



Standards for Children and Adolescents' health promotion in Hospitals: The Task Force HPH-CA experience

Ilaria Simonelli, Raquel Mullen, Giulio Fornero, Arian Tarbal Roquer, Lagle Suurorg, Dora Scheiber, Domenico Tangolo, Emanuele Torri

doi.org/10.29102/clinhp.18003

About the Task Force

The Task Force on Health Promotion for Children and Adolescents by Hospitals (HPH-CA) was set up in April 2004 and is composed by 28 members from 16 European countries, 5 non-European countries, from one European Network.

The Task Force mandate includes the Promotion of the respect of children's rights in hospitals, the Mapping and evaluation of current practices of health promotion; the Elaboration of health promotion tools.

Contact:
Ilaria Simonelli
ilariasimonelli79@gmail.com

Background

In these years the Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (HPH-CA) has been working on several areas: the respect of children's rights in hospitals; the mapping and evaluation of current practices of health promotion addressed to children and adolescents in hospitals; childhood health promotion aimed at families, education professionals and healthcare assistants; knowledge exchange; healthcare professionals' health literacy in terms of Children's Right to Health in Hospitals and Healthcare settings. In 2009, the Task Force created a Self-evaluation Model and Tool (SEMT) on the Respect of Children's Rights in Hospital, revised and adopted by WHO for assessing children's rights in several countries like Moldova, Kyrgyzstan, Tajikistan. In 2012, the Task Force drafted a Manual and Tools on Children's Rights in Hospital and Health Services. The aim was to provide tools that can be used in improvement programs within hospitals and health services for advancing the respect, protection and fulfilment of children's rights.

Purpose

In 2017/2018, the Task Force has started working on Standards and Indicators on Health Promotion for Children and Adolescents in Hospitals and Healthcare Services to give a specific contribution on children and adolescents' health promotion needs and to create a practical and easy tool to monitor standards. The standards and indicators took inspiration from the concepts, guidelines and out-

comes of the WHO Standards for Health Promotion in Hospital (2004) and from the Child Rights-based Approach developed by the UN Agencies (WHO, UNICEF, UNESCO).

Methods

The Standards and indicators definition process implied the following steps:

1. A drafting phase where the TF prepared a first document to be reviewed by the WHO-CC Bispebjerg University Hospital, by the HPH Governance Board reference person for the Task Force, and by the HPH Task Force on Implementation and Monitoring of Standards;
2. A testing phase of the revised document in collaboration with Spain (San Joan de Déu Children's Hospital), Estonia (Tallinn Children's Hospital), Italy (Regina Margherita Hospital), USA (Hospital DRMC Medical Center), Hungary (Budapest pediatric General Practitioner and the Second Department of Pediatrics of the Semmelweis University). The testing phase has been carried out through the involvement of an interdisciplinary groups composed by pediatricians, nurses, managers, other technical figures and coordinated by the TF Members. The groups of professionals have been asked to fill in one evaluation sheet and one questionnaire. The results of the testing phase (evaluation sheet and questionnaire) have been systematized by the TF coordinator;
3. An evaluation phase, reporting the scores on the self-evaluation of the standards and indicators level of



Research and Best Practice

achievement (evaluation sheet results). This phase showed as achieved the standards and indicators related to information and presence of official documents, while other standards are considered as partially or not completely achieved yet (e.g. registered health promotion needs information in medical records and assessment tools and reports for health promotion needs are indicators that still have to be improved). The questionnaire results on the testing process showed how standards need to be shared with children and with families, translated into practical tools, become simpler. In particular, some professionals suggested to ‘(...) use it to guide interactions with patients, ensure patient safety, and in evidence-based treatment’, and they suggested to create ‘A sheet of checklists and quick scan cards as well as pads for patient input on how we are doing with the studies’. Also, the organization of meetings has been considered useful: ‘Departmental meetings for making changes in structure and communication when patients enter the hospital’.

Outcomes

The TF Standards and indicators have been revised taking into account professionals’ evaluation and comments and are accompanied by a quick evaluation sheet (Figure 1). The Task Force is working on modalities and

timeframe for the dissemination of the tool in collaboration with the International HPH Network, with the Italian HPH Network and with the Trentino HPH Network Coordinator.

Conclusions and recommendations

1. Make tools simple to be used by professionals in daily practice
2. Improve children’s and families’ involvement in order make tools more respondent to their needs
3. Enhance professionals’ attention to health promotion as key aspect of quality of life in hospitals and healthcare services
4. Promote children’s rights and needs in hospital settings as key policy for future services planning

References

HPH-CA Task Force on Health Promotion for Children and Adolescents in & by Hospitals (2007), Recommendations on Children’s Rights in Hospital – Knowing and respecting the rights of children in hospital
 HPH-CA Task Force on Health Promotion for Children and Adolescents in & by Hospitals (2009), The Self-evaluation Model and Tool on the Respect of Children’s Rights in Hospital
 WHO (2004), Standards for Health Promotion in Hospitals, WHO European Office for Integrated Health Care Services, Barcelona
 World Health Organization (2015), WHO global strategy on people-centered and integrated health services. Interim Report, WHO/HIS/SDS/2015.6. Geneva: World Health Organization

Figure 1 Revised Standards and Indicators: quick evaluation sheet

QUICK EVALUATION SHEET					
A: Achievement B: Moderate achievement C: Partial achievement D: Minimal or no achievement*					
INDICATORS	ASSESSMENT				
Presence of a written policy on health promotion published in documents, newsletters, booklets, website	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Yearly consultations with children and adoltscents	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Mention of children’s rights in the written policy	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Health promotion activities registered in medical records	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Provision of child friendly tools to express children’s views (cards, pads, children’s associations involvement, children’s boards, ...)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Specific Departments meetingson communication with patients	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Presence of information materials	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Meetings with children, families and associations	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Presence of spaces for health promotion purposes (hosting parents and peers, hosting associations, hosting schools, playground, ...)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Adoption of official documentation on children’s safety	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Agreements with community stakeholders (e.g. GPs, ICTs companies, Children’s Associations, Territorial Healthcare Services, ...)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A
Check lists for health promotion activities evaluation	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> N/A

* Rating scale: Agence nationale d’accreditation et d’évaluation en santé (ANAES)