementation of the Initiatives.

9.0 Access to Plan

- 9.1** The Health Promotion Plan shall be available via the paper copies to relevant individuals.

10.0 Audit and Evaluation:

- 10.1** The Health Promotion Plan shall be reviewed and evaluated on an annual basis. This shall involve evaluation of the compliance with the implementation of the initiatives.

References.:

1. The Ottawa Charter for Health Promotion (1986)
 2. The Budapest Declaration on Health Promoting Hospitals (1991)
 3. The Jakarta Declaration on Health Promotion (1997)
 4. The Vienna Recommendations on Health Promoting Hospitals (1997)
- Further references to be inserted*

Appendice 12: Galway University Hospitals, Ireland

Health Promotion Policy

Health Promotion Policy for Galway University Hospitals

Policy No:	
Lead Contact:	Ms. Laura McHugh
Revision No:	0
Recommended for adoption by:	CQI Steering Committee
Date Effective:	May 2008
Developed By:	Health Promotion Steering Committee
Revision Date:	May 2010

Recommended for Approval to EMT:

Signature: _____
Chair CQI

Date: _____

Signature: _____
Chair EMT

Date: _____

This policy will be kept under periodic review in the light of experience and developments in best practice, locally, nationally and internationally.

1.0 Policy Statement

This policy reflects the hospital's commitment to health promotion and our aspiration to achieve the aims of a health promoting hospital which is:

“to embrace not only their responsibility for the provision of clinical and curative services, but also to include raising the awareness of health and well being in the hospital, and though the hospital to the wider community”.

(Midlands health Board; “Framework Document - 1999-2002, Health Promoting Hospitals; 1999; p11).

The aim is facilitated by our membership of the Irish Health Promoting Hospitals (IHPH) Network.

2.0 Aim of the Policy

2.1 To promote a “settings based approach” to health promotion, that is the provision of health promotion activities where people live, study or work, for example in the school, workplace or community, as well as the health services

2.2. To ensure health promotion principles and actions as outlined in the

- Ottawa Charter for Health Promotion (WHO 1986)*ⁱ,
- The Vienna Recommendations on Health Promoting Hospitals (WHO 1997)*
- And the Jakarta Declaration (WHO 1997)*

are incorporated into all services provided at Galway University Hospitals in order to improve and sustain the health and well being of patients, staff, visitors and the community.

2.3 To facilitate the Implementation of the World Health Organisations' Standards for Health Promotion in Hospitals* to Galway University Hospitals.

***See appendix section for detailed explanation of these documents**

3.0 Scope of the Policy

- All staff employed within GUH, including temporary ,permanent, contract staff and third party providers
- All patients, their relatives and visitors and members of the community within the catchment area of GUH.

4.0 Definitions

4.1 Health Promotion is defined as the “*Process of enabling people to increase control over and improve their health*” (World Health Organisation 1986).

4.2 A Health Promoting Hospital does not only provide a high quality comprehensive medical and nursing service, but also develops a corporate identity that embraces the aims of health promotion, demonstrates a healthy structure and culture within the hospital, including active participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates with its community. (Garcia-Barbero 1998)

5.0 Responsibility

5.1 All Staff - incorporation of health promotion into their work. Read and be aware of the health promotion policy.

5.2 Line Managers/heads of departments - to facilitate the integration of health promotion initiatives within their own service, and to support staff to participate in and develop health promotion initiatives.

5.3 Health Promotion Officer/ Coordinator - Coordinate and facilitate the development of the health promotion policy statement and a health promotion hospital culture within the hospital, and throughout the wider community.

5.4 Steering Committee- To oversee, support and approve the development of the health promotion policy statement and of a strategic approach to health promotion within the hospital and through the hospital, to a wider community.

5.5 Executive Management Team - To support the development of a health promotion culture and structure within the hospital, including its incorporation into all strategies and documents produced by the hospital.

6.0 Rationale for Health Promotion in Hospitals

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

6.2 The increasing prevalence of lifestyle related and chronic diseases require a more expanded scope and systematic provision of activities such as therapeutic education, effective communication strategies to enable patients to take an active role in chronic disease management or motivational counselling.

6.3 Changing public expectations, an increasing number of chronic patients requiring continuous support and staff frequently being exposed to physical and emotional strains require hospitals to incorporate a health promotion focus for patients and staff

6.4 Hospitals are institutions through which a large number of people pass; they can reach a large sector of the population. Galway University Hospitals employs approximately 3,350 people and sees 305,000 patients pass through its doors every year.

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

7.0 Procedures

7.1 Membership of the Irish Health Promoting Hospitals Network

Galway University Hospitals is a full member of the Irish Health Promoting Hospitals Network and will continue to be an active member, renew membership annually and will develop, run and share at least three health promotion projects annually, e.g. National Intercultural Hospital Initiative, smoking cessation services, baby friendly hospital initiative.

7.2 Health Promotion Officer

Galway University Hospitals will provide a dedicated Health Promotion Officer post which will be maintained. The role of the health promotion officer is to;

- Act as a Health Promotion resource for Acute Services
- Assess Health Promotion needs
- Plan, develop, implement and evaluate Health Promotion programmes
- Provide Health Promotion training for HSE staff, e.g. inter cultural and anti racism, brief intervention
- Facilitate cooperation and exchange of experiences between hospitals. This includes the identification of common areas of interest, through a health promotion culture that supports the health and wellbeing of staff, patients and visitors.
- Work in partnership with services and external agencies as appropriate
- Take a lead role in implementing the various projects agreed with the National Health Promoting Hospitals Network
- Manage the dissemination of Health Promotion materials in Acute Settings

7.3 Steering committee

A multi disciplinary health promotion steering committee will meet every 2 months within the hospital to;

- Formulate and agree annual GUH Health Promotion action plans.
- Endorse and support the aims, objectives, targets and plans of new and existing projects.
- Develop new ideas for health promotion activities within the hospital.
- Communicate with colleagues from their representative disciplines to inform them of the hospitals health promotional projects and bring forward to the committee any ideas or issues relating to health promotion within the organisation.
- To inform themselves in the concepts and principles of health promotion.
- To act as mentors to others working in and interested in health promotion

7.4 Health Promotion initiatives in GUH

- National Intercultural Hospitals Initiative.
 - o Cultural diversity training
 - o Information pack for staff
 - o Interpretation guidelines
 - o Training on the use of Interpreter services
 - o Development of interfaith prayer room
 - o Translation of signage
- Baby friendly Hospitals Initiative
- Smoke free at work
- Smoking cessation services
- Hospital challenge day
- Happy heart at work
- Brief intervention training for staff
- Health information on display in clinical areas
- Links with Galway Healthy Cities Project

7.5 The following section describes the responsibilities of Galway University Hospitals to ensure the concepts of, and standards for Health Promotion in Hospitals are incorporated into the structure, environment and culture of the Galway University Hospitals

7.5.1 Standards for health promotion in hospitals

The steering committee will take part in a self assessment process in GUH against the standards for health promotion in hospitals. The self assessment process will inform the development of action plans for the future implementation of health promotion in GUH. See appendix 1 for a detailed explanation of the world health organisation standards for health promotion in hospitals.

7.5.1 Waste Management Services

- GUH's is committed to maintaining a waste management system that is safe, efficient, cost effective and respectful of the environment.
- It is the policy of GUHs to ensure that all waste produced by UHG and MPUH is managed, stored, handled, transported and disposed of in a manner that is legislatively compliant, protects public health & safety, provides a safe working environment for staff, minimizes environmental impact and reduces waste handling and disposal volumes and costs without compromising healthcare standards.
- GUHs policies and procedures in relation to waste management are designed, implemented, and audited through the role of the Environmental & Waste Management Co-ordinator.
- It is the role of the Environmental & Waste Management Co-ordinator to maintain through-out the hospitals a continuing waste management education programme for all staff in order to increase awareness of occupational health and safety issues and waste minimization principles, to establish co-ordinate and evaluate initiatives for waste avoidance, waste reduction, waste recycling and waste re-use programmes and to co-ordinate a system for incident reporting of improper waste management

7.5.2 Hygiene services

- GUH's recognise that good hygiene practice is a fundamental building block of safe, effective healthcare for patients, visitors and staff on an on-going basis. In this regard GUH'S are committed to adopting the recommendations of the Health Information & Quality Authority (HIQA) with regard to the provision of hygiene service across both sites.
- In line with the recommendations of HIQA, the HMT is ultimate responsibility for the provision of hygiene services. The Hygiene Services Committee, a multidisciplinary team that includes senior representatives from all disciplines involved in the provision of hygiene services, is in place to advise and assist the HMT in the development of the hygiene services and to oversee hygiene practices across sites. The Hygiene Services Team is in place on each site in order to co-ordinate operational day to day activities on the ground with regard to hygiene services. The work of the team is carried out in conjunction with ward/department managers and the Hygiene Services Committee.
- In order to achieve sustainable improvement in the area of hygiene services, GUHs recognise that high performance in the area of hygiene is achieved by focusing on both the service delivery elements of hygiene as well as on the implementation of robust corporate management structures. GUHs are committed to continue to work in partnership with patients clients staff other organisations and the community to develop hygiene services that respond to the changing needs of the population.

Appendix 1

Standards for Health Promotion in Hospitals

Standards for health promotion are necessary to ensure the quality of services provided in this area. GUH are aiming to incorporate the World Health Organisation's health promotion standards and indicators for hospitals into the organisation.

1. Management Policy

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

Objective

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

Substandards

- 1.1 The organisation identifies responsibilities for health promotion.
- 1.2 The organisation allocates resources for the implementation of health promotion.
- 1.3 The organisation ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.
- 1.4 The organisation ensures responsibility of procedures or collection and evaluation of data on order to monitor the quality of health promotion initiatives.
- 1.5 The organisation ensures that staff have relevant competencies to perform health promotion activities and supports the acquisition of further competencies as required
- 1.6 The organisation ensures the availability of the necessary infrastructure, including resources, space, equipment, etc to implement health promotion initiatives

Complementary Indicators

___ % of staff aware of health promotion policy

___ % of patients (and relatives aware of the standards for health promotion

___ % of budget dedicated to staff health promotion activities

2. Patient Assessment

The organisation 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 organisation ensures that availability of procedures for all patients to assess their need for health promotion.**
- 2.2 The assessment of a patients 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 patients clinical condition or on request.**
- 2.3 The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background.**
- 2.4 The patients needs assessment ensures awareness of and sensitivity to social and cultural background**
- 2.5 Information provided by other health service partners is used in the identification of patients needs.**

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

3. Patient Information and Intervention

The organisation 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.

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

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

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

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

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.

4. Promoting a Healthy Workplace

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

Objective

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

Substandards

- 4.1 The organisation ensures the development and implementation of a healthy and safe workplace.**
- 4.2 The organisation ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff.**
- 4.3 The organisation ensures availability of procedures to develop and maintain staff awareness on health issues.**
- 4.4 The organisation ensures availability of procedures to develop and maintain staff awareness on health issues.**

Complementary indicators

- _____ % of staff smoking
- _____ Smoking cessation
- _____ Score on survey of staff experience with working conditions
- _____ % of short-term absence
- _____ % of work-related injuries
- _____ Score on burnout scale

5. Continuity and Cooperation

The organisation has a planned approach to collaboration with other health service providers and other institutes 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 organisation ensures that health promotion services are coherent with current provisions and regional health policy plans.**
- 5.2 The organisation ensures the availability and implementation of health promotion activities and procedures during out patient visits and after patient discharge.**
- 5.3 The organisation ensures that availability and implementation of activities and procedures after the discharge during post hospitalisation period**

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

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.
- _____ Score on patient discharge preparation survey.

The Ottawa Charter for Health Promotion

Health Promotion

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

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and equity.

Improvement in health requires a secure foundation in these basic prerequisites.

ADVOCATE

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

ENABLE

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

MEDIATE

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

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

Health Promotion Action Means:

Build Healthy Public Policy

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

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

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

Create Supportive Environments

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

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

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

Strengthen Community Actions

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

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

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.

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

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

Moving into the Future

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

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

The Vienna Recommendations on Health Promoting Hospitals

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

Introduction

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

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

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

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

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

Traditionally, hospitals have offered a wide range of diagnostic and therapeutic services, including medical and surgical interventions, in response to acute or chronic diseases. As a result, hospitals focus mainly on illness and curative care, not health. Today, hospitals show a growing concern for patients' lives before and after their hospital stays; they show an increasing awareness of their relationships to other parts of the health field and to the community as a whole. Although hospitals have been only marginally concerned with health promotion and disease prevention, they have an enormous potential in these fields. Realizing this potential could optimize their use of resources, directing them not only to curative care but to health in its broader sense.

The growing need and new possibilities for treatment and care on the one hand and tight public budgets on the other hand create a situation in which health care providers and hospitals in particular have to increase their efficiency in using their resources. At the

same time, the development of medical and information technology opens innovative options for health care services. As a consequence, substantial changes in the hospital as an organization are on the way, as are shifts in hospitals' responsibilities within the health care sector. A clear orientation towards health gain should contribute to services that better meet the needs of clients and consumers and to the rational use of resources.

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

Fundamental principles

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

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

Strategies for Implementation

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

1. fostering participation and creating commitment by:
 - encouraging participatory, health-gain-oriented procedures throughout the hospital, including the active involvement of all professional groups and building alliances with other professionals outside the hospital;
 - encouraging an active and participatory role for patients according to their specific health potential, fostering patients' rights, improving patients' wellbeing and creating health promoting hospital environments for patients and relatives;
 - creating healthy working conditions for all hospital staff, including the reduction of hospital hazards, as well as psychosocial risk factors;
 - enhancing the commitment of hospital management to health gain, including the principles of health in the daily decision-making processes;

2. improving communication, information and education by:

- improving communication within and the culture of the hospital so that they contribute to the quality of life for hospital staff (communication styles used by hospital staff should encourage interprofessional cooperation and mutual acceptance);
- improving the communication between the hospital staff and the patients so that it is guided by respect and humane values;
- enhancing the provision and quality of information, communication and educational programmes and skill training for patients and their relatives;
- integrating the principles of the health promoting hospital into the hospital's routine through developing a common corporate identity within the hospital;
- improving the hospital's communication and cooperation with social and health services in the community, community-based health promotion initiatives and volunteer groups and organizations, and thus helping to optimize the links between different providers and actors in the health care sector;
- developing information systems that measure outcomes as well as serving administrative purposes;

3. using methods and techniques from organizational development and project management:

- to change and reorient existing hospital routines to make the hospital a learning organization;
- to train and educate personnel in areas relevant for health promotion, such as education, communication, psychosocial skills and management;
- to train project leaders in project management and communication skills;

4. learning from experience:

- exchanges of experience with implementing health promoting hospitals projects at the national and international should be promoted so that participating hospitals can learn from different approaches to problem solving;
- health promoting hospitals should commit themselves to regional, national and international exchange and communication.

Participation in the WHO Health Promoting Hospitals Network

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

1. should endorse the fundamental principles and strategies for implementation of the Vienna Recommendations;
2. should belong to the national/regional network in the countries where such a networks exist (hospitals in countries without such networks should apply directly to the international coordinating institution);

3. should comply with the rules and regulations established at the international and national/regional levels by the members of the international network, the World Health Organization and the international coordinating institution.

There will be three types of membership:

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

Appendix IV

Jakarta Declaration on Leading Health Promotion into the 21st Century

The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century, meeting in Jakarta from 21 to 25 July 1997 has come at a critical moment in the development of international strategies for health. It is almost 20 years since the World Health Organizations Member States made an ambitious commitment to a global strategy for Health for All and the principles of primary health care through the Declaration of Alma-Ata. It is 11 years since the First International Conference on Health Promotion was held in Ottawa, Canada. That Conference resulted in proclamation of the Ottawa Charter for Health Promotion, which has been a source of guidance and inspiration for health promotion since that time. Subsequent international conferences and meetings have further clarified the relevance and meaning of key strategies in health promotion, including healthy public policy (Adelaide, Australia, 1988), and supportive environments for health (Sundsvall, Sweden, 1991). The Fourth International Conference on Health Promotion is the first to be held in a developing country, and the first to involve the private sector in supporting health promotion.

It has provided an opportunity to reflect on what has been learned about effective health promotion, to re-examine the determinants of health, and to identify the directions and strategies that must be adopted to address the challenges of promoting health in the 21st century. The participants in the Jakarta Conference hereby present this Declaration on action for health promotion into the next century.

Health promotion is a key investment

Health is a basic human right and is essential for social and economic development. Increasingly, health promotion is being recognized as an essential element of health development. It is a process of enabling people to increase control over, and to improve, their health. Health promotion, through investment and action, has a marked impact on the determinants of health so as to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to further human rights, and to build social capital. The ultimate goal is to increase health expectancy, and to narrow the gap in health expectancy between countries and groups.

The Jakarta Declaration on Health Promotion offers a vision and focus for health promotion into the next century. It reflects the firm commitment of participants in the Fourth International Conference on Health Promotion to draw upon the widest possible range of resources to tackle health determinants in the 21st century. Determinants of health: new challenges

The prerequisites for health are peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity. Above all, poverty is the greatest threat to health.

Demographic trends such as urbanization, an increase in the number of older people and the high prevalence of chronic diseases pose new problems in all countries. Other social, behavioural and biological changes such as increased sedentary behaviour, resistance to antibiotics and other commonly available drugs, increased drug abuse, and civil and domestic violence threaten the health and well-being of hundreds of millions of people.

New and re-emerging infectious diseases, and the greater recognition of mental health problems, require an urgent response. It is vital that approaches to health promotion evolve to meet changes in the determinants of health.

Transnational factors also have a significant impact on health. These include the integration of the global economy, financial markets and trade, wide access to media and communications technology, and environmental degradation as a result of the irresponsible use of resources.

These changes shape peoples values, their lifestyles throughout the lifespan, and living conditions across the world. Some have great potential for health, such as the development of communications technology, while others, such as international trade in tobacco, have a major negative impact.

Health promotion makes a difference

Research and case studies from around the world provide convincing evidence that health promotion is effective. Health promotion strategies can develop and change lifestyles, and have an impact on the social, economic and environmental conditions that determine health.

Health promotion is a practical approach to achieving greater equity in health. The five strategies set out in the Ottawa Charter for Health Promotion are essential for success:

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient health services.

There is now clear evidence that:

- comprehensive approaches to health development are the most effective. Those that use combinations of the five strategies are more effective than single-track approaches.
- particular settings offer practical opportunities for the implementation of comprehensive strategies. These include mega-cities, islands, cities, municipalities, local communities, markets, schools, the workplace, and health care facilities.
- participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for them to be effective.
- health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.

These strategies are core elements of health promotion and are relevant for all countries.

New responses are needed

To address emerging threats to health, new forms of action are needed. The challenge for the coming years will be to unlock the potential for health promotion inherent in many sectors of society, among local communities, and within families.

There is a clear need to break through traditional boundaries within government sectors, between governmental and nongovernmental organizations, and between the public and private sectors. Cooperation is essential; this requires the creation of new partnerships for health, on an equal footing, between the different sectors at all levels of governance in societies.

Priorities for health promotion in the 21st Century

1. Promote social responsibility for health

Decision-makers must be firmly committed to social responsibility. Both the public and private sectors should promote health by pursuing policies and practices that:

- avoid harming the health of individuals
- protect the environment and ensure sustainable use of resources
- restrict production of and trade in inherently harmful goods and substances such as tobacco and armaments, as well as discourage unhealthy marketing practices
- safeguard both the citizen in the marketplace and the individual in the workplace
- include equity-focused health impact assessments as an integral part of policy development.

2. Increase investments for health development

In many countries, current investment in health is inadequate and often ineffective.

Increasing investment for health development requires a truly multisectoral approach including, for example, additional resources for education and housing as well as for the health sector.

Greater investment for health and reorientation of existing investments, both within and among countries, has the potential to achieve significant advances in human development, health and quality of life.

Investments for health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations.

3. Consolidate and expand partnerships for health

Health promotion requires partnerships for health and social development between the different sectors at all levels of governance and society. Existing partnerships need to be strengthened and the potential for new partnerships must be explored.

Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. Each partnership must be transparent and accountable and be based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to.

4. Increase community capacity and empower the individual

Health promotion is carried out by and with people, not on or to people. It improves both the ability of individuals to take action, and the capacity of groups, organizations or communities to influence the determinants of health.

Improving the capacity of communities for health promotion requires practical education, leadership training, and access to resources. Empowering individuals demands more consistent, reliable access to the decision-making process and the skills and knowledge essential to effect change.

Both traditional communication and the new information media support this process. Social, cultural and spiritual resources need to be harnessed in innovative ways.

5. Secure an infrastructure for health promotion

To secure an infrastructure for health promotion, new mechanisms for funding it locally, nationally and globally must be found. Incentives should be developed to influence the actions of governments, nongovernmental organizations, educational institutions and the private sector to make sure that resource mobilization for health promotion is maximized. "Settings for health" represent the organizational base of the infrastructure required for health promotion. New health challenges mean that new and diverse networks need to be created to achieve intersectoral collaboration. Such networks should provide mutual assistance within and among countries and facilitate exchange of information on which strategies have proved effective and in which settings.

Training in and practice of local leadership skills should be encouraged in order to support health promotion activities. Documentation of experiences in health promotion through research and project reporting should be enhanced to improve planning, implementation and evaluation.

All countries should develop the appropriate political, legal, educational, social and economic environments required to support health promotion.

Call for action

The participants in this Conference are committed to sharing the key messages of the Jakarta Declaration with their governments, institutions and communities, putting the actions proposed into practice, and reporting back to the Fifth International Conference on Health Promotion.

In order to speed progress towards global health promotion, the participants endorse the formation of a global health promotion alliance. The goal of this alliance is to advance the priorities for action in health promotion set out in this Declaration.

Priorities for the alliance include:

- raising awareness of the changing determinants of health
- supporting the development of collaboration and networks for health development
- mobilizing resources for health promotion
- accumulating knowledge on best practice
- enabling shared learning
- promoting solidarity in action
- fostering transparency and public accountability in health promotion

National governments are called on to take the initiative in fostering and sponsoring networks for health promotion both within and among their countries.

The participants call on WHO to take the lead in building such a global health promotion alliance and enabling its Member States to implement the outcomes of the Conference. A key part of this role is for WHO to engage governments, nongovernmental organizations, development banks, organizations of the United Nations system, interregional bodies, bilateral agencies, the labour movement and cooperatives, as well as the private sector, in advancing the priorities for action in health promotion.

Appendice 13: Connelly Hospital Blanchardstown, Ireland

Health Promotion Policy

Developed By/ Author: Health Promotion Steering Committee	Connolly Hospital Blanchardstown	Document No.: 02 Date of issue: 03/02/09
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Title: Health Promotion Policy for Connolly Hospital Blanchardstown



Document Review History			
Review Date	Reviewed By	Amendments Required	New Edition Number
January 2009	Health Promotion Steering Committee	Put into new policy format. Content updated based on Irish HPH Network Health Promotion policy	02

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1. Title:

Health Promotion Policy for Connolly Hospital Blanchardstown

2. Aim:

To ensure that the health promotion principles and actions as outlined in the:

- Ottawa Charter for Health Promotion (WHO, 1986)
 - Budapest Declaration on Health Promoting Hospitals (1991)
 - Jakarta Declaration (WHO, 1997)
 - Vienna Recommendations on Health Promoting Hospitals (WHO, 1997)
- are incorporated into all services at Connolly Hospital so that we may improve and sustain the health and well being of patients, staff, visitors and the community we serve. (See Appendix A for explanations of these documents).

This policy reflects the hospital's commitment to health promotion and our aspiration to achieve the aim of a health promoting hospital which is:

"to embrace not only their responsibility for the provision of clinical and curative services, but also to include raising the awareness of health and well being in the hospital, and through the hospital to the wider community".

(Midlands Health Board; 'Framework Document – 1999-2002, Health Promoting Hospitals; 1999; p11).

This aim is facilitated by our membership of the Irish Health Promoting Hospitals (IHPH) Network.

3. Application:

All staff employed within Connolly Hospital, including temporary, permanent, contract staff and any third party providers.

All patients, their relatives, visitors and members of the community within the catchment area of Connolly Hospital.

4. Responsibility:

4.1 It is the responsibility of the Hospital Executive of Connolly Hospital to support the development of a health promotion culture and structure within the hospital.

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4.2 It is the responsibility of the Health Promotion Steering Committee to oversee and support the development of a strategic approach to health promotion within the hospital, and through the hospital, to the wider community.

4.3 It is the responsibility of the Health Promotion staff to co-ordinate and facilitate a health promotion culture and structure within the hospital, and through the hospital, to the wider community.

4.4 It is the responsibility of line managers and heads of discipline/departments to manage the integration of health promotion initiatives within their own service, and to support staff to participate in and develop health promotion. They are responsible for ensuring that health promotion is mainstreamed into both clinical and management practices.

4.5 It is the responsibility of all staff to comply with this policy. Staff will incorporate health promotion into their work and will maintain and share best practice with other areas.

5. Signing off policy

This policy was signed by the Chair of the Health Promotion Steering Committee.

6. Notification

A copy of this policy was forwarded to the Risk Management Department for indexing.

The Health Promotion Department distributed the policy to all Heads of Department.

7. Reviewing:

This policy will be reviewed in two years time 30th January 2011.

8. Auditing

This policy will be audited through the collection of the following indicators:-

- % of staff aware of this policy
- % of patients aware of this policy

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The audits can be carried out according to current methods of collecting indicators e.g. European Network of Smokefree Hospital and WHO Self Assessment Tool for Health Promotion in Hospitals.

9. Acknowledgments

This policy was updated by the Health Promotion Steering Committee. It is based on the health promotion policy developed by the Irish Health Promoting Hospitals Network of which Connolly Hospital is a member.

10. Reference to other policies/guidelines

Other policies that assist in promoting the health of patients, staff and visitors include (this list is not exhaustive):-

Smokefree policy

Guidelines to access interpreters

Health and Safety policy

11. Definitions

11.1 Health promotion is the process of enabling people to increase control over, maintain and improve their health (Ottawa Charter for Health Promotion, 1986).

11.2 A Health Promoting Hospital develops a corporate identity that embraces the aims of health promotion and demonstrates a healthy structure and culture within the hospital. It goes beyond giving people information about health, and is a concerted and collaborative effort to ensure that all aspects of the hospital empower and enable people to achieve their optimum health (Irish HPH Network and Health Care Informed, 2007).

11.3 The HSE Irish National Health Promoting Hospitals Network is the co-ordinating body within the Republic of Ireland for facilitating and encouraging co-operation and the exchange of experiences between member hospitals within Ireland. It is also a member of the World Health Organization (WHO) International Health Promoting Hospitals Network. This network produces evidence to help hospitals achieve their health mission and supports cooperation and exchange of experience between participating hospitals (Irish HPH Network, Health Promotion Policy, 2006).

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11.4 A Health Promoting Hospital Steering Committee is a multidisciplinary team within the hospital, established to oversee health promotion initiatives (Irish HPH Network and Health Care Informed, 2007).

12. Procedures

Elements of the Connolly Hospital Health Promotion Policy

As full members of the Network, hospitals will engage in the following:-

Membership of the Network

Connolly Hospital is a full member of the Irish Health Promoting Hospitals Network and will continue to be an active member and renew membership annually.

Appointment of HPH Officer/Co-ordinator

Connolly Hospital provides a dedicated Health Promotion Co-ordinator post and Health Promotion Officer for Tobacco.

Steering Committee

A multidisciplinary Health Promoting Hospitals Steering Committee is active in the hospital.

Promotion of the Connolly Hospital Health Promotion Policy

This policy will be disseminated using a multimedia approach including, but not exhaustive to:-

- Induction of new staff
- Education sessions
- Patient information literature
- Newsletters
- Intranet site

Support for the Connolly Hospital Health Promotion Policy

Support for health promotion will be available from:-

- Health Promotion Co-ordinator
- Health Promotion Officer for Tobacco

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- Irish Health Promoting Hospitals Network
- Local and National Health Promotion departments
- Line managers
- Further other possible support agencies are listed in Appendix 2.

Support for acquiring skills and knowledge in health promotion will be achieved through training and education offered by (this list is not exhaustive):-

- Irish HPH Network
- WHO Initiatives and guidelines e.g. European Network of Smokefree Hospitals; National Intercultural Hospitals Initiative
- Brief Intervention Skills Training for Smoking Cessation

Sharing of information can be facilitated through the HealthData website www.healthdata.ie

13. Referencing

World Health Organisation (1986) *Ottawa Charter for Health Promotion*, World Health Organisation, Geneva <http://www.euro.who.int/healthpromohosp>

World Health Organisation (1991) *Budapest Declaration on Health Promoting Hospitals*, World Health Organisation, Budapest <http://www.euro.who.int>

World Health Organisation (1997) *Jakarta Declaration* World Health Organisation, Jakarta <http://www.who.int>

World Health Organisation (1997) *Vienna Recommendations on Health Promoting Hospitals*, World Health Organisation, Vienna <http://www.euro.who.int/healthpromohosp>

World Health Organisation (2004) *Standards for Health Promotion in Hospital - Self Assessment Tool*. World Health Organisation <http://www.euro.who.int/healthpromohosp>

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14.1 APPENDIX 1 Summary of Framework Documents

(Full copies available from internet sites outlined in references on pg 7 of this policy).

The Ottawa Charter for Health Promotion (1986) identified 5 priority action areas for Health Promotion:

1. Building **healthy public policy**
2. **Re-orienting** the health services
3. Creating **supportive environments**
4. Strengthening **community action**
5. Developing **personal skills**

The Budapest Declaration on Health Promoting Hospitals (1991) outlines the characteristics contents and aims of the Health Promotion Hospital (HPH) concept.

The Jakarta Declaration on Health Promotion (1997) declares that investment in, and commitment to, an infrastructure for health promotion is of fundamental importance and identifies 5 priorities:

1. Promote **social responsibility** for health
2. Increase **investments** for health development
3. Expand **partnerships** for health promotion
4. Increase **community capacity** and **empower** the individual
5. Secure an **infrastructure** for health promotion

The Vienna Recommendations on Health Promoting Hospitals (1997) take account of the needs of health care reforms and the need for hospitals to be more concerned with health. They are divided into *Fundamental Principles, Strategies for Implementation and Participation in the HPH Network*.

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14.2 APPENDIX 2 Examples of possible support agencies for the Health Promotion Policy:

HSE Health Promotion
<http://www.healthinfo.ie>

Irish Cancer Society
<http://www.cancer.ie>

Irish Heart Foundation
<http://www.irishheart.ie>

National Council on Ageing and Older People
<http://www.ncaop.ie>

Mental Health Ireland
<http://www.mentalhealthireland.ie>

Health Data
<http://www.health-data.info/v2/default.asp>

Office of Tobacco Control
<http://www.otc.ie>

WHO Health Promoting Hospitals
<http://www.who-cc.dk>

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15.1 APPENDIX 3 Health Promotion Policy for Care of the Older Adult

1. Title

Health Promotion Policy for Care of the Older Adult, Connolly Hospital Blanchardstown

2. Aim

This policy aims to reflect the commitment by the Care of the Older Adult Department to health promotion principles to ensure healthy ageing for all residents. The policy aims to ensure that the health promotion and healthy ageing principles as outlined in the following framework documents:

- Ottawa Charter for Health Promotion (WHO, 1986)
- Budapest Declaration on Health Promoting Hospitals (1991)
- Jakarta Declaration (WHO, 1997)
- Vienna Recommendations on Health Promoting Hospitals (WHO, 1997)
- The Years Ahead...A Policy for the Elderly (Working Party on Services for the Elderly, 1988)
- Adding Years to Life and Life to Years (NCAOP, 2002)

are incorporated into all services of the Care of the Older Adult Department at Connolly Hospital to improve and sustain the health and well being of residents, staff, relatives and the community.

3. Application

3.1 All residents, their relatives, visitors and members of the community within the catchment area of the Care of the Older Adult Department.

3.2 All staff employed within Care of the Older Adult Department including temporary, permanent, contract staff and any third party providers.

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4. Responsibility

- 4.1 It is the responsibility of the Hospital Executive of Connolly Hospital to support the development of health promotion, including a healthy ageing culture within Connolly Hospital.
- 4.2 It is the responsibility of managers within Care of the Older Adult to manage the integration of healthy ageing principles and actions within their own service and to support staff to participate in and develop health promotion within the department.
- 4.3 It is the responsibility of the Activities Nurse to co-ordinate the Activities Programme in Unit 8 West and Woodlands Unit 6. This includes consulting with residents about their preferences for activities.
- 4.4 It is the responsibility of all staff within Care of the Older Adult to comply with this policy. Staff will incorporate health promotion into their work when dealing with residents, their relatives, visitors and other members of staff.

5. Acknowledgements

This appendix to the health promotion policy is based on the Healthy Ageing Policy Framework developed by the Healthy Ageing In Residential Care Initiative, a project of the Irish Health Promoting Hospitals Network and National Council on Ageing and Older People.

6. Definitions

Healthy Ageing is defined as:

“Healthy ageing is the process of optimising equal opportunities for health in order to enable older people to take an active part in society and to enjoy an independent and good quality of life.

Source: EU Healthy Ageing Project (2004-2007)

<http://www.healthyageing.nu/templates/Page.aspx?id=1256>

7. Procedure

The top areas identified to meet resident’s health promotion needs as identified through the consultation undertaken by the Activities Nurse are:

1. Spiritual e.g. weekly Chaplaincy visits, monthly Mass, seasonal prayer meetings

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2. Physical e.g. gentle exercise, games
3. Social e.g. concerts, Bingo, sing-alongs
4. Emotional e.g. hand massage, interaction with staff and relatives

The Care of the Older Adult Department is committed to providing support to enable the implementation of these priority areas.

8. References

Report of the Working Party on Services for the Elderly. *The years ahead: a policy for the elderly*, October 2008

<http://www.lenus.ie/hse/bitstream/10147/46365/1/1305.pdf>

NCAOP & Health Promotion Unit, Department of Health & Children. *Adding Years to Life and Life to Years. A Health Promotion Strategy for Older People*. 1998

http://www.ncaop.ie/publications/research/intros/intro_50_Adding_Years_Comments.pdf

9. Summary of Framework Documents

The summaries of The Ottawa Charter for Health Promotion, Budapest Declaration on Health Promoting Hospitals, Jakarta Declaration on Health Promotion, and Vienna Recommendations on Health Promoting Hospitals are outlined on page 8.

‘**The Years Ahead...A Policy for the Elderly**’ (1998) outlines principle recommendations as follows:

1. To **maintain older people** in dignity and independence at home
2. To **restore to independence** at home those older people who become ill or dependent
3. To **encourage and support the care of older people** in their community by family, neighbours and voluntary bodies
4. To **provide a high quality of hospital and residential care** for older people when they can no longer be maintained in dignity and independence at home.

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‘Adding Years to Life and Life to Years – A Health Promoting Strategy for Older People’ (1998) sets out the objectives of the NCAOP Healthy Ageing programme as:

1. Improve **life expectancy** at age 65 and beyond
2. Improve the **health status** of people aged 65 and beyond
3. Improve the **lives and autonomy of older people** who are already affected by illness and impairment.

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Appendice 14 : Hospital Bispebjerg, Denmark

Policy for Health Promotion and Preventive Medecine

POLICY FOR HEALTH PROMOTION AND PREVENTATIVE MEDICINE
Hospital Bispebjerg of Denmark

Background

Bispebjerg Hospital is a model hospital for health promotion and preventative medicine and has therefore particularly worked in this field with respect to patients, family and staff. The hospital has a special responsibility as a leading hospital in health promotion and preventative medicine and as the coordinating institution for the Network of preventative care hospitals in Denmark as named by WHO.

The policy for health promotion and preventative care is based on the Bispebjerg Hospital's basic operation and has a starting point in the following:

- results from the Well-Being and Health Promotion Research [Tri-SUF] in 2003, particularly in the fields of exercise, diet, alcohol and tobacco use and health
- existing activities within health promotion and preventative medicine, including standards, indicators, guidelines and policy
- activities in the Physically Active Hospital, Nutrition Selection, Alcohol Use, among others
- the concrete quality goal in the H:S goal for 2004-2007, wherein Bispebjerg Hospital is registered with a particular role as model hospital for health promotion and preventative medicine
- future developments in the field

Goals

The Bispebjerg Hospital would like preventative medicine and promotion of health to be naturally integrated in daily life for the benefit of patients, family and staff, and therefore:

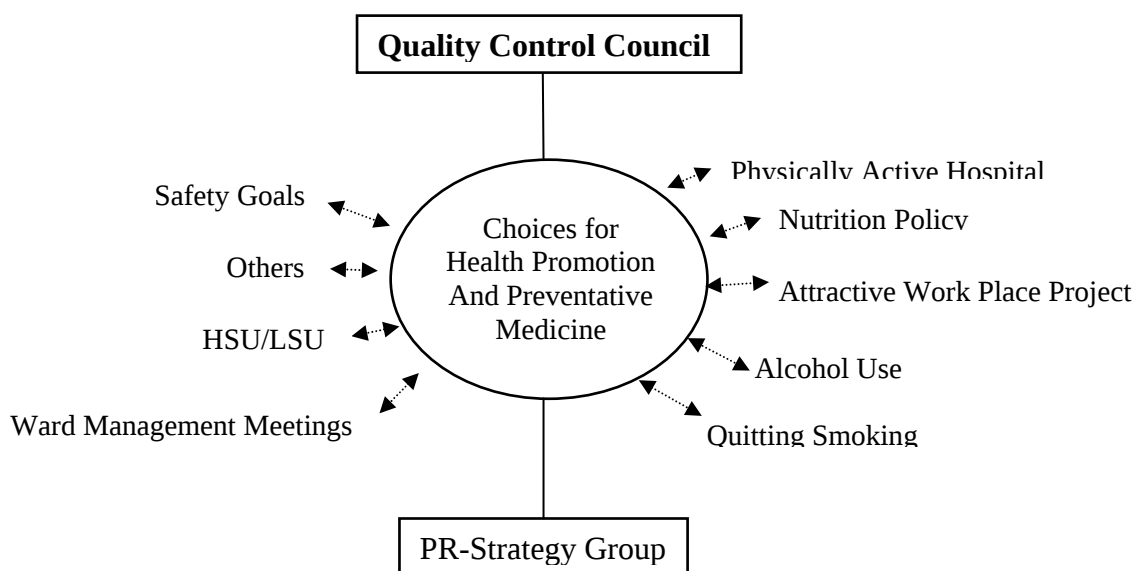
- effectively support the patients' progress with high professional standards
- support patients who wish to have a healthier lifestyle
- avoid an environmentally unsound quality of life and needless disease
- support the well-being and health of the staff

Goals are fulfilled if:

- a healthy work and treatment milieu is secured for patients, family, staff, guests and others who stay at the hospital
- the starting point is directed at the individual's need and particular situation
- proposals and activities are developed within preventative care and health promotion based on the best possible evidence and clinical practice.
- preventative care and health promotion is systematically integrated in patient progress (screening, information and proposals)
- preventative care and health promotion is integrated with regard to staff (information and proposals)
- the staff's competence is ensured with regard to proposed solutions
- preventative care and health promotion is followed through the hospital's quality control programme

Coordination and visibility

The work with health promotion and preventative medicine must be coordinated with existing policies and activities now in place at Bispebjerg Hospital. Coordination will be secured by selecting goals for health promotion and preventative medicine to work closely together with other goals, councils, wards, etc. and will refer to the quality control council (please reference the organizational diagram below).



Responsibility

Responsibility to ensure that the policy is implemented in daily life is a common concern (see footnote¹).

Main Reason for Implementing the Policy

The hospital's principal activities within preventative medicine and health promotion are based on the identification of relevant topics through patient profiling and staff research, for example physical activity, nutrition, tobacco and alcohol use.

The following describes the main activities in 2004-2006 that concern implementing the policy further.

¹ Division of responsibility

Hospital management has responsibility for making sure that a common policy is adopted for preventative medicine and health promotion in coordination with the organizations representing the various workers and that this policy is implemented and evaluated.

Directors in the wards, clinics and center have responsibility of seeing that the adopted policy is implemented in the wards, clinics and the center.

The individual leader has responsibility of seeing that the intended policy is implemented on a daily basis.

The individual co-worker should work so that the policy is implemented in the daily work as it concerns patients and the individual worker tries to make an effort to promote health and well-being amongst the staff.

The patient has, as an informed and motivated central figure, equal responsibility in his/her own progress as a patient.

Main Activities 2004-2006

Physical Activity

The focus is on physical activity for the patients as preventative care and treatment. The staff has an opportunity for physical activity in connection with their work to better their health and well-being.

The goals are:

- to create an opportunity and an external framework for patients and staff to be physically active in connection with their contact with the hospital
- to include physical activity as a part of the preventative care, treatment and rehabilitation plans for those illnesses for which it is relevant to improve the patients prognosis, to prevent complications, relapse or deterioration
- to create a culture of physical activity where the activities that are already taking place progress and are maintained

For the patients, this means that all patients are informed about the need for physical activity and are motivated to become active.

For the staff, this means that the opportunity for physical activity is increased in the work place and that specific situations for activity are created for select staff groups to minimize difficulty in the motion apparatus.

Physical activity as preventative medicine and a component of patient treatment forms part of the hospital's professional development program for its staff.

Nutrition

The Bispebjerg Hospital focuses on nutrition for both patients and staff since a diet with proper nutrition is very important for health, well-being and treatment results

The goals are:

- that diet and nutrition are priorities as an area for developing and bettering quality
- that the patients' nutrition is an integral part of nursing, treatment and preventative care
- that professional interest in patients' nutrition should be reinforced
- that staff are assured of having an opportunity to develop healthy dietary habits

For the patients, this means that at the time of admission any patient will be given an evaluation (first screening) for nutritional risk and that all patients will get a diet/nutrition which is based on their own needs and wishes although it is reviewed by clinical treatment. Patients that have a nutritional risk will get nutritional therapy. The result of the therapy is noted in the patient's nutritional plan/journal. All concerned patients and eventually their families will receive help with nutrition.

For the staff, this means that the cafeteria will provide nutritionally sound food and that there will be proper eating facilities and that the workplace will attempt to put this policy in place so that it will become a priority for the staff to have the opportunity to consume good food, including drinks. In addition, dietary advice will be provided to those employees who wish to eat a more healthy diet.

Nutrition as preventative medicine and a component of patient treatment forms part of the hospital's professional development program for its staff.

Tobacco

The Bispebjerg Hospital is a smoke-free environment. The staff is not allowed to smoke in any of the hospital buildings or on the hospital grounds. Out-patients and their families are not allowed to smoke except for very particular situations. Patients who are admitted to the hospital can smoke in a smoking room.

The objective for a smoke-free environment is:

- to ensure the patient a smoke-free treatment milieu and to ensure the staff a smoke-free work environment
- to protect non-smokers against smoke
- to support patients and staff who wish to stop smoking
- to offer a program to quit smoking which would be part of the treatment for those illnesses for which it is relevant to improve the patient's prognosis, prevent complications, relapses or deterioration

For the patients, this means that the staff talks to the individual patient about the patient's smoking habits, and offer preliminary discussions and support to stop smoking in the hospital's Outpatient Clinic for Quitting Smoking. As well, family who live with the patient can receive advice on stopping smoking.

For the staff, this means that free support is offered to stop smoking as part of the smoke-free environment. As well advice is offered to cope with a smoke-free work day if the staff member does not wish to stop smoking.

Quitting smoking as preventative medicine and a component of patient treatment forms part of the hospital's professional development program for its staff.

All members of management have a particular responsibility to themselves observe the rules about a smoke-free environment and to ensure that the rules are observed within their own areas of responsibility. Smoking is unacceptable indoors because it creates other problems in the work environment. If somebody who smokes is employed, then the closest responsible manager can be called upon to discuss the matter. In very serious cases, breaching the anti-smoking rule will be considered as an expression of difficulty in working together or an offence under the employment contract.

Leaders of courses, chairpersons, etc., have the responsibility of informing course participants, persons attending meetings, guests, etc., about the hospital's policy and to ensure it is observed.

Alcohol and stimulants

Alcohol cannot be consumed at Bispebjerg Hospital. Stimulants are not permitted and the hospital strives to have an openness with regard to nascent alcohol and/or stimulant problems so that they can be referred to the proper channels for help. A common policy on alcohol use is lacking for patients and their families.

The goals are:

- to ensure patients have an alcohol- and stimulant- free treatment milieu and to ensure the staff has an alcohol- and stimulant- free work milieu
- to ensure patients and their families feel secure and have confidence in the treatment offered
- to prevent the development of an alcohol and/or stimulant problem
- to support patients and staff who wish to stop risky alcohol and/or stimulant use
- to offer alcohol and/or stimulant treatment which is part of the treatment for those diseases where it is relevant to improve the patient's prognosis, prevent complications, relapses or deterioration.

For the patients, this means that staff will talk with individuals about their alcohol habits and offer pro-active discussions based on recommended consumption levels of 14 units weekly for women and 21 for men, as well as other treatment relevant to individual need and wishes.

For the staff, this means that co-workers would be able to confide in their work leader and/or confidential representative without fearing dismissal. The ordinary expectation of confidentiality must be observed. The work leaders and confidential representatives/nominated substitutes within all professional groups at all levels in the organization comprise the so-called network. The network is responsible for taking the initiative with respect to a co-worker with a nascent alcohol and/or stimulant problem, and must direct such a person to helping organizations and conduct discussions with co-workers.

Stopping the use of alcohol and/or stimulants as preventative medicine and a component of patient treatment forms part of the hospital's professional development program for its staff.

Everyone employed at the hospital has responsibility as a person, colleague and fellow worker to observe if a co-worker is en route to having an alcohol and/or stimulant problem and to contact the people in the network. This responsibility is not limited to one's own profession, but crosses all professional groups.

**The International Network
of Health Promoting Hospitals and Heath Services**



The International Network of Health Promoting hospital and Health Services

1. Background

The International Network of Health Promoting Hospitals and Health Services (HPH) is a Network initiated by the World Health Organisation (WHO). The network follows internationally acknowledged principles, recommendations and standards or indicators for the health orienting of hospitals and health services.

With the adoption of the Ottawa Charter by 38 countries, the strategy of a health promoting environment emerged in 1986 and gave rise, internationally, to the Healthy Cities, the Health Promoting Hospitals (HPH) movements and Healthy Schools. The strategy takes into account the influence of the environment on the health of people who live, learn, work and use the services therein. In 1988, the World Health Organization (WHO) started the HPH movement in Europe. Today, over 650 hospitals and other health institutions are members of the international network in over 25 countries.

2. Mission¹

The Health Promoting Hospitals and Health Services of the International Network shall work towards incorporating the concepts, values, strategies and standards or indicators of health promotion into the organizational structure and culture of the hospital/health service. The goal is better health gain by improving the quality of health care, the relationship between hospitals/health services, the community and the environment, and the conditions for and satisfaction of patients, relatives and staff.

3. Purpose²

The International HPH Network shall promote and assist the dissemination of the concept of health promotion in hospitals and health services (as defined in the mission above) and support implementation within countries and regions, internationally, through technical support to members and the initiation of new national/ regional networks.

¹ HPH constitution

² Idem

4. Objectives³

- To provide leadership on matters critical to health promotion in hospitals and health services and engaging in partnership where joint action is needed
- To shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge
- To set norms and standards and promote and monitor their implementation
- To articulate ethical and evidence-based policy options
- To provide technical support, catalyse change and build sustainable institutional capacity
- To monitor the development of health promotion in hospitals and health services

5. Standards⁴

The WHO health promotion standards were developed in line with the general philosophy of continuous quality improvement in organizations. The standards not only address patient care but also the health of staff, links of the hospital to the community and organizational development.

➤ **Standard 1 : Management Policy**

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

➤ **Standard 2 : Patient Assessment**

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

➤ **Standard 3 : 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.

➤ **Standard 4 : Promoting a Healthy Workplace**

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

➤ **Standard 5 : Continuity and Cooperation**

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

³ Idem

⁴ *Implementing Health Promotion in Hospitals: Manual and Self-Assessment Forms*. Edited by Oliver Groene. World Health Organization, Europe, 2006, 92 pp.

6. Communication

The International HPH Network has different channels for exchange and distribution of experience and knowledge :

- International HPH Conference www.hph-hc.cc/conferences.php
- HPH Website www.healthpromotinghospitals.org
- HPH Newsletter published every two months www.hph-hc.cc/newsletter.php

The Montreal Network of Health Promoting Hospitals and CSSSs Website:

- <http://www.santemontreal.qc.ca/En/hps/menu.html>

**For any questions or comments about this guide or about the
Montreal HPH Network, you may write to:
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**Agence de la santé
et des services sociaux
de Montréal**

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