International Network of
Health
Promoting
Hospitals & Health Services

Meeting Report

22nd Meeting of the HPH General Assembly

June 8, 2016, New Haven, CT, USA

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Contents

22nd Meeting of the HPH General Assembly
Wednesday June 8, 2016 from 08:30 am to 16:00 pm
Yale University, New Haven, Connecticut, United States

International Network of Health Promoting Hospitals & Health Services

Meeting Agenda

CLOSED SESSION FOR NATIONAL/REGIONAL HPH COORDINATORS

08:30-10:00	**N/R Coordinators' Breakfast & Workshop**

MORNING SESSION

Chair: R Zoratti *Time keeper/moderator: tbc*

10:00-10:30	**1. Governance Board** */R. Zoratti* • Welcome partners, observes, TF Leaders etc. • Governance Board Progress Report
10:30-11:00	**2. International HPH Secretariat** */H Tønnesen* • Progress Report (incl. member status, budget & balance)
11:00-11:30	**3. GB Election** */ TB Jensen* • Voting procedure & election
11:30-11:50	**4. HPH MoU Partnerships** */Partners* • WHO, IHF, SEEHN, ENSH
11:50-12:10	**5. HPH Conferences and Budgets** • Report of 2016 New Haven, Connecticut */S Frampton* • 2017 Vienna, 2018 Candidates & election of host */J Pelikan*

LUNCH

12:10-13:00	**LUNCH – with Task Force presentations** (5 min per TF – incl. discussion)

AFTERNOON SESSION

Chair: J Pelikan

13:00-13:20	**6. Presentation of Strategy and the updated WHO-HPH Manual** */H Tønnesen*
13:20-15:00	**7. Workshop on HPH Global Strategy** (including coffee break)
15:00-15:30	**8. Follow-up on workshop** (presentation in plenum and discussion)
15:30-15:45	**9. Establishment of new Working Groups and Task Forces** • Proposal for new Task Force on updated and revised standards */H Tønnesen*
15:45-15:55	**10. AOB**
15:55-16:00	**11. Closure** */Representative of the newly elected Governance Board*

Abstract

On June 8, 2016, the annual HPH General Assembly (GA) took place in New Haven, CT, USA. It was the 22nd Meeting of the National/Regional Network Coordinators and Task Force Leaders of the International Network of Health Promoting Hospitals and Health Services.
Invited observers from up-coming N/R HPH Networks also participated. WHO and other partner organizations in official relations with HPH were excused this year. The WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services in Copenhagen and the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care in Vienna participated.

The General Assembly was arranged by the International HPH Secretariat at the WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals and Health Services in Copenhagen and all sessions were chaired by members of the HPH Governance Board and by the WHOCCs.

As the first order of business, there was a closed session for N/R Coordinators to discuss the role of the N/R Coordinators in the format of a breakfast workshop session. Subsequently, the GA welcomed all additional participating delegates from HPH Task Forces as well as all observers from up-coming National/Regional HPH Networks.

The main aim of GA is the exchange of knowledge and experience among National/Regional Network Coordinators and Task Force Leaders. For this purpose, the meeting also featured a workshop on the new global HPH Strategy for 2016-18.

The GA delegates were updated on the progress of the each of the core organizational bodies of the International HPH Network. The HPH Governance Board, the International HPH Secretariat and the HPH Task Forces presented their work and efforts since the last GA. GA were updated on issues relating to finances and non-payment of members, which continues to be a problem, the current developments in teaching and training, key international projects, extension of Task Forces and approval of new Task Forces, the on-going collaborations with WHO and other key partner organizations as well as potential new partner organizations. The HPH GA was also updated on issues related to the annual HPH conferences including financing and organisation. This included a status on the 2016 conference in New Haven, the official decision of granting Vienna the role of host city for 2017's conference, as well as the decision to continue to liaise with all interested countries for hosting conferences of 2018 and beyond.

GA also conducted the official bi-annual elections for all 7 seats of the HPH Governance Board. The new board represents HPH Networks from Poland, USA, Hong Kong, Taiwan, Korea, Sweden and Australia.

Participants

Attending delegates:

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Observers:

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Copenhagen WHO CC, HPH Secretariat:

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Excused Delegates:

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Coordinators' workshop session

The session was chaired by Manel Santina from Spain and focused on key methods for success in the N/R networks and on clarifying and defining the role of the N/R HPH Coordinator. Inspirational slides from GB were discussed. For notes from the GA discussions, see appendix 1.

Official welcome

The Chair of the HPH Governance Board (GB), RZ chaired the morning session and welcomed all delegates. GA also welcomed Rudi Gasser, the observer from the partner from Global Network of Tobacco Free Health Services (ENSH).

Governance Board progress report

The GB had followed up on the GA decisions from the GA in Oslo in 2015 and progressed according to the schedule outlined in the HPH Action Plan 2015 – 2016. Most deadlines had been met successfully.

For the 2013-2015 strategy:

1. The standards were now updated and in pilot phase
2. Teaching and training had progressed through schools, both in USA, Japan and Italy
3. Communication and advocacy were still ongoing and with many activities that would continue under the new strategy
4. Clinical health promotion research was continuing in studies. The recognition project was set to finishing in the autumn of 2016, and many countries had worked to implement the model.

For partnerships, the renewed MoU with WHO will end in 2020. There was also a MoU with ENSH that has been renewed and a MoU proposal regarding the new partner, IUHPE, which was scheduled for decision by the GA.

Reports from N/R Networks and Task Forces were collected and presented in 2015. They showed that both networks and task forces are working very well. This year there was also proposals for two new task forces for approval of the GA.

This year, the Governance Board was up for election. The GB thanked the GA for the support, the experience and the fruitful work conducted. The GB also wished the new GB luck for the 2016 to 2018 period.

With this, the GB concluded their progress report.

Progress report from the International Secretariat

The international HPH Secretariat presented the progress for the period.
The budget and balance for 2015 showed the expected fees to be 200.000 euros, while the fees payed were 175.041 euros.
The support from Copenhagen hospitals remains the same as in previous years.
To meet the reduced payment of fees, the secretariat staff time was reduced during the year, as were meeting costs and IT. Miscellaneous increased slightly.
Expenditures were, however, below budget, so a surplus of 2.155 euros was generated.
The GA approved the balance.

Budget & Balance 2015

		Budget	Balance
INCOME	Fees	200,000	175,041
	CHC	46,011	46,011
	Total	246,011	221,052
EXPENDITURES	Salaries	170,000	160,151
	Meeting	10,000	6,907
	IT	5,000	2,521
	IT Reconstr.	0	0
	CHC	46,011	46,011
	MISC	2,000	3,307
	Total	233,011	218,897
	Balance	+ 13,000	+ 2,155

A proposal for revised budgets for 2016 and 2017 was also presented based on the numbers from 2015.
The GA approved the revised budgets.

Rev budget for 2016-17 proposal

		Budget	Rev. Budget
INCOME	Fees	200,000	175,000
	CHC	46,011	46,011
	Total	246,011	221,011
EXPENDITURES	Salaries	170,000	160,000
	Meeting	10,000	7,000
	IT	5,000	3,000
	IT Reconstr.	0	0
	CHC	46,011	46,011
	MISC	2,000	3,500
	Total	233,011	219,511
	Balance	+ 13,000	+ 1,500

The overall HPH balance was presented. Accumulated in 2016, this was -36.113 euros, reduced from -46.217 in 2013.

The Secretariat also informed of unpaid fees for 2015 – most notably these were from Canada (that had reduced their network to 13 members), France (that had not paid for 10 members), Greece (that had 5 unpaid members) and 11 individual members that had also not paid.
The GA decided to exclude the Greek network and considered it closed. The Secretariat will write to inform the Greek coordination and membership of this decision.

The Secretariat then presented the number of members over the last years. In this period there had been a reduction in 100 paying members (from 695 to 595). But the paid fees were reduced with only 12,000 euros, probably because of the increased fee level decided four years ago and implemented in 2015.

For 2016, 113.300 euros were paid already.
The Secretariat asked that all N/R Networks that had not yet paid for 2016 yet would ensure payment as soon as possible.

The GA thanked the Secretariat for the progress report and for the hard work conducted in order to secure timely payments and for supporting the membership.

CLINICAL HEALTH PROMOTION CENTRE

Overall HPH balance

Balance until 2013	-46,217€
Surplus 2014	6,449€
Overall 2014	-39,768€
Surplus 2015	2,155€
Overall 2015	-37,613€
Surplus 2016 (Expected)	1,500€
Overall 2016 (Expected)	-36,113€

GB elections

The Secretariat conducted the 2016 GB elections. The amendments to the constitution from 2015 had been added to the now published HPH Constitution and WHO-HPH MoU. The publication would now be circulated to all by the HPH Secretariat.

The Secretariat went through rules in updated and comprehensive form. The GA members with voting rights were handed voting cards for the election, and the GA elected Rafaelle Zoratti from Italy as the GA's voting official.

The candidates up for election were presented: Shu-Ti Chiou (Taiwan); Bozena Walewska-Zielecka (Poland); Sally Fawkes (Australia); Myoung Ock Ahn (Korea); Susan Frampton (CT USA); Margareta Kristensson (Sweden); Alan Siu (Hong Kong); Kjersti Flötten (Norway); Christina Aguzzoli (Italy); Monika Vanhova (Czech Republic). The Secretariat counted the votes - verified by the GA voting official.

GA elected the following seven national/ regional HPH Networks (HPH Core Members) to the GB:

- CT USA (Susan Frampton; 17 votes)
- Poland (Bozena Walewska-Zielecka; 15 votes)
- Taiwan (Shu-Ti Chiou; 14 votes)
- South Korea (Myoung Ock Ahn; 14 votes)
- Hong Kong (Alan Siu; 13 votes)
- Australia (Sally Fawkes; 11 votes)
- Sweden (Margareta Kristensson; 11 votes)

The GA congratulated the new GB.

HPH MoU Partnerships

The GB presented the partners.

ENSH
Rudi Gasser, Regional Coordinator for the Victorian Network of Smoke-Free Health Services informed GA of the current work and focus. The ENSH is a global network, working on safe & quality care in relation to tobaccos. HPH and ENSH have been partners for many years. The renewed HPH/ENSH MoU collaboration includes focus on Tobacco Endgame and E-cigarettes.
The GA decided to sign the renewed MoU.

WHO
The Secretariat presented the close partnership with WHO, as the observer from WHO was excused. The Secretariat conveyed the best wishes from WHO. WHO is very pleased to continue the close collaboration with HPH. HP is a key focus for WHO, both outside health care as is primary focus, but also HPH can add very much on the H/HS level. The hospital standards update project is very important, connecting other health services treating patients, such as GPs, nursing homes etc. The task is to make the policy and strategy level practical through the HPH collaboration - translating the most important policies, strategies and ministerial action plans to practice.
GA acknowledged the close collaboration.

IHF & SEEHN
Excused.

IUHPE
A proposal for a new IUHPE/HPH MoU from the GB was presented to the GA. The specific focus is on capacity building, education and training.
The GA discussed the draft and approved the new MoU. The Secretariat follows up on the process.

HPH conference and budgets

2016
Susan Frampton presented the 2016 HPH conference and thanked the HPH Conference Secretariat in WHO-CC Vienna, the International HPH Secretariat, all the local staff, the Connecticut Hospital Association and other partners locally for their support.
The conference has 476 participants in total (305 HPH members): 259 participants from Asia, 67 from the US, 103 from Europe, 7 from the Middle East, 2 from South America and 10 from Oceania. Expenses were budgeted at 276,696 euro and estimated revenues at 280,575 euros. It will be a cost neutral event.

To sustain conference outcomes, this year's organizers in collaboration with the HPH Congress Secretariat presented the "The New Haven Recommendations on partnering with patients, families and citizens to enhance performance in health promoting hospitals and health services". The organizers thanked the GA for the many good comments on the draft recommendations along the

way. The focus in the New Haven Recommendations is on the essential role of patients as co-producers of their health. Accordingly, the main priorities of this document are to:

- enable patient and family involvement within direct service provision (micro-level)
- enable patient, family and citizen involvement among hospitals and health services (meso-level)
- enable patient, family and citizen involvement in planning healthcare delivery systems and policy (macro-level)

Further comments are still welcome, and final recommendations will be published in end June 2016. The GA agreed that the recommendations should be published beyond HPH audiences – including hospital associations and governing bodies. WHO-CC Vienna is happy to receive input on where to circulate the recommendations. The GA applauded the organizers for a successful 2016 conference.

2017

The HPH Conference Secretariat in Vienna presented the plans for the 2017 conference in Vienna. The date for the conference is April 12-14, 2017 and the location is the University of Vienna. For its 25th anniversary, the International HPH Conference will not only come back to the place where it all started but it will also be the third international conference to be held in Vienna. The working title is "Health promoting health care in times of crisis – lessons from the past, directions for the future". The GA discussed the topics included. Other proposals for focus were: 2030 sustainable development goals (SDGs) agenda, integrated health care, meeting needs of the most vulnerable people in times of crisis, equity in healthcare, disasters or climate change.
Organizers will continue all preparations and exploration and fine tuning of conference theme.

2018 and beyond

Proposals from interested potential conference hosts for 2018, 2019 and 2020 were welcomed. Rafaelle Zoratti announced the official candidacy of Italy for 2018, to be held in the network of Emilia Romagna (Bologna). For 2019 and 2020 interested GA members were encouraged to make contact to the HPH Conference Secretariat as soon as possible.
The GA approved the candidacy of Bologna for 2018.

Working lunch session

This session was chaired by Thor Bern Jensen, WHO-CC Copenhagen.

TFs presented their work during a working lunch session (see appendix), which allowed more time than usual for the presentation and discussion of the HPH Task Forces.

Afternoon session

The afternoon session was chaired by the Jürgen Pelikan, WHO-CC Vienna

Updated WHO Standards Manual

Manual update:

Hanne Tønnesen presented the process. The original standards were made in 2006 after 5 years of developmental work led by Oliver Groene in collaboration with the HPH Network and other partners. A few updates, on references especially, was done in 2010 on request of HPH.

Late 2015 WHO Europe, having copyright, commissioned the updating of the standards, through a call for interested bidders for the task through a call for applications. WHO-CC Copenhagen was chosen amongst others by WHO Europe, to do the work. The work, however, was not done by WHO-CC Copenhagen alone, but rather, with a larger network of collaborators.
The scope was to update the standards with the newest high level evidence for effect, collected through systematic reviews (a.m. Cochrane) via six model patient pathways on very frequent conditions (cardiac and lung diseases, diabetes, pregnancy, surgery and mental illness) and 2 staff models (HP for staff and teaching/training of staff to deliver HP activities to patients).

The scope was also to extend the use of standards among other health services than hospitals and align with key policy documents. The need from HPH was also to tie in the HPH Data model and Doc-Act model closely related to identification of patient needs for HP and documentation of the related activities.
The initial steps of glossary, systematic searches, pilot test and WHO pre-hearing have been completed. Full scale hearing (incl. HPH) of the Beta-1 version will be conducted in June/July 2016.

The very first version (Alfa-1) has been commented carefully by WHO-Europe as the first step. Interestingly, a pilot test of the updated self-assessment tool (Alfa-2 version) has showed promising results of high understandability, applicability and sufficiency by the GPs, minor clinics and major hospitals. Further important comments were received via the pilot test.

The next step would be to finalize a Beta-1 version for the full scale hearing, and the following step would be to carefully consider the comments from the full-scale hearing to write the Beta-2 version. The updated standards will be sent to ISQUA also, for approval. All with an interest in the detailed aspects of the standards, were encouraged to take part in the roundtable discussion in the conference to contribute to the work of the proposed TF.

The GA discussed the updating process and the content of the new draft. The GA agreed that it was a great improvement, especially considering inclusion of the two models and their close relation to the reimbursement systems (most frequently the DRG and day-case mix). The GA also noted that standards are living documents that require updating from time to time. The discussion then moved to the proposal for a new Task Force on update of the standards – please see that paragraph below.

Workshop on new strategy 2016-2018

Hanne Tønnesen presented the draft work recommended by the GB. Also, an editorial written by the GB was in the June 2016 issue of the Scientific Journal Clinical Health Promotion on importance of

the new strategy. The general idea of a strategy is to improve a few important key areas identified as not working well or being barriers for reaching a predefined goal. This is also the case for HPH, where the global strategy aims to support reaching the overall HPH goal of better health gain.

Over time, the global HPH strategies have targeted concrete areas and several times with success. The strategic development has required immense work from GB members, so already in 2011, the GB decided to bring in a consultant, to reduce GB work load and improve the next strategy.

The proposed new strategy for 2016-18 is based on the results from the collated report from N/R HPH Networks and TF as well as the discussion at last year's Coordinator Workshop and feed-back. It includes the following priorities:

1. Implementation of updated WHO standards for hospitals and other health services
2. HPH awareness and capacity
3. HPH development and sustainability

In the draft strategy there are closely related actions for GB/Secretariat, N/R networks, Task Forces and for the first time also the individual members.

The GA discussed the draft in 4 break-out groups facilitated by representatives from the previous GB. The outcomes were presented and further discussed by GA in plenum. See appendix for full comments from the GA workshop. The Secretariat will incorporate comments and advice into the final version of the strategy to be distributed to all.

New task forces

<u>HPH Task Force on Updated Standards:</u>
Manel Santina and Hanne Tonnesen presented the task force proposal. The proposed terms of reference were to:

- Collect real life experiences
- Describe best-practice
- Make international seminars at the next conferences
- Perform final follow up of the beta version
- Make a database for reporting of results

The GA discussed the terms of reference in detail, and after clarification the GA voted to establish the task force.
Those who responded to the open call for participation will be added to the TF list and mailing list, and the open call will be repeated once more to get all interested on board to take part. Also, all NR Coordinators will be asked to submit names to the Secretariat of experts relevant to include in the expert hearing process.

<u>HPH Mental Health Task Force:</u>
Jan Erik Nielsen from Norway presented the proposal. The proposed TF leader is Lise-lotte Risö Bergerlind from Sweden. All HPH members will be invited to participate in the task force.

The GA discussed the proposal. The GA agreed that the task force is really needed, but there also is a need for further clarification. Concrete deliveries needed specifying and the TF should have a timeline from 2016 to 2020. The TF's focus would be anticipated to be general towards the better mental health and not only for psychiatric patients as the old HPH TF. An example would be health and welfare across the lifecycle. The GA thought the proposal very important: an area with good potential for development and further ideas for improvement. It is still an under-prioritized area in many countries. The TF will relate to the old HPH task force in and many of the new TF's members were also members of the old group.

The GA decided that the mandate of the task force should be specified further in terms of concrete goals and terms of reference according to the HPH Constitution. The group behind the TF proposal will specify and develop the details further in the coming months. The GA preconditioned the approval of the TF, by requiring the needed clarification and the fill out of a proper TF agreement.

AOB

Open-door GA:
Attending the GA with more than one delegate is a recurring question from GA members to the Secretariat each year. GA discussed whether it should be allowed or not. The GA agreed that as long as names are sent to and approved by secretariat then they might well be accepted on a case by case basis. The GA decided to discuss open by invitation or completely public assembly format versus closed via email. The GA asked the GB to further discuss the question and develop a recommendation.

GB stepping down in 2016:
The GA thanked the GB that was stepping down for their hard work from 2014 to 2016, and closed the GA meeting.

APPENDIX 1: Notes from Coordinators' workshop

For core methods of the N/R Networks, the discussion outcomes included the following areas:

- Methodologies for implementation
- Payment systems differences and know-how in each

- Priority differences and articulation of HPH agenda in different political/management contexts and agendas
- Knowledge of standards, needs assessment and implementation
- Securing structures and resources to ensure drive (e.g. committees etc.)
- Creating a base of momentum to implement HPH initiatives
- Securing communication and discussion on relevant topics with all relevant stakeholders
- Reorienting culture in organizations .
- Doing SWOT analysis to decide how to proceed
- Facilitating learning from others and also learning from other N/R coordinators oneself
- Using health economics
- Communication with and use of quality managers/movement
- Building in the concepts of hph into mainstream of management

<u>For the role of the N/R Coordinator, the discussion outcomes included the following tasks:</u>

- To energize and advance the network and not to stagnate it (x3)
- To focus the discussion and work on things that matter (x2)
- To facilitate the participation of all stakeholders and members (x2)
- To control the time and phases of the collaborative work in an N/R context
- To make meeting reports with clear direction, goals and decisions
- To build the team needed in a N/R context an d to work for the group
- To transport the idea and necessity of HPH to all relevant levels
- To implement activities, contribute to raising awareness and interest, improving equity, doing workshops and key international project participation

<u>The N/R Coordinators defined the key challenges and barriers for their work as:</u>

- Flux of members in and out of network
- Key person changes and shifting of jobs (x2)
- Maintaining continuity and clear direction
- To secure funds, support and resources (x4)
- Successful mobilization of each hospital coordinator and the staff there (x2)
- Priorities of politicians are not always for HPH
- Coordinators have many other things to do, and HPH is seldom the primary job

<u>The N/R Coordinators defined the keys to success for their work of the as:</u>

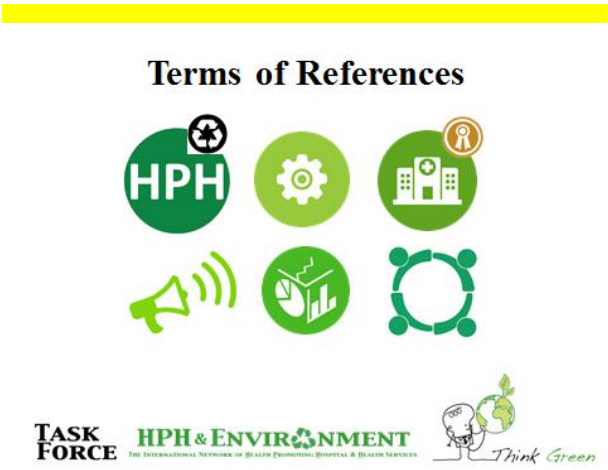
- Always having clear and meaningful activities and collaboration (x2)
- Having confidence
- Dealing with simple prevention-attitudes and HPH attitudes dichotomy
- Articulating HPH as a key way to deal with organizational changes and resulting stress for employees
- Building capacity of employees to create resilience, local commitment, local motivation and local understanding (x2)
- Being clear about how HPH initiatives should be governed
- Using the standards as a key tool to improve
- Sharing the HPH vision outside hospitals, with e.g. shools and other settings
- Facilitating concrete projects proposed by the health professionals
- Connecting with relevant programs and policy of local entities and regional/national government

- Being present and being a leader (x2)
- Being flexible, creative and opportunity-seizing
- Looking forward and anticipating needs and changes
- Dealing with competing work tasks effectively
- Focusing on implementation
- Having a can-do attitude
- Translating documents to local language
- Getting both academia, leadership and practitioners onboard (x2)
- Aligning different priorities of different groups locally and help them implement.
- Have meetings and get people to prioritize it
- Using the hospital coordinators; they are very active and very driven
- Reframing HPH as patient safety
- Being determined and activating the activators
- Doing needs assessment
- Working with people for people
- Persuading the managers and the professionals
- Being there to support needs and research, so that others come to the concusion that HPH is needed and part of integrated care
- Putting primary and secondary care in close alignment to each other, so if political support is on one thing (like primary care) focus there and reframe.
- Using evidence and your heart
- Networking with people and cooperating with people
- Using smoking cessation as basis for more HPH work
- Using the international network. Using experiences and sharing them globally
- Having interactive discussions, summer schools and annual N/R conferences
- Continuing your own learning (x2)
- Being humble
- Brokering information and knowledge, from e.g. the International network level to local settings and move information through the system to where it is needed (x2)
- Knowing that your role is very important
- Understanding your context, recognize priorities, being able to execute and meeting goals.
- Usig all opportunities to get engaged
- Using the tools
- Focus on better performance and better outcomes
- Approaching and getting close to management (x5)
- Using local policy levels (x4)
- Using process leaders, nurses and quality managers
- Pushing the idea that HPH is on integrated services, a way to optimize care, not something to add-on
- Using national bodies, building the HPH concept all over
- Being able to find the money
- Being able to articulate that HPH is a good idea, is cost effective and that we can't afford not to do it
- Visiting hospitals, being a consultant, getting them to join HPH and sustain the work
- Setting up working groups

- Getting everyone involved and giving them a place and the time to speak and share ideas
- Using the standards
- Coordinating projects and research
- Pushing this way of thinking
- Talking to every single hospital and trying and convince them
- Recognizing that there are many other efforts and good projects that are very similar to HPH and being able to tell others clearly what HPH is and why it is important
- Getting health services outside hospitals involved too
- Visiting hospitals and convincing the leaders that is cost effective and best for the patients
- Focusing on integration
- Developing a public health promoting health service system, combining the basic health services with the health promotion activities in the hospitals
- Being a facilitator above all else
- Gathering interest from H/HS and key people
- Challenging the preconception that "HP is already covered elsewhere"
- Disseminating info, getting organizations to join
- Focusing not only on organization and policy, but also on involving patients actively. We need to get their voice, so we can be heard.
- Being the change you want to see in the world (x2)
- Being the leadership of the network, but also of the concept of HPH
- Advocating for the need of HPH change (policy, hospital leaders, society)
- Being an enabler (helping them get strong, get the leaders, get the staff, disseminate)
- Applying the evidence
- Encouraging others to also generate new evidence on the value of HPH
- Being a mediator
- Getting support from payers (e.g insurance) and accreditation bodies
- Being a mainstreamer and a game-changer
- Measuring HPH
- Recognizing that HPH is what the health care system needs to be sustainable
- Being the leadership, using the standards, measuring the effect and educating others

APPENDIX 2: Task Force presentations

TF on Environment



Next Steps:

- TF Meetings/ Conference:
  - 2016.07.07 Taiwan Green Hospital Workshop @Taiwan
  - 2016.08.02-05 HPH Asia / GGHH Annual Conference @Indonesia
  - 2017 GGHH Annual Conference @Taiwan
- Environmental health in all HPH standards
- TF hope to develop no. 6th standard on creating optimal healing environment

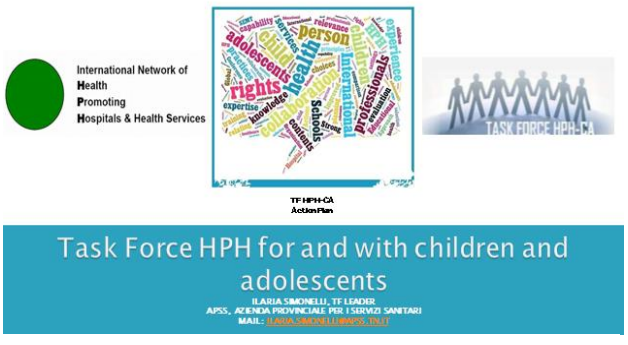
TASK FORCE HPH&ENVIRONMENT — Think Green

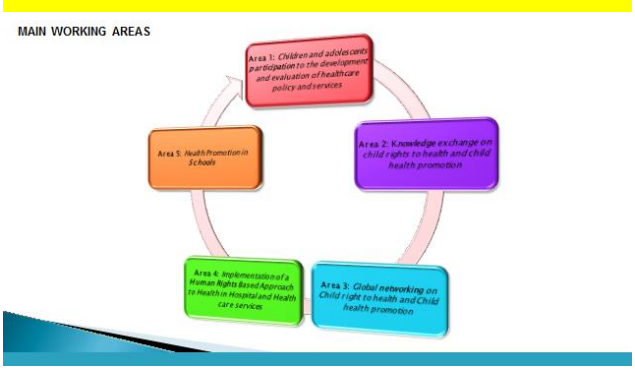
Find us at:
www.hph-greenhospital.org

Thank you!
感恩

TASK FORCE HPH&ENVIRONMENT — Think Green

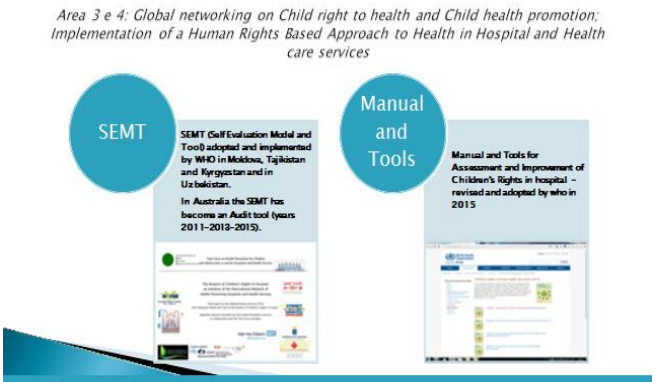
TF on Children and Adolescents

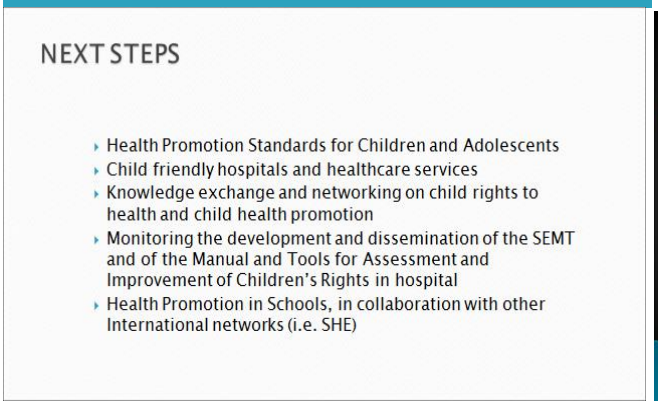


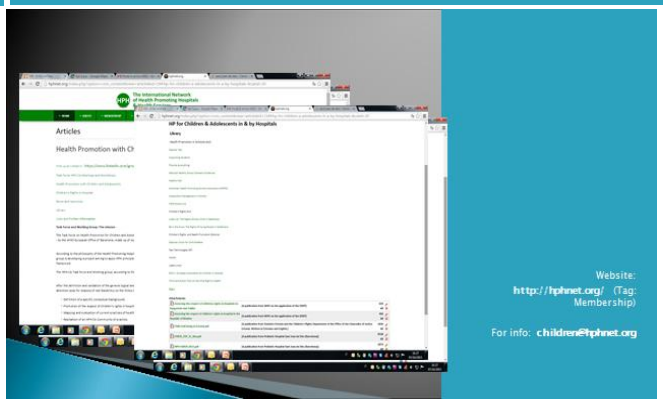


Area 1 (Children's participation)

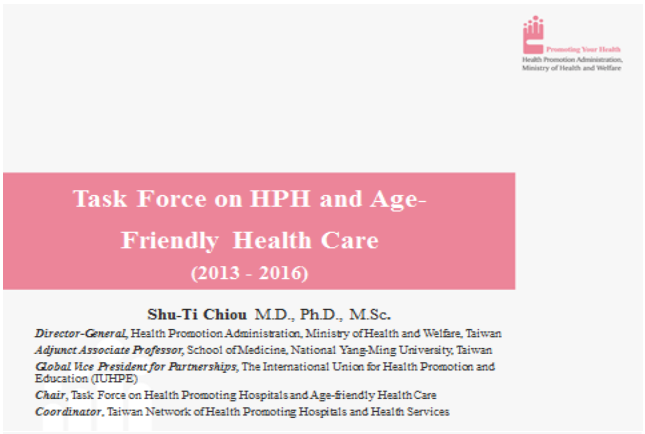
Area 2 (Knowledge exchange)

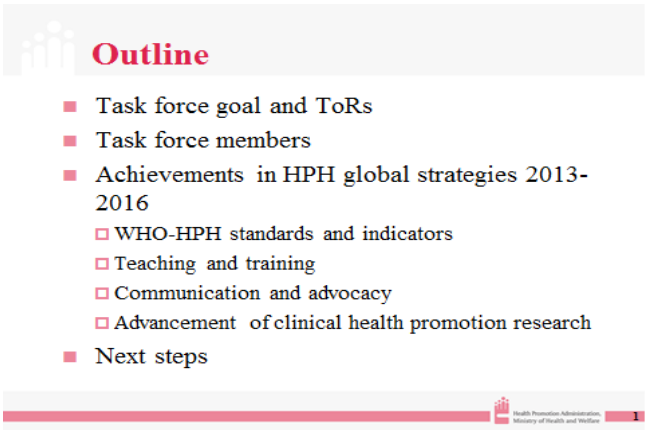


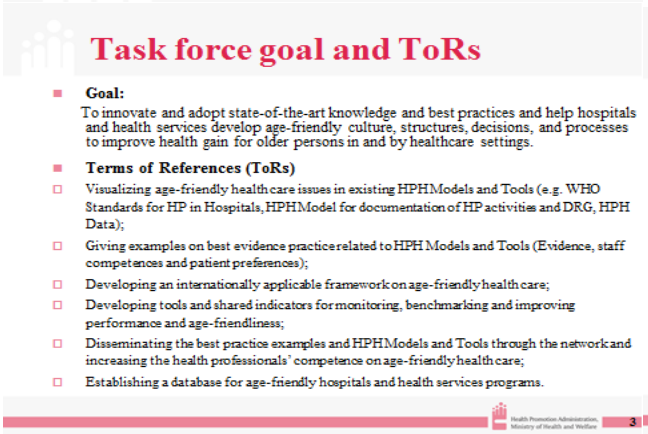




TF on age friendly hospitals







Task force members (11countries, 15members)

- **Age-friendly Experts**
  7. Dr. Yu-Chen Chang, Director of Community Health Department, Ditmanson Medical Foundation Chia-Yi Christian Hospital, Taiwan
  8. Dr. Belinda Parke, Assistant Professor of Faculty of Nursing, University of Alberta, Canada
  9. Dr. Barbara Liu, Executive Director of Regional Geriatric Program Toronto; Program Director of Geriatric Medicine Postgraduate Program, University of Toronto, Canada
  10. Prof. Marie Boltz, Director of Practice Initiatives at the Hartford Institute for Geriatric Nursing, New York University, USA; NICHE Practice Director
  11. Mr. Herbert Habets , Geriatric Clinical Nurse Specialist / Nurse Scientist of Orbis Medisch Centrum, Sittard – Geleen; Senior Lecturer of Zuyd University, Heerlen, Netherlands
  12. Prof. Cheng-Chieh Lin, Dean, College of Medicine, China Medical University, Taiwan
  13. Prof. Feng-Hwa Lu, Associate Professor, Institute of Gerontology, National Cheng Kung University, Taiwan
  14. Mr. Takao Suzuki, Research Institute, National Center for Geriatrics and Gerontology, Japan
  15. Prof. Finbarr Martin, Professor, medical gerontology, Kings College London; NHS consultant, Geriatrics and General Medicine, UK

Achievements in HPH Global Strategies

1.WHO-HPH Standards and Indicators

Framework of age-friendly hospitals and health services

- Taiwan's Framework of Age-friendly Hospitals and Health Services
  - Developed based on:
    - WHO age-friendly principles
    - **WHO Standards of Health Promoting Hospitals**

The framework (as a set of standards)

- The AFH framework was used as the guide to support implementation & follow-up for members
- We have versions of framework with limited revisions for different types of HS's, such as clinics & LTC
- We use the framework to do the World's first nationwide government-driven recognition for Age-Friendly Hospitals and Health Services

The AF module

1. **The AF framework**;
2. **Tools** for clinical practice;
3. **Indicators** for monitoring and benchmarking
4. **Organizational plan chart**

Strategies

--4 standards, 11 sub-standards, 60 measurable items

1. Management Policy
1.1 Developing an age-friendly policy
1.2 Organizational support
1.3 Continuous monitoring and improvement

2. Communication and Services
2.1 Communication
2.2 Services

3. Care Processes
3.1 Patient assessment
3.2 Intervention and management
3.3 Community partnership and continuity of care

4. Physical Environment
4.1 general environment and equipment
4.2 transportation and accessibility
4.3 signage and identification

11

Weaknesses: items scored < 80 in 2011 (1/2)

Standard 1. Management policy

- 1.2 Organizational support

Measurable Items	2011 N=20	2014 N=41	*p*-value
1.2.2 The hospital improves the function of its information system to support implementation, coordination and evaluation of the age-friendly policy.	78.75	89.17	<0.001*
1.2.3 The hospital recruits staff knowledgeable in the care of older adults and their families.	72.08	82.36	0.097
1.2.4 All staff receives basic training in age, gender, and culturally sensitive practices that address knowledge, attitude and skills.	76.25	85.69	0.003*
1.2.5 All clinical staff who provide care to older persons receive basic training in core competences of elder care.	76.25	86.34	0.001*

* $p<0.05$

12

Weaknesses: items scored < 80 in 2011 (2/2)

Standard 1. Management policy

- 1.3 Continuous monitoring and improvement

Measurable Items	2011 N=20	2014 N=41	*p*-value
1.3.2 A program for quality assessment of the age-friendly policy and its related activities is established. The assessment addresses development of organizational culture and perspectives of the seniors and the providers, as well as development of resources, performance of practices and outcome of care.	75.00	85.98	0.005*

Standard 3. Management policy

- 3.2 Intervention and management

3.2.7 Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available.	77.92	85.81	0.022*

* $p<0.05$

13

Indicators of Age-Friendly Performance in Health Care and Services in Taiwan (2014 vs 2015)

N=49

Indicators		2014 mean (S.D)	2015 mean (S.D)	P-value
Indicator 2	The overall satisfaction of patients	88.8 (7.7)	90.1 (5.3)	0.0881
Indicator 3.1	Less waiting time	74.7 (20.2)	76.9 (14.9)	0.1987
Indicator 3.2	Provide health education	85.8 (13.8)	87.4 (9.7)	0.2727
Indicator 3.3	Active care about patient's health behavior	86.1 (12.8)	87.4 (9.5)	0.2214
Indicator 3.4	Active remind cancer screening	81.7 (16.7)	86.7 (7.4)	0.0659
Indicator 3.5	Active recommend smoking cessation	78.0 (21.1)	85.6 (10.8)	0.0324
Indicator 3.6	Kind service	90.2 (8.1)	91.7 (6.1)	0.1563
Indicator 3.7	Detailed description of patient's condition	91.0 (6.9)	92.3 (5.4)	0.1614
Indicator 3.8	Value patient's right	91.2 (8.1)	87.4 (16.8)	0.8666
Indicator 3.9	Medically competent	90.2 (8.5)	89.3 (12.3)	0.6966
Indicator 3.10	Well equipped facility	86.2 (11.5)	86.6 (10.5)	0.4066
Indicator 3.11	Clean and comfortable environment	87.9 (11.3)	86.6 (11.1)	0.7974
Indicator 4.1	Rate of readmission within 14 days after discharge (unplanned readmission within 14 days after discharge due to similar or related disease condition)	2.15 (2.21)	2.06 (1.89)	0.7971

14

HPH and age-friendly health care manual

- Task Force has appointed Mr. Jeff Svane (Technical Officer of the International HPH Secretariat and TF member) to draft the Manual of HPH and Age-friendly Health Care based on the WHO HPH standards.
- Mr. Jeff Svane has sent the drafted manual on Jan 25th 2016.

2.Teaching and Training

16

International symposia-1/2

- **2015.06.11** --a Symposium on HPH and Age-Friendly Health Care during the 23nd International HPH Conference
- **2015.11.01-11.02**--2015 Global Health Forum in Taiwan
- **2015.11.25**--Dr. Shu-Ti Chiou was invited to speak about Age-friendly health services in Taiwan during the Konkuk University Medical Center HPH Conference in South Korea


Symposium on HPH and Age-Friendly Health Care
Co-organizer: International Network of HPH

2015 Global Health Forum in Taiwan
Co-organizers: Ministry of Foreign Affairs, Ministry of Health and Welfare


The Konkuk University Medical Center HPH Conference in South Korea

17

International symposia-2/2

- Symposium on Health Care and Healthy Ageing
  - **Time:** 2016.06.09– 11:00-12:30 (90min)
  - **Venue:** New Haven, Connecticut, United States
  - **Moderators:**
    - Dr. Shu-Ti Chiou, Health Promotion Administration, Taiwan
    - Prof. Jean-Pierre Michel, Immediate Past President of the European Union Geriatric Society/ Chairman of the EUGMS Board
  - **Speakers:**
    - Dr. Shu-Ti Chiou, Health Promotion Administration, Taiwan
    - Prof. Jean-Pierre Michel, Immediate Past President of the European Union Geriatric Society/ Chairman of the EUGMS Board
    - Mr. Herbert Habets, Geriatric Clinical Nurse Specialist/Nurse Scientist of Orbis Medisch Centrum, Sittard – Geleen
    - Dr. Chun-Hsiung Huang, Director, Center for Geriatrics and Gerontology, Changhua Christian Hospital, Taiwan.
    - Dr. Ming-Yueh Chou, Director, Division of Geriatric Integrated Care, Center for Geriatrics and Gerontology, Kaohsiung Veterans General Hospital
- **Welcome!!**

International Teaching & Training

- Organize **16** symposia and conferences between 2012 and 2015
- A total of **117** experts from **60** countries were invited to as speakers, e.g. USA, European Commission, United Kingdom, Canada, Finland, Denmark, Australia, India, Malaysia, Japan
- **5,200** total participants in these symposia and conferences

19

E-learning

- "E-journal of HPH Taiwan" is circulated to all HPH and age-friendly hospitals and services in Taiwan every 2 months.
- The news on the information relating to the Symposium on Health Care and Healthy Ageing & 3rd Task Force Meeting on HPH and Age-Friendly Health Care is shared in No. 75 issue of International HPH newsletter.
- Best practice examples of age-friendly hospitals are collected and shared on HPA website: http://www.hpa.gov.tw/BHPNet/Web/HealthTopic/TopicArticle.aspx?No=201206250001&parentid=201110140004
- The PowerPoint slides of the speakers from Symposium on HPH and Age-friendly Health Care during the 23rd International HPH Conference are shared on the TF website: http://www.hphnet.org/component/content/article/20-members/tf1/2123-hph-and-age-friendly-health-care

No. 75 issue of International HPH newsletter

2. Magazine

- Issue 1459, Harvard Business Review, 2015
- *"Active Aging-Healthy Forever Young"*

Local teaching & training

- Three domestic workshops were held in 2015, to recruit, encourage, and assist healthcare organizations to participate the recognition.
- HPA has entrusted Taiwan Association of Gerontology and Geriatrics to organize two domestic workshops on professional age-friendly health care in September 2015, to enhance medical staff's ability on age-friendly health care.
- Healthcare organizations that passed the recognition will be presented with certificates during the annual award ceremony on November 27th, 2015. The superintendents of award-winning hospitals will be invited to share their experiences of age-friendly hospitals during the ceremony.
- HPA subsidized local health authorities to recruit healthcare organizations in promoting health promotion, among 65 participating health organizations, 50 chose the topic of age-friendly health care and services in 2015. In addition, HPA also subsidized 66 healthcare organizations to apply for the recognition and becoming one of the age-friendly hospitals and health services.

Workshop for healthcare organizations

Deputy Minister of MoHW Dr. Tzou-Yien Lin and Director-General of HPA Dr. Shu-Ti Chiou presented Model Award to winning hospital

22

3. Communication & Advocacy

23

Globalize the AFHC framework

- **2016**: 1. **South Korea** visited Taiwan and demonstrated interests in implementing the Framework. 2. **South Korea** started a project "Development of senior specific citizen-oriented health care service system based on Korean 4-8 model.", and Dr. Chiou was invited as an adversary committee member. 3. **Austria** has held a workshop in early April to discuss promotion of the recognition framework.
- **2015**: Self-assessment manual was translated into **English, Germen, Estonian, and Greek** - **2 Estonian hospitals** have implemented the framework
- **2014**: **Austrian, Estonian,** and **Greek** HPH network expressed interests in implementing the Framework
- **2013**: WG was approved by HPH to transfer to **Task Force on HPH and Age-friendly Health Care** – **Content Validation of Framework** by TF members
- **2012**: **Working Group on HPH and Age-Friendly Health Care** was Approved by the General Assembly
- **2011**: "Recognition of Age-friendly Hospital and Health Services" officially **launched** in hospitals in Taiwan

Age-friendly health care survey in the international HPH network(1/4)

- A survey was sent to the 31 HPH Networks and 5 members of TF on HPH & Age-Friendly Health Care in the end of May, 2016.
- A total of 6 replies have returned.
  - 6 HPH Networks
  - 1 members of TF on HPH & Age-Friendly Health Care

	Item	
1	Promotion of Age-friendly Health Care Institution	yes no
2	NGO of Promotion of age-friendly healthcare	yes no
3	Governments Participation and Emphasis	Led by the government and clearly stated in the policy planning. The government has noticed but haven't included into the policy planning. The government understands the importance but the work is mainly private-sector/civil society based. The government does not place importance on Age-friendly Health Care.
4	Does the nation/region have an Age-friendly Health Care Framework and Standard?	Both Framework and Standard Has a Framework but no Standard Currently in development No planning currently
5	Does the nation/region currently promote Age-Friendly Hospitals and Health Services recognition?	comprehensive promotion only in hospital No
6	Does the nation/region provide education training for Age-Friendly Health Care?	organized by government and NGOs. organized by NGOs No

Age-friendly health care survey in the international HPH network(2/4)

Item	N
Promotion of Age-friendly Health Care Institution	
yes	6
no	1
NGO of Promotion of age-friendly healthcare	
yes	4
no	3

Age-friendly health care survey in the international HPH network(3/4)

Item	N
Governments Participation and Emphasis	
Led by the government and clearly stated in the policy planning.	5
The government has noticed but haven't included into the policy planning.	1
The government understands the importance but the work is mainly private-sector/civil society based.	1
The government does not place importance on Age-friendly Health Care.	0

Age-friendly health care survey in the international HPH network(4/4)

Item	N
Does the nation/region have an Age-friendly Health Care Framework and Standard?	
Both Framework and Standard	4
Has a Framework but no Standard	0
Currently in development	1
No planning currently	2
Does the nation/region currently promote Age-Friendly Hospitals and Health Services recognition?	
comprehensive promotion	4
only in hospital	1
No	2
Does the nation/region provide education training for Age-Friendly Health Care?	
organized by government and NGOs.	5
organized by NGOs	0
No	1

Disseminate HPH & AFHC at international events

- 69th WHA of WHO in Geneva, on item 13.4 Healthy Aging, in the statement I made for Taiwan, I mentioned the concept & efforts of AFHC as a very important approach to healthcare adaptation towards population aging.
- Global Health Forum in Taiwan
- INHPF
- Asia-Pacific Academic Consortium for Public Health
- Geneva Health Forum, etc.
- To be disseminated: in 2016 European Health Forum, Gastein; Global HF in Taiwan

Communication & advocacy

- Our publication- "Towards age-friendly hospitals & health services" has been cited for 19 times
- Energy seen in Canada & Asia

4. Advancement of Clinical Health Promotion Research

Contribution & research

- 55 articles on the topic of age-friendly health care and services were published in the 23rd HPH International Conference.
- 50 articles on the topic of age-friendly health care and services were published in the 24th HPH International Conference.
- PubMed search for articles on Senior friendly, age friendly, elderly-friendly & hospital, health care between 2013-2015: 7 total

31

Next Steps?

Next steps

- Generate new evidences and disseminate by more scientific publications
- Continue the advocacy & training
- To assist other National/Regional HPH Networks to apply the Framework of Age-friendly Hospitals and Health Services for Recognition of Age-Friendly Hospitals and Health Services.
  - Self-assessment manual has been translated into **English, Germen, Estonian, and Greek,** and we are translating this manual into **Korean** and **Indonesian**.
  - Sharing of benchmark practice examples from TF members
  - Improving experience exchange between TF members
  - The workshop for the Age-friendly Hospitals and Health Services Recognition
- To develop tools that monitor the effects of Age-Friendly Hospitals and Health Services.

33

Next steps

- To maintain the TF website and continue to collect best practice examples.
- Planning on the "Recognition of Age-friendly Hospitals and Health Services" project.
  - Based on the "WHO-HPH recognition project", we developed the "Recognition of Age-friendly Hospitals and Health Services" project.
  - We will recruit 20 hospitals this year, and welcome to join with us in this project.

Beds and equipment
may make healthcare bigger;
But only ♥ LOVE
can make healthcare greater.

Providing Seniors with
Quality Healthcare,
function & Dignity.

36

APPENDIX 3: Note from the afternoon workshop on the new HPH Strategy 2016-2018

Group A: Implementation of the updated WHO standards

- Needed to translate standards to local language
- Needed to adapt info from standards to local context
- Difficult to collect papers or info from medical records
- Needed to have info systems of health care organizations to adapt systems to facilitate collection of info
- Needed to fit standards to quality management, as this helps implementation and management of it
- Needed to set up learning systems to help those that work with it
- Share experiences in the implementation of standards in each health care organization to know the best practice and most successful implementation
- focus on why these standards are needed and valuable

Group B: HPH awareness and capacity

- Clarify role of the coordinator
- Summarize in meetings with other professional groups
- Evaluate participation of HPH members regarding other groups (patient organizations, councils, health promoting schools, nursing homes, prisons etc.)
- Make HPH better known locally
- Scale up the HPH activities (all levels)
- More presence in all settings needed to get HPH knowledge disseminated
- Find out who the stakeholders are
- Involve patients, policy level, organizations etc. in order to partner with them
- Hospitals and health services need a mandate to insert health promotion in their strategies
- Use webinars to spread the idea and make it well known
- Groups should have and use websites (updating them often)
- Use social media to reach broader audience

Group C: HPH development and sustainability

- Use the WHO MoU to support activity in HPH
- N/R cooperation is good and with many institutions
- Use the many legal documents sanctioning activities (public health policy documents)
- More active support needed from WHO at national level, as this helps convince hospitals to join
- National collaboration needed with WHO country offices
- Need to collaborate with accreditation companies to include CHP
- Inclusion in policy documents needs to be supplemented with integration in accreditation
- Mission and vision should be also be based on bottom-up, as this improves buy-in from hospitals

- Take in the more peripheral stakeholders, know them, reach them, use social media and promote knowledge about HPH
- Sustain and develop membership by articulating the benefits of membership – promoting the idea should be implemented (a brochure is not enough)
- More media should be used to present arguments for HPH membership
- Articulate what you lose when you leave HPH also

Group of Task Forces: All priorities

- Standards implementation is important for better integration but needs addition of patient involvement and engagement – an opportunity for the new TF?
- Update info and material, and bridge between old and new standards (emphasizing what is new)
- Task forces should be included in priority-making, and specific Task Force focusses should be in addition to the HPH standards
- Awareness and capacity needs to have more equal footing between task forces and remaining HPH – make the task forces well known too
- Task forces should take action to contribute to e.g. local HPH days, by adding task force topics to agendas
- Use HPH packages and integrate the task force agenda in HPH standards
- Sharing knowledge and experience mechanisms might require a template for task force sharing their knowledge and input with others