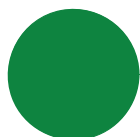




CLINICAL HEALTH PROMOTION

Research & Best Practice for patients, staff and community

The 23rd International Conference on Health Promoting Hospitals & Health Services



Person-oriented Health Promotion in a Rapidly Changing World: Co-production - Continuity - New Media & Technologies

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Editorial Office

WHO-CC, Clinical Health Promotion Centre
Bispebjerg & Frederiksberg Hospital,
University of Copenhagen, Denmark

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Hospitals and Health Services

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Editorial

Dear conference participants and readers of Clinical Health Promotion, the 23rd international HPH conference 2015 is the first one to take place in Norway. The Norwegian HPH network that kindly offered to host the event was founded in 1998. It has provided valuable support to the international HPH network ever since, not least by coordinating the HPH task force on alcohol prevention and, since 2014, with an elected member of the HPH Governance Board.

Upon the proposal of the local hosts, the Scientific Committee decided to focus this conference on “**Person-oriented Health Promotion in a Rapidly Changing World**”. In light of the current rate of ongoing global changes and their manifold impacts on the health chances of people, this is indeed a timely topic. There will be four sub-themes:

Addressing people’s comprehensive health needs: Following WHO’s comprehensive concept of health which is pursued by the HPH network, the conference will discuss the somatic, mental, and social dimensions of health of the most important HPH stakeholders – patients and visitors, health care professionals and allied staff, and community members – and potential implications for adapting healthcare structures and processes.

Co-producing health – healthcare for people by people: The concept of co-production recognizes that the health gains of patients can only be improved through their active participation in diagnosis, treatment and care. The conference will discuss necessary consequences for interactions between professionals and their clients in daily healthcare practice.

Better integrated and continuous care: Fragmented healthcare systems pose challenges to patients as well as healthcare staff and do not lead to optimum health gains. The conference will explore opportunities for compensating today’s suboptimal conditions and for improving healthcare systems by a health promotion orientation, such as fostering health literacy, and patient empowerment and participation.

Using new media & technologies: New technological developments hold a lot of potential for comprehensively addressing health needs, and for supporting personal agency, co-production and continuity. But their usage also involves some risks such as lacking data privacy, information overload, inaccurate or irrelevant information. The conference will discuss how to make best use of the potentials while at the same time minimizing the risks.

Altogether, there will be 16 plenary lectures by renowned international experts to discuss these issues. In addition, the conference will have a rich program of oral papers, posters and workshops. The Scientific Committee screened close to 900 abstracts which were submitted from 35 countries. Of these, 681 papers (78%) were finally accepted for presentation in 36 oral paper sessions and workshops (121 papers), 20 oral mini sessions (75 papers), and 2 poster sessions (485 papers). Delegates from all over the world will meet at the conference to present, discuss and network around topics of HPH.

The abstract book of the HPH conference 2015 is again published as a supplement to the official journal of the international HPH network, Clinical Health Promotion. This ensures high visibility and recognition which to the conference contributions which will also be supported by the Virtual Proceedings that will be launched after the event at www.hphconferences.org.

We would like to thank all those who contributed to the program development and to the production of this abstract book: the plenary speakers, the abstract submitters, the members of the Scientific Committee especially for reviewing the abstracts, the session chairs, the Editorial Office at the WHO Collaborating Centre for Evidence-based Health Promotion in Copenhagen, and above all the local hosts of this 23rd HPH conference in Oslo, Norway.

Jürgen M. Pelikan & Christina Dietscher

Vienna WHO Collaborating Centre for Health Promotion in Hospitals and Healthcare

Scientific Committee

Isabelle AUJOLAT (IUHPE, BEL) • Zora BRUCHACOVA (HPH Network Slovakia, SVK) • Ida BUKHOLM (University of Oslo, NOR) • Geir BUKHOLM (Norwegian Institute of Public Health, NOR) • Antonio CHIARENZA (HPH Taskforce MFHCC, ITA) • Shu-Ti CHIOU (HPH Governance Board, HPH Taskforce on Age-friendly Health Care, TWN) • Alan DILANI (Design & Health, SWE) • Judith DELLE GRAZIE (Austrian Federal Ministry of Health, AUT) • Paul DE RAEVE (EFN, BEL) • Christina DIETSCHER (HPH Network Austria, AUT) • Sally FAWKES (HPH Governance Board, HPH Network Australia, AUS) • Kjersti FLØTTEN (HPH Network Norway, Akershus University Hospital, NOR) • Pascal GAREL (HOPE, BEL) • Johanna GEYER (Austrian Federal Ministry of Health, AUT) • Ana Isabel GUERREIRO (HPH Taskforce HPH-CA) • Miriam GUNNING (ENSH, IRL) • Tiiu HARM (HPH Governance Board, HPH Network Estonia, EST) • Heli HÄTÖNEN (HPH Governance Board, HPH Network Finland, FIN) • Elke JAKUBOWSKI (WHO-Euro) • Dolores JUVINYA (University of Girona, ESP) • Inger Kari NERHEIM (Stavanger University Hospital, NOR) • Margareta KRISTENSON (HPH Network Sweden and WHO-CC for Public Health Sciences, SWE) • Dong-Won LEE (HPH Network Republic of Korea, KAPH, KOR) • Anja LEETZ (HCWH, BEL) • Matt MASIELLO (HPH Network USA-Pennsylvania, USA) • Irena MISEVICIENE (HPH Network Lithuania, LTU) • Erik NORMANN (IHF, NOR) • Jürgen M. PELIKAN (WHO-CC for Health Promotion in Hospitals and Health Care and Chair of the Scientific Committee, AUT) • Barbara PORTER (HPH Network UK-Northern Ireland, GBR) • James ROBINSON (HPH Taskforce HPH-CA, GBR) • Else Karin RONG KOGSTAD (Akershus University Hospital, NOR) • Eric de ROODENBEKE (IHF, CHE) • Manel SANTIÑÀ (HPH Governance Board, HPH Network Catalonia, ESP) • Karen Therese SULHEIM HAUGSTVEDT (Akershus University Hospital, NOR) • Simone TASSO (HPH Network Italy-Veneto, ITA) • Hanne TØNNESSEN (WHO-CC for Evidence-Based Health Promotion and HPH Secretariat, DNK) • Raffaele ZORATTI (HPH Governance Board, HPH Network Italy, ITA)

Scope and Purpose

Upon the suggestion of the local hosts, the Scientific Committee decided to focus the HPH conference 2015 on "Person-oriented health promotion in a rapidly changing world" - a timely topic in light of global changes. With this general theme, the conference will pay special attention to the comprehensive somato-psycho-social health needs of patients and their families, but also those of healthcare staff and community members. There will be four sub-themes:

Addressing people's comprehensive health needs

What can be understood by "person oriented health promotion" or health promotion by people for people? How can the comprehensive health needs of people in their everyday life situations be understood, and how can healthcare support salutogenic life processes within and outside healthcare organizations? The conference will focus on the multi-dimensionality of people's health needs by taking up the somatic, mental, and social dimensions of health of the most important HPH stakeholders – patients and visitors, health care professionals and allied staff, and community members.

Co-producing health – healthcare for people by people

Shared decision-making has become a widely accepted and practiced part of today's healthcare routines. The co-production of health by patients and professionals in collaboration goes beyond this approach. An active participation of patients in diagnosis, treatment and care is one central prerequisite. To achieve that, healthcare staff need to acknowledge their patients as partners with distinct interests, rights and personal goals that may differ from those of the professionals. How can healthcare staff develop this mindset? Can related concepts for chronic and mental patients be transferred to other groups of patients? What tools, what research and what evidence-base are needed to support the increasing orientation of healthcare towards co-production? What roles can individuals, patient organizations, self-help groups and healthcare policy play?

Continuity of care for people by strengthening individuals and improving cooperation between healthcare services and other institutions

Today's increasingly complex healthcare systems still pose a lot of challenges towards continuity of and integrated care. How can people be supported to get the best possible care throughout the different levels of the healthcare system, including at home and in community care settings? How can the design of healthcare pathways and the implementation of specific professional roles support them? What kind of health literacy do patients, their families and community members need to optimally use and navigate the healthcare system, and how can they best be supported to develop this literacy? What could be the role of patient representatives and patient organizations in the process?

Using new media & technologies to address people's health needs

New technological developments hold a lot of potential for comprehensively addressing health needs, for supporting personal agency, co-production and continuity, and it is likely that big data will also lead to changes - hopefully improvements - in the field of healthcare. But there are also some risks such as lacking data privacy, information overload, inaccurate or irrelevant information. How can the potentials of new media and technologies best be used, and how can the risks be minimized?



Wednesday, June 10, 2015

09:00-12:30

General Assembly for HPH network and task force coordinators

13:00-16:00

HPH Workshop "Person-oriented methodology for enhanced health literacy"

13:30-16:30

HPH Coordinators Workshop

14:00-17:00

Pre-conference: Making change together: Peers and the professional mental health service

16:00-17:00

Meeting of HPH Governance Board

16:00-17:30

Pre-conference: Task Force on HPH & Environment

18:00-18:30

Formal Opening

18:30-20:00

Plenary 1 - Identifying the comprehensive health needs of the main stakeholders in healthcare

20:00-22:00

Welcome Reception

Thursday, June 11, 2015

09:00-10:30

Plenary 2 - Co-producing health in partnership between professionals and patients

10:30-11:00

Coffee, tea, refreshments

11:00-12:30

Oral sessions 1 from abstracts received & symposia by HPH task forces & conference workshops

12:30-13:30

Lunch

13:30-14:00

Mini oral sessions 1 from papers received

13:30-14:15

Poster presentations 1

14:15-15:45

Oral sessions 2 from abstracts received & symposia by HPH task forces & conference workshops

15:45-16:15

Coffee, tea, refreshments

16:15-17:45

Plenary 3 - Organizational models and examples on health promotion in continued and integrated care

19:00-20:00

Sightseeing bus trip to conference dinner

20:00-23:59

Conference dinner

Friday, June 12, 2015

09:00-10:30

Plenary 4 - Using new media & technologies to address people's comprehensive health needs

10:30-11:00

Coffee, tea, refreshments

11:00-12:30

Oral sessions 3 from abstracts received & symposia by HPH task forces & conference workshops

12:30-13:30

Lunch

13:30-14:00

Mini oral sessions 2 from papers received

13:30-14:15

Poster presentations 2

14:14-15:45

Oral sessions 4 from abstracts received & symposia by HPH task forces & conference workshops

15:45-16:15

Coffee, tea, refreshments

16:15-17:15

Plenary 5 - Take-home messages

17:15-17:45

Conference closing, award of poster prizes, and announcement of international HPH conference 2016

17:45-19:00

Farewell refreshments

Plenary Session 1: Identifying the comprehensive health needs of the main stakeholders in healthcare

Addressing comprehensive health needs of patients, staff, and citizens – the WHO-Euro perspective on health systems and services (working title)

KLUGE Hans

The presentation will capture the strategic priorities of the WHO Regional Office for Europe in the area of health systems strengthening for 2015–2020, taking its vision from the European health policy framework Health 2020 . It complements the document “Towards people-centred health systems: an innovative approach for better health outcomes” and aligns with the WHO global strategy on people-centred and integrated health services, which is currently under consultation together with the second global strategy on workforce education. Both of those documents are to be submitted to the World Health Assembly for approval in May 2016.

The WHO Regional Office for Europe supports Member States in strengthening health systems to become more people-centred in order to accelerate health gain, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources.

To strengthen value-driven health systems, the Regional Office will work intensively with Member States over the 2015–2020 period in two priority areas:

- (1) transforming health services to meet the health challenges of the 21st century;
- (2) moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments.

To make progress in these areas requires whole-of-society and whole-of-government efforts to embrace intersectoral actions, while designing effective and evidence-informed policies on service delivery and health financing. In addition, high-quality health-system inputs enable transforming health services and moving towards universal health coverage, including in the areas of the health workforce, medicines and other health technologies and health information.

References:

(1) Health 2020: a European policy framework and strategy for the 21st century. Copenhagen; WHO Regional Office for Europe. 2012 (http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1, accessed 16 February 2015).

(2) Towards people-centred health systems: an innovative approach for better health systems outcomes. Copenhagen; WHO Regional Office for Europe; 2013

(http://www.euro.who.int/__data/assets/pdf_file/0006/186756/Towards-people-centred-health-systems-an-innovative-approach-for-better-health-outcomes.pdf?ua=1, accessed 16 February 2015).

Contact: KLUGE Hans

WHO Regional Office for Europe
Marmorvej 51, 2100 Copenhagen, DNK
hkl@euro.who.int

Patients – the greatest untapped resource

COULTER Angela

A high quality health service is one that is both organized around, and responsive to, the needs of the people who use it, but its success does not rest with health professionals alone - patients, their families and communities have a key role to play. Effective healthcare is impossible without their active participation. If fully engaged and mobilized, they could transform the quality and sustainability of health systems, but their potential contribution is currently underexploited. Patients, families and communities are co-producers of health, contributing value to the health of individuals and populations in multiple ways, so they should be treated as partners in care, not just as passive recipients. This issue has risen up the policy agenda recently, but there is still a wide gap between aspirations and reality. Examples will be presented on what can be done to encourage more productive partnerships and the benefits to be gained from doing so.

Contact: COULTER Angela

Nuffield Department of Population Health
University of Oxford
angela.coulter@dph.ox.ac.uk

Comprehensive health needs – the staff perspective

HSU Lee-Nah

The Ebola virus disease outbreak has clearly demonstrated the critical importance of protecting the health and safety of health workers in order to ensure quality and effective responses to disease outbreaks and to provide health care for people in need. Health workers include all workers engaged in the chain of health services provision to individuals and communities: for example physicians, nurses, laboratory technicians, radiologists, orderlies, receptionists, cleaners, laundry service workers and security guards. A functional health system requires a multi-disciplinary work team to provide quality health services. Without empowered and healthy work teams there is no strong health system. HealthWISE is a tool that engages health workers and employers to jointly strengthen occupational safety and health of the health sector workforce. The added value resides in building trust between workers and employer on controlling occupational hazards such as biological, chemical



and physical hazards to improve workplace safety; tackling discrimination and violence at work; greening the health service work environment as a dynamic booster to create a decent working conditions. A strong health system is a system that ensures a decent working condition that attracts, empowers and retains a healthy and qualified work team. The crucial team work between the employers and workers in fulfilling each one's rights and responsibilities; the partnership between health workers and their clients through good communication will also be covered, drawing experiences from Africa and Asia.

Contact: HSU Lee-Nah

International Labour Organization
4 route des Morillons
1211 Genève 22, CHE
hsul@ilo.org

Comprehensive health needs – the patient perspective

The Youth Council from Akershus university hospital, MÆLAND Øystein

The Youth Council at Akershus University Hospital will, together with CEO Øystein Mæland, address three important themes about the young patient: Young people as a separate group in the health service. They are not children and they are not adults. Young people are in a transition in life with lots of changes and new demands. They want to be met as young people, but in the health care service the awareness of young people as a separate group is not very present. Transitions from children's to adult units are critical for many young people. Research shows that poorly prepared transitions can lead to reduced health and complications. The young patient wants to be seen as a whole person – not just a diagnose. She wants to talk about challenges in life and she wishes to be listened to and to be believed in. Communication with young people can be challenging for health care workers, but simple things – like a smile – can make huge difference.

Contact: NIELSEN Boas Krøgh

Akershus University Hospital
1478 Lørenskog, NOR
boas.krogh.nielsen@ahus.no

Contact: MÆLAND Øystein

Akershus University Hospital
1478 Lørenskog, NOR
oystein.maeland@ahus.no

Plenary Session 2: Co-producing health in partnership between professionals and patients

Co-producing health – what are we talking about?

KICKBUSCH Ilona

We are at a turning point in health policy: the nature of 21st century health as well as changes in society and technology call for a radical change of mindset and a reorganization of how we govern health and care in the 21st century. This changes the role of the health sector, of the health professionals, of patients and of citizens – and of other sectors and societal actors including the private sector. The old way of governing health - sectoral, hierarchical, focused on cure, based on a medical paradigm - is no longer sufficient to address the new challenges of chronic disease and demographic change - it needs to be people centered and people powered. It has reached its limits with regard to the organisation of the health care sector itself and in consequence it does not produce the health outcomes and patient satisfaction one would expect, given the level of financial expenditure. We need to consider two interrelated expansions in the governance of health and care more closely: the expansion of self governance for health: health literacy, empowerment, self management and monitoring, self reliance – powered by IT revolution; and the expansion of co-production of health and care. Co-production has been defined as "delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change." (NESTA). Co-production is not only about "governing better for results" in terms of outcome but also in normative terms of values and process. A health system is also a social system. It needs to take into account that social inequality reduces participation as well as health and that participation requires structures and competence, a commitment to health equity and the democratization of health.

Contact: KICKBUSCH Ilona
Kickbusch Health Consult
info@ilonakickbusch.com

Empowering people for recovery

COVINGTON David W.

It was a humble beginning in 1990 when Gene launched META Services out of his Mesa garage, but the Company grew and became successful delivering crisis services in the Phoenix East Valley. However, by the end of its first decade, this traditional behavioral healthcare Company was shifting its focus to a new paradigm. The influence of Dan Fisher from the National

Empowerment Center and RI peer leaders Lisa St. George, Marianne Long, and many others led Gene to announce META Services would become a "recovery organization." The name was changed in 2006. Recovery is a ubiquitous word in the behavioral health community today, and it is easy to forget how landmark it was when RI began employing hundreds of peers in the early 2000s. The Company created opportunities and environments that empower people to recover; built crisis facilities known for recovery, opportunity, Welcoming Environments, and "No Force First;" and generated meaningful jobs for peer support specialists. Peers would change Recovery Innovations, and the Company changed its focus. RI adopted a service framework and practice built on the belief that recovery is possible for everyone; RI created the discipline of peer support with one of the largest integrated peer workforces in the world (more than half of its nearly 800 employees); RI focused on eliminating violence within crisis services through the practice of no-force-first and healing spaces; RI created the Recovery Education Center where education is a pathway to recovery; RI created the Wellness City as an alternative to outpatient services where people seeking recovery are citizens of the City with full ownership over their services in pursuit of a better life. In the 1970s, activist Judi Chamberlin was fond of saying, "End psychiatric oppression by Tuesday." But, decades later it wasn't clear how this could be accomplished in the real world. Today, we know that hiring a critical threshold of certified peers and integrating them into a behavioral healthcare workforce to drive recovery concepts fundamentally changes systems of care and the outcomes they achieve. RI's focus on "what's strong," not "what's wrong" and clinical quality is transformative at a time the field is demanding an approach grounded in relationship and recovery. It's the mission and the composition of the teams that make the difference, helping individuals and families to succeed in accomplishing their goals and to reconnect to themselves, others, and to meaning and purpose in life.

Contact: COVINGTON David W.
Recovery Innovations, Inc.
2701 N. 16th Street, Suite #316
Phoenix, Arizona 85006, USA
susanc@recoveryinnovations.org

Motivational dialogue in health promotion – a method in advanced practice nursing

FAGERSTRØM Lisbeth

Introduction: Many Nordic and international studies have demonstrated that Advance Practice Nursing (APN) can contribute to the improvement of access to healthcare services, not only for patients with less acute health problems but also for those with long-term health conditions. The Nordic APN model emphasizes the importance of focusing on health, ethos, a caring relationship, and a holistic approach. This model comprises eight core competencies: direct clinical practice, ethical decision making, coaching and guidance, consultation, co-operation, case management, research and development,



and leadership. Purpose and methods: The purpose of the presentation is to present motivational dialogue as an evidence based method for health promotion in APN. The design of the study is theoretical and a systematic research review was conducted based on included studies. Results: Health promotion in APN has been defined in literature and research as an interpersonal, “expert” coaching and guidance during transitional life stages: for example, illness or disease, childbirth, grief, bereavement, or painful loss. “Empowerment” and a person-centered patient approach have emerged as key concepts in coaching. Motivational dialogues are a useful and viable method for coaching and guidance, and several studies demonstrate good results when this method is applied. Conclusion: To be responsible for, lead and coordinate health promotion and health promotive work is a central responsibility in APN, and the need for such has become increasingly evident because the number of patients with long-term health conditions is increasing in society. Through the use of motivational dialogue, the patient’s health and wellbeing can be promoted.

Contact: FAGERSTRØM Lisbeth

Faculty of Health Sciences
Buskerud and Vestfold University College
3603 Kongsberg, NOR
lisbeth.fagerstrom@hbv.no

Co-producing health – the role of children's rights

LANSDOWN Gerison

The UN Convention on the Rights of the Child establishes the right of every child to express their views on all matters of concern to them and to have those views given due weight. It also recognizes that children are entitled to respect for their evolving capacities in the exercise of their rights. Together these two provisions have profound implications for the role of children in their own health care, and the way in which health services are delivered. This session will explore how the concept of participation and evolving capacities have been interpreted since the adoption of the Convention in 1989 and the ways in which that interpretation needs to influence the work of health care professionals at the clinical level, at the institutional or systems level and at the level of public policy impacting on children’s health and well being.

Contact: LANSDOWN Gerison

London, GBR
gerison.lansdown@gmail.com

Plenary Session 3: Organizational models and examples on health promotion in continued and integrated care

Continuous care – the public health perspective

STOLTENBERG Camilla

Continuous care is identified as one of the prerequisites for high quality, performance and patient safety in the individual patient healthcare. It is also important that prevention and health promotion measures are integrated in every patient treatment course. This perspective has been well formulated by HPH and is in detail handled in one of their standards (standard five). However, there is a twin challenge of providing high-quality individual care and at the same time making the best possible decisions for optimal population health. A possible successful strategy is to address health needs for populations at-risk at all points along the health continuum. This would include healthcare, prevention, social care and welfare. In the Norwegian strategy for a population management approach two programs are essential: "One Inhabitant – One Health Record" and the "National Health Registry Project". The strategy is similar to the triple aim formulated by Berwick, where the intention is to improve quality (and safety) of care, improve health of the population and reduce per capita costs. The Norwegian model implies that every inhabitant and every healthcare worker, who need information in their performance of services, have access to updated and necessary health information, independently of where the health information was obtained. An important prerequisite is the ownership of the inhabitants to their own health information. Aggregated information from specialist healthcare, primary healthcare, social care and the welfare area is organized in a registry system that is based on secondary use of electronic health record information. The registry system is organized as basic registries and associated registries constituting main registry areas. One of the absolute requirements to the combined health record and registry system is that it supports to aid evidence based decisions for health policies and facilitate automatic disclosure and analysis of data for quality improvement, health system management and preparedness. In the future the overall aim is perhaps to avoid predefined registry structures, but rather have a system with timely continuous data flow supporting the need for information in a dynamic population management system. The overall policy is based on several white papers to the Norwegian Parliament and has a timeframe of approximately 10 years with several milestones on the way towards a complete and coordinated system.

Contact: STOLTENBERG Camilla

Norwegian Institute of Public Health
0403 Oslo, NOR
fredrik.swift@fhi.no

Promoting health through integrated health care systems

HAM Chris

This session will draw on research evidence and international experience of integrated care. It will focus on examples from different countries of how integrated care is delivering better outcomes. It will also outline the contribution of population health systems as the next stage in the journey of integrated care. These systems - which exist in embryo in some countries - are moving beyond the integration of care to embrace a broader public health perspective in which the aim is improving health outcomes for the population. The idea of population health is central to the IHI's Triple Aim programme and is being developed in practice in parts of Europe, north America and Australasia. The key ingredients of population health systems will be described alongside the challenge of realising the potential of this approach in practice.

Contact: HAM Chris

The King's Fund
11-13 Cavendish Square
London W1G 0AN, GBR
c.ham@kingsfund.org.uk

Comprehensive health needs of patients. Integrated health care - The coordination reform in Norway: Why and how

ÅM Tor

The Norwegian health care system; organisation, expenditures Our challenges; the need for reforms The goals for the reform; Preventing need for health care services in the population Ensuring effective use of our resources in the health care Who are the stakeholders in the reform What do we do to realize our goals; which means do we use What does the reform mean for; The primary health care The specialized health care What has happened since the start of the reform in 2012 and where are we now

Contact: ÅM Tor

Norwegian Ministry of Health and Care Services
Postboks 8011 Dep, 0030 Oslo, NOR
tor.am@hod.dep.no



Health promotion in continuous and integrated care – the public health perspective – examples from mental health

LUCCHI Fabio, FIORITTI Angelo

Promoting mental health in the community is a complex task for all European nations: even if there are solid data about the most efficacious interventions and organisational choices differences are still in place. Many countries- and among them Italy- recognize the value of an approach to mental health across the life-span, in all community settings that is based on a range of coordinated mental health services close to where people live and might express needs for care and opportunities to promote their mental capital and social inclusive pathways as well. Within this framework a growing body of research proposes that achieving a small change in the average level of wellbeing across the population would produce a large decrease in the percentage of mental disorders, and also in the percentage of persons with sub-clinical disorders. The trend in recent years has been towards a model of public services based on greater levels of personal choice, active citizenship, personal responsibility, and “coproduction”. This is set to continue. To work most effectively, these models of service-client relationship require an orientation of public services towards users involvement and partnership among all the different stakeholders. This calls for a policy mindset that aims to foster mental capital and wellbeing across the whole population. The challenge is also for community mental health services which have to orient their ways of working toward the adoption of a positive mental health model also for the most vulnerable and disabled of their users.

Contact: LUCCHI Fabio

Centro Psicosociale Brescia Sud, Spedali Civili-Brescia
Piazzale Spedali Civili, 1, 25123 Brescia BS, ITA
lucchif@tin.it

Plenary Session 4: Using new media & technologies to address people's comprehensive health needs

Digital health: fast forward but leaving nobody behind

GANN Bob

A revolution in digital health is going on all around us. Consumer technologies & networks are being used to encourage healthy behaviours and long term lifestyle change through coaching, incentives and reminders. Smart phone and web applications are supporting self diagnosis and self management. Patients are being helped to make decisions and navigate healthcare systems through apps and decision aids. Electronic transactions such as appointment bookings and access to online personal health records are increasingly the norm in developed healthcare systems. Smart phones with mobile apps provide the ability to measure, record and analyse our own physical activity and lifestyle data. Readily available wearable sensors can continuously monitor vital signs such as heart rate and blood pressure. Social networks allow us to share and compare our experiences with others for mutual support and motivation. Vast amounts of big data about lifestyles, health and treatments can be stored and transmitted via cloud computing. Increasingly digital healthy lifestyle tools are being integrated with the built environment, creating opportunities for healthy lifestyle promotion in the workplace, hospitals and health care settings, and public places (eg apps which encourage and record physical activity through use of stairs). But while these exciting innovations roll forward at pace, we need to ensure nobody is left behind. 70% of people in Europe use the internet weekly – but that still leaves 30% who don't. 20% of the European population have never used the internet in their lives. Lack of use and access to digital resources (often called digital exclusion) is closely related to social deprivation and health inequalities. 47% of Europeans have insufficient digital skills to make best use of websites, apps and tools. Amongst socially disadvantaged people this rises to 64% (Digital Agenda Scorecard European Commission, 2014). Those who are least likely to be online are exactly those who make the most use of health services and experience the greatest burden of ill health (older people, people with low incomes, people with long term conditions and disabilities). As information about health and illness is increasingly (and often exclusively) available in digital form, digital literacy is a key precondition of health literacy. We know that low health literacy is closely linked to poor health outcomes and mortality. Reasons for lack of use of digital resources include lack of skills, lack of access, and lack of motivation and perceived value. We need to develop and deliver digital skills programmes as part of health literacy initiatives. We need to create affordable, simple to use technologies in particular through mobile platforms. And we need inspiring, engaging digital champions with case studies to show how digital can improve health and transform lives. If we

are tackle the challenge of digital exclusion and achieve the potential of the digital revolution for health, we must address each of these, seriously and at scale.

Contact: GANN Bob

NHS England
Skipton House, Elephant & Castle, London, GBR
bob.gann@nhs.net

Understanding the hospital patient experience through service design

MATTHEWS Allison, MATTHEWS Marc

The roll out of standardized, publically reported metrics around the patient experience in the hospital setting signifies a shift toward a patient-centered service industry within healthcare that responds to and better meets patient needs. Hospitals and medical groups globally are implementing programs directed at improving the patient experience.

Our research indicates that the hospital patient experience cannot be fully captured by traditionally gathered metrics and surveys. Relying solely upon these metrics hinders a hospital's ability to meaningfully improve the patient experience and encourages hospitals to "teach to the test."

Significantly improving the patient experience requires deeper understanding of patient needs and desires. Service design research provides deeper insights and understandings of the patient experience including unspoken and latent needs typically unexplored in other research methodologies.

Leveraging expertise through the Center for Innovation at the Mayo Clinic, a group of services designers and hospital leaders have begun a project aimed at improving the hospital patient experience. Preliminary research has let to four early areas of focus. The experience of the patient's family and friends in the Hospital setting, transparency in communication between the care team and patient, creating a culture of patient centered communication, and aligning expectations with the reality of the hospital experience have significant impacts on the patient experience.

Concentrating on the areas outlined above, our group has begun to develop new lines of service and operational models to improve the patient experience. Using interventions designed to learn about the root causes and underlying issues surrounding effectors of the patient experience we will use the insights gleaned from this research to design service solutions and processes. It is our aim to significantly improve the patient experience in a sustainable way that integrates continuous improvement and produces translatable principles that can be shared with the greater global hospital community.

Contact: MATTHEWS Allison

Mayo Clinic
200 First Street SW, Rochester, MN 55905, USA
matthews.allison@mayo.edu



New media and technologies in lifestyle improvement

SIU Alan

Technological Advancement with New Media for Lifestyle Health Improvement Research shows that leading healthy lifestyle not only helps in the treatment of chronic conditions, but also brings about immense health benefits. Our Lifestyle Medicine Clinic combines expertise of different interventions and contact means in evidence-based nutrition, stress management, and behavioral health interventions which aim for supporting and facilitating clients to manage health problems and achieve optimal wellness. However, to modify or motivate client's lifestyle risk behavior is a challenge through direct contact especially when inadequate communication or feeling frustration at times of needs is indicated during facilitating and coaching process. Therefore, an innovative method was pilot using case management approach to evaluate its effectiveness and outcome. Purpose and Method With reference to individual clients' needs and conditions, the lifestyle team members including physicians, registered dietitians, exercise trainer, and health educator work together to initiate tailor-made health activities to meet their needs. These health management services are tailor-made to suit individual's condition and schedule for healthier lifestyle. They include lifestyle assessment, consultation and recommendation by different expertise of the team. Clients are required to use cell phone to photo record every meals they had, and daily exercise they took as advised, and sent to dietitian for in-depth analysis and immediate respond for 3 months. A 3-month follow-up evaluation of the program using e-Health means with cell phone monitoring and online health education was performed and compared different cases concerned with or without e-Health support.

Results & Conclusion Those clients accept e-Health means and health advice with participating clients following 80% lifestyle activities as recommended by the lifestyle team and reach individual lifestyle improvement targets. Besides typical health care services, this e-Health communication method adopted by the Lifestyle Medicine Clinic serves as an effective means to offer health advice and hence, manage health problems encountered through the intervention design and thus, improve clients' lifestyle outcome. Recommendation This advancement in the use of modern electronic technology contributes to lifestyle health management. However, some personal factors such education, age and economic need for consideration and further study of their impact upon the effectiveness and benefits of health improvement is recommended.

Contact: SIU Alan

Lifestyle Management Center, Hong Kong Adventist Hospital
40 Stubbs Road, Hong Kong, HKG
alan.siu@hkah.org.hk

Using telemedicine to improve co-production of health in integrated care

HASVOLD Per

Modern medicine is getting increasingly specialized and thus fragmented. One of the key roles of telemedicine is to bridge the gaps that appear in an increasingly fragmented health care system. In Norway, the General Practitioner (GP) is a gatekeeper for access to the specialist services. The interaction and collaboration between the primary healthcare and the specialist services needs to be effective, traceable, and trustworthy. The changes in demography will create a shortage of manpower available for providing health and care services. It is predicted that by 2035 every third child in Norway must enter an occupation related to health or care in order to be able to deliver services as we do today. This is not sustainable. Two developments are thought to counter these challenges: a change in who does what so that the resources are used more efficiently, pushing more responsibility towards and onto the patient; and a development of new ways of delivering services through the use of technology. Apps and the possibility to sample data related to health and wellbeing continuously, and while doing normal activities, create a whole new era of data availability and possible insight in how individuals respond to interventions. This creates a new market for health services delivered through the mobile phone (mHealth). Motivation for life-style changes, self-management of chronic conditions, and general patient empowerment are key features of the mHealth trend. How to integrate apps and use of personal health systems/mHealth with the professional health services is challenging and will add to the need for innovation capacity within the health and care services. New models for care, such as the Chronic Care Model, also emphasizes an increased focus on prevention and a pro-active healthcare services as a key to a reinvention of how health and care is delivered in the future. Telemedicine, eHealth, and mHealth are overlapping terms used to describe the use of information and communication technology (ICT) in health to get access to services, information, and as enablers of change in how service provision is organised. The presentation will highlight how telemedicine, eHealth, and mHealth is and can be used to facilitate and aid co-production of health in an integrated care setting where the patient and the health service providers work in a concerted way to ensure efficient use of the professional resources, based on the needs and situation of the patient.

Contact: HASVOLD Per

University Hospital of North Norway
Norwegian Centre for Integrated Care and Telemedicine
P.O. Box 35, N-9038 Tromsø, NOR
per.hasvold@telemed.no

Session O1.1: Empowering patients and staff for and by new media & e-health technologies

Health information technology applications to empower patients with chronic diseases: A systematic review

MORIS Camille, D'HOORE William, CARBONNELLE Sylvie, AUJOLAT Isabelle

Introduction

Information and Communication Technologies (ICTs) are increasingly used in medicine. In addition to electronic devices that are provided to physicians to help them organize their work and store medical data, many applications are being developed to improve physician-patient collaboration, and increase patient self-efficacy, adherence and motivation. ICTs provide access to medical data and educational material, and give patients support to better self-manage their condition. Little is known however on the outcomes of such applications regarding patients, physicians or patient-provider relationship.

Purpose/Methods

We conducted a systematic review of intervention studies that aimed to evaluate the benefits of electronic devices tethered to electronic medical records on patients, physicians and patient-provider relationship. Three databases (MEDLINE, Embase and Scopus) were searched from 2000-2014. 2344 citations were identified and 20 original studies (randomized trials, pre-post evaluations and exploratory studies) and 15 previous systematic reviews were included for review.

Results

Previous systematic reviews focused on specific ICT applications (e.g. telemonitoring, asynchronous teleconsultation) and showed little benefit. Electronic self-management support tools described in the original studies involved home-based monitoring support, operated web collaborative communication with care team and provided decision support. Only a few eligible patients actually used the concerned ICTs. Compared to paper-based interventions, web-based devices showed no improvement in clinical outcomes. Compared to usual care (controls), patients using electronic interventions had better control over their health and disease-related issues.

Conclusions

Alongside ICT devices, the role of a nurse case manager and the possibility to communicate directly with the healthcare team through secure electronic messaging were crucial components of successful interventions. However, a comprehensive set of outcomes regarding physicians, patient-provider relationship, and psychosocial components of patient quality-of-life was rarely reported. The use of ICTs to improve chronic illness management seems promising in terms of patient

empowerment. However, how it is integrated within clinical care matters probably more than the technology itself.

Contact: MORIS Camille

Institute of Health and Society (UCL)
Clos Chapelle-aux-champs 30, B1.30.15 1200 Woluwe-Saint-L
1200 Brussels, BEL
camille.moris@uclouvain.be

Co-Creating a Health Passport Using Smartphone Technology

FRAMPTON Susan

Introduction

In 2014 the US National Quality Forum convened a multi-stakeholder partnership to promote patient and family engagement in health promotion through innovative technologic approaches. This Patient and Family Engagement Action Team created a vision of a healthcare system that focuses on patient and family needs and preferences first, supported by authentic partnerships with clinicians and healthcare teams. The team created a tool for dialogue and goal-setting between patients and clinicians, Patient Passport App, to promote effective communication.

Purpose/Methods

The Patient Passport provides clinicians, patients and families with a practical tool to implement patient and family engagement principles. Two hospitals have initiated demonstration projects to evaluate the acceptance, utilization, and correlation to advanced care planning, using both paper copies and a smart phone app of the passport. Both projects are community-wide initiatives to evaluate individual's preferences for paper vs. electronic versions of a patient engagement tool to increase involvement in health promoting, self-care and self-management activities.

Results

To-date, the on-going demonstration projects have focused on translation of the paper Passport document into a user-friendly smart phone application. The App is connected to patient checklists and other educational resources to assist people in both better understanding and managing health activities, health risks, and self-care management. It includes sections for patients to upload medication lists, activities of daily living preferences, personal photos, family contact information, and other information that the individual would like clinicians to know about them.

Conclusions

The Patient Preferences Passport, developed by a multi-stakeholder group of physicians, patients, and family advocates, has been successfully translated from a paper document into a smart phone app. Both versions are currently being evaluated in community-wide initiatives to more effectively engage individuals in their own health promotion, care and care planning activities. Intermediate results will be available for



reporting by May 2015, including differential utilization of paper vs electronic versions.

Contact: FRAMPTON Susan

Planetree International
130 Division Street
06418 Derby, USA
sframpton@planetree.org

Meet me! An internet-based educational program for professionals who work with adolescents with long-term health challenges

K. RAJKA Liv-Grethe, SANDVIN OLSSON Ann Britt

Introduction

Health care professionals who work with adolescents with long-term illness, and their parents, express a lack of competence regarding how to meet the adolescents in a meaningful way for the young, adjusted to their needs and developmental level. Their objective is to provide high quality services for adolescents, to strengthen their coping of living with health care challenges.

Purpose/Methods

Meet me! is an internet-based educational program including e-learning modules, reference to relevant literature and films. Its main aim is to facilitate reflection over daily practice and to suggest alternatives as to how to meet the young in a supportive way. The program focuses on adolescents living with health care challenges in general, not particular diagnosis. Adolescents, parents and professionals have contributed in the making of the program, ensuring that its content and films are recognizable and to the point.

Results

The Ramboll Group has evaluated the program. The results show that health care professionals who have undergone the program do discuss and reflect over their health care institutions' practice and services, as well as over their own practice. The situations portrayed in the films are recognizable and give grounds for building a better understanding of adolescents' trying to cope with long-term illness, and what their needs are when dealing with professionals within the health care system.

Conclusions

Professionals find that they can use Meet me! to enhance their competence and improve their services for adolescents with long-term illnesses, and their parents. The Norwegian National Advisory Unit on Learning and Mastery in Health are currently revising and adding to the program. We will apply for finance to spread the program to professionals in Norway with the intent that adolescents, alike other age groups, shall receive high

quality health care services fitted to their particular needs and circumstances.

Contact: BRATLI Siw Anita

Norwegian Advisory Unit on Learning and Mastery
Trondheimsveien
0586 Oslo, NOR
siabra@ous-hf.no

Session O1.2: Health promotion in pregnancy and infant care

Implementing the Baby-friendly Hospital Initiative in Austria: the challenge of multi-professional and multi-disciplinary work

WIECZOREK Christina, MARENT Benjamin, DORNER Thomas, DÜR Wolfgang

Introduction

Breastfeeding has considerable health benefits for infants and their mothers. To promote and support breastfeeding on maternity units, the Baby-Friendly Hospital Initiative (BFHI) was launched by WHO and Unicef. Multiple studies have proven that BFHI increases the initiation and duration of breastfeeding. However, only 19% of Austrian maternity units have been BFHI-certified. Individual characteristics of health professionals have been emphasized as impacting BFHI implementation. A more in-depth understanding can be gained from comparing views and attitudes of different professional groups.

Purpose/Methods

Between August and December 2013, a qualitative interview study was conducted in three maternity units in an urban area of Austria. By means of purposive sampling, 35 health professionals (11 nurses, 11 midwives, and 13 physicians) as well as one quality manager were interviewed concerning their views and attitudes towards BFHI implementation. To analyze data, thematic analysis was applied.

Results

While nurses and physicians largely describe their practices of supporting child birth and breastfeeding in medical terms, midwives emphasized the naturalness of these processes. Midwives stressed the individuality of each mother and child and the importance of building relationships to recognize individual needs. These divergent attitudes towards child birth and breastfeeding resulted in differing BFHI-related implementation practices. Physicians defended their traditional professional jurisdictions and avoided involvement in BFHI. Nurses considerably got involved, yet midwives criticized nurses' technical and interventionist BFHI-practices.

Conclusions

The findings suggest that the co-existence of different approaches towards child birth and breastfeeding led to competing interests and practices related to BFHI. Moreover, the different approaches seem to translate into difficulties concerning multi-professional and multi-disciplinary work while integrating BFHI-related activities into practice. Effective working together is hampered by the fragmented labor force, professional role boundaries, as well as missing structures. Yet, such skills and qualities need to be recognized as essential factors to successful collaboration and BFHI implementation.

Contact: WIECZOREK Christina

Ludwig Boltzmann Institute HP Research
Untere Donaustraße
1020 Vienna, AUT
christina.wieczorek@lbihr.lbg.ac.at

The My Baby and Me Infant Passport-Innovation in the Prenatal Care of Marginalized Women

CICERO Marisa, HIGNELL Amanda

Introduction

Consistent prenatal care has been shown to improve the health of both mothers and newborns; however, many barriers and obstacles exist which make accessing care difficult for marginalized women. The My Baby and Me Infant Passport Program and subsequent mobile app, is a successful, innovative and participatory program developed at St. Michael's Hospital in Toronto to help young, precariously housed pregnant women enhance their own health, improve birth outcomes, facilitate stability and to maximize their attachment to their baby.

Purpose/Methods

The purpose of the Program is to improve access to prenatal care for marginalized women and to improve outcomes for the mother-baby dyad. The Program consists of a portable health record, a series of "incentives" provided at each visit and multidisciplinary obstetrical care. A free mobile app was developed to complement the Program which allows women to access essential health information and community resources 24/7 and to connect with their pregnancy and birth experiences in a more dimensional way.

Results

A study of the passport program found that 94% of Passport users gave birth to full term infants and 90% gave birth to infants weighing 2500 grams or more. Women reported feeling engaged in and connected to, their obstetrical care and were motivated to attend their prenatal appointments. Relationships with community partners were strengthened and St. Michael's solidified its reputation as a welcoming, innovative place for inner city women to receive the best pregnancy care possible.

Conclusions

The My Baby and Me Infant Passport Program is a validated tool that improves maternal and child health outcomes for marginalized women and fosters inter-sectoral collaboration. The overall goal of the program is to empower pregnant women to take responsibility for their health care while simultaneously addressing barriers that may impede this access. The addition of a mobile app complement for the program allows patients to access information in a contemporary, accessible way, furthering its scope and relevance.

Comments

The Passport Program is the little program that could! It has gone from strength to strength since its inception as a pilot project and now offers a holistic program of service for marginalized pregnant women. We now have a fully fledged program, a complimentary app and a related 'Tuck Shop' for women in need to obtain baby necessities. The program has been shared with other jurisdictions and we would love the opportunity to share its success further.

Contact: CICERO Marisa

St. Michael's Hospital
30 Bond Street, 4M Shuter
M5B 1W8 Toronto, CAN
cicerom@smh.ca

Italian national program of midwives' counselling "Smoke free moms": work in progress

**SBROGIO' Luca, BELTRAME Laura,
MICHIELETTO Federica, PADOVAN Mara,
RUSSO Francesca, SALVAGNO Lisa,
VILLANOVA Maria Teresa**

Introduction

The Ministry of Health, the Italian League against Cancer and the National Federation of the College of Midwives started the national program "Smoke-free moms" (SFM). The aim is favouring the intervention of midwives to support pregnant women to quit smoking and to follow them and their partners in the puerperal period in order to help those who quit to maintain abstinence. SFM locally started in 2001, became a national program in 2007 and, since 2003, belongs to Veneto Region comprehensive strategy in prevention of tobacco-related diseases.

Purpose/Methods

2014-2015 project's programme provides e-learning for both formed and new midwives and for path birth professionals in anti-tobacco counselling techniques and scientific updating; classroom training in order to practice learned skills; new specific website with health professionals reserved area; elaboration of updated educational material (ex: counselling handbook and brochure).

Results



In Veneto Region more than 50% (253 on a total of 481) of midwives are formed; all Local Health Authorities (LHA) of Veneto Region take part to "Smoke free moms" and to regional midwives' anti-tobacco counselling training. The programme has pointed out its effectiveness: a 2010-2012 survey in Veneto Region, puts in evidence an increase of the percentage of no smoking women during pregnancy (95,7% in Veneto Region), a decreasing percentage of women who relapse after pregnancy, from 11,5% to 4,3% at 3rd child vaccination (13 months).

Conclusions

SFM'S future tends to prevention strategies of other risk behaviors (alcohol and unhealthy eating) during pregnancy and to social network and internet health promotion. The aim is creating a specialized professionals' network that follows parents in all birth path in order to decrease families' health risk.

Contact: SBROGIÒ Luca
Azienda ULSS 14 Chioggia
Strada Madonna Marina
30015 Chioggia, ITA
lrbeltrame@gmail.com

A little Dose of Sunshine: The Implementation of a Caregiver Wellness Program in the NICU

VISCONTI Rita, GEE Stephanie, KARMALI Karima, JESSO Audra

Introduction

Parental stress resulting from the hospitalization of an infant in the Neonatal Intensive Care Unit (NICU) is well documented. Caring for an infant in the NICU has been associated with stress, anxiety, depression, fatigue, sleep disturbance, and altered parenting behaviour and parent-infant interactions. To promote self-care among NICU caregivers and encourage them to take a break from the bedside, The Hospital for Sick Children is offering the Caregiver Wellness Program, a program sponsored by Project Sunshine Canada (PSC).

Purpose/Methods

This presentation will provide an overview of the Caregiver Wellness Program and share the evaluation results. PSC volunteers deliver the program by transforming a room in the NICU into a relaxing environment where caregivers may receive massages from a registered massage therapist, participate in crafts and relaxation activities, and enjoy refreshments. The evaluation monitored program utilization, explored the program's impact on caregivers, and assessed whether changes were needed to improve program delivery. The evaluation employed semi-structured interviews with program participants.

Results

Overall, the Caregiver Wellness Program sessions were well received and attended. Program participants reported that the volunteers were welcoming and allowed them to participate on their own terms, the massages and relaxing environment enabled them to de-stress and actually take a break from their situation, and the positive social atmosphere fostered light-hearted conversations. Recommendations for program improvements included strategies for advertising the program and the inclusion of activities for siblings who are present at the hospital with the caregivers.

Conclusions

The Caregiver Wellness Program was successful in encouraging caregivers of patients staying in the NICU to take a break from the bedside and spend some time focusing on themselves and their own care. The combination of a relaxing environment, inclusion of craft-based activities to focus one's attention, and a positive social atmosphere cultivated a context wherein caregivers could disengage from their experience in the NICU, socialized with other caregivers, and experience a sense of normalcy.

Contact: KARMALI Karima
The Hospital for Sick Children
555 University Avenue
M5G1X8 Toronto, CAN
karima.karmali@sickkids.ca

The dissemination of an internet intervention to promote well-being and prevent depression among pregnant and postpartum women in health services

DROZD Filip, HAGA Silje Marie, SLINNING Kari

Introduction

During pregnancy, the psyche is more open and responsive, and many pregnant women seek online health information, forums, and support groups. However, the psyche also makes women vulnerable and 10-15% develop symptoms of a moderate-to-severe postpartum depression. Therefore, an internet-based self-help intervention was developed to promote well-being and prevent postpartum depression while meeting pregnant women through a medium many appear comfortable using for purposes of seeking health information during this period in life.

Purpose/Methods

The aim was to learn from participants in an intervention trial to provide more insight into the dissemination of the intervention ("Mamma Mia"). Sources of data were semi-structured interviews and eligibility criteria included < 25 weeks pregnant and ≥ 18 years, for the trial. In addition, participants who were ≥ 3 sessions after schedule and ≥ 4 weeks since last intervention activity were interviewed. Participants were

interviewed to understand how Mamma Mia can be marketed, disseminated, and implemented.

Results

Thirty-two participants were interviewed. Two main findings emerged that describe where and how Mamma Mia can be disseminated. First, Mamma Mia should be part of the ordinary health services. Participants identified the ultrasound at hospitals, first control at the midwife at well-baby clinics, and general practitioners, as points of dissemination. Second, Mamma Mia should have face-to-face contact and interaction both for ease-of-enrolment and to address questions and issues during the intervention.

Conclusions

This study shows the importance of integrating internet interventions as part of ordinary health services and the inclusion of human support. Supported and unsupported interventions may actually be identical, but the difference lies primarily in their level of human involvement. Frequent consultations with general practitioners and midwives during pregnancy gives a unique opportunity for embedding Mamma Mia in routine care. However, the incurring costs associated with supported interventions makes it necessary to find sustainable dissemination and business models.

Contact: DROZD Filip

Regionsenter for barn og unges psykiske helse
Postboks 4623 Nydalen
0405 Oslo, NOR
filip.drozd@r-bup.no

Session O1.3: Equity in healthcare - health promotion strategies for migrants, minorities and socio- economically vulnerable groups

Meeting a whole new world. The
experiences from minority parents
of children with disabilities, Norway

TJØNNELAND Aud Eva, SKJEGGESTAD

Erik, HAUGSTVEDT Karen Therese

Sulheim

Introduction

The stress and burden on parents of children with disabilities is well documented. Being both part of a minority group and disabled is in policy documents described as a "double minority status". There is still little knowledge on this field, and we wanted to contribute these parents' experiences. From our earlier work with developing and conducting a counseling

educational group-based program to Norwegian parents, we now wanted to find out more about minority families in Norway.

Purpose/Methods

Our purpose was to examine how minority parents with disabled children experience their situation. We divided the main question into: "How do minority parents relate to their own feelings and to the child?", and, "How do they relate to their close relationships and to the supporting systems?" The qualitative study was based on modified Grounded Theory as the main research method. We conducted qualitative in-depth interviews in eight families from five different countries.

Results

The core category of the study became "Meeting a whole new world", developed from the four categories pointing to four different aspects of the core category. The categories were "To put their own reactions on hold" and "Understanding what disability means", illuminating the first question. And the last two categories "To deal with the everyday practice" and "To deal with the supporting service" point to the second question.

Conclusions

The parents described their new situation as lonely and isolated. They explained how giving into their own feelings was unhelpful; the child was their main focus. Being greeted with warmth and commitment from professionals was important. They share most experiences with parents who are ethnic Norwegian. However, they felt that having a limited network, communication challenges and little information on public services enhanced their problems. As professionals we may contribute to the parents' understanding and handling of their new world.

Contact: FLØTTEN Kjersti

Akershus university hospital, Norwegian HPH
P.O. Box 1000, 1478 Lørenskog, NOR
kjersti.flotten@ahus.no

Increasing awareness about the benefits of a peri-conceptual multivitamin in international migrant women

TOOSI Ameneh, HEGADOREN Kathy

Introduction

Strong evidence exists that consumption of a folic acid supplement before and during pregnancy can reduce the risk of neural tube, cardiovascular and limb defects. There are differences in knowledge about benefits of periconceptual folic acid supplementation between international migrant (54%) and Canadian-born (82%) women. Research also shows that international migrant women do not access preventative care, but they do access primary health care providers to seek care. We target primary health care providers to increase awareness in this population.



Purpose/Methods

The aim of this study was to increase awareness for childbearing aged international migrant women of the benefits of periconceptional folic acid supplementation. A randomized control trial pilot was performed in five community health centers to evaluate the effectiveness of an intervention on folic acid awareness for international migrant women aged 18-45. The intervention group received a pamphlet in English and their native language about the benefits of periconceptional folic acid supplementation and had a discussion with a healthcare provider.

Results

The majority of the women were 26-30 years old and lived in Canada for 4.5±3.77 years. Women in the intervention group were more likely to know the benefits of folic acid (94%) compared to the control group (41%) $\chi^2(1,N=34)=12.17$, and to use a folic acid supplement in future pregnancies (100%) compared to the control group (35%) $\chi^2(1,N=34)=20.73$, $p<0.001$. The majority (71%) reported that the pamphlet in their native language was more useful than English and discussion with a health provider.

Conclusions

This intervention proved to be effective in closing the knowledge gap between Canadian-born and international migrant women's awareness of the benefits of periconceptual folic acid. The usefulness of providing written information to international migrants in their native language rather than a discussion with a healthcare provider, as the main source of information, offers an opportunity for low cost health promotion in a variety of settings. This approach will ensure that international migrants with language barriers receive and understand health information.

Contact: TOOSI Ameneh

University of Alberta
681 McAllister Loop SW
T6W 1M6 Edmonton, CAN
atoosi@ualberta.ca

Empowering self-management competencies of Turkish family caregivers of people with dementia

TEZCAN-GÜNTEKIN Hürrem, RAZUM Oliver

Introduction

Migrants from Turkey came during the recruitment of workers in the 1970s to Europe now reach the age when the need of care increases. Research shows that in the next ten years the care need of older Turkish migrants in Germany will increase drastically. Those elderly migrants are being cared by their family members and they do not take external help which results in mental stress for the familial caregivers.

Purpose/Methods

In order to help family caregivers to be able to continue to take care of their relatives, empowering services are needed. The aim of this project is to analyze the mental burden and the needs of Turkish family caregivers of persons with dementia, and to develop different concepts to empower the caregivers' self-management competencies according to their heterogeneous needs. Semi-structured interviews were conducted and analyzed with the content analysis.

Results

The analysis shows that all dementia sufferers are cared for at home by a family member. The quality of the home care is often insufficient, because most of the family caregivers are ill themselves and have a lack of knowledge regarding nursing or care. Family caregivers are strongly affected mentally. Most of them are depressed, but took help at a very late phase due to the perception of dementia as a taboo in the Turkish community in Germany.

Conclusions

The needs of Turkish family caregivers of people with dementia are very heterogeneous, so that, different instruments have to be established to empower the self-management competencies of this group. One of them is the selfhelp-oriented approach, which through informal meetings of caregivers to talk about their problems in the mode of story-telling. Another one is the user-oriented transition from hospital to home care with the assistance of care instructors in Turkish, their native language.

Contact: TEZCAN-GÜNTEKIN Hürrem

Bielefeld University
Universitätsstr. 25
33615 33615 Bielefeld, DEU
huerrem.tezcan@uni-bielefeld.de

Tackling Inequity in healthcare addressing Comprehensive Health and Social Care for Migrants

MENDEZ Elvira

Introduction

The Program "From Compatriot tot Compatriot", Barcelona, Spain (1997-2013) is leading by the Asociation Saldy y Familia (ASF), a non profit NGO. The program is based on a tripartite scheme involving collaborations between public healthcare services, migrant associations and local government and ASF. The program offers a portfolio of health and social services for newly arrived and irregular migrants. The program also performs a strategic advocacy actions aimed at facilitating and maintaining acces of irregular migrants to public health services.

Purpose/Methods

The purpose is to contribute actively to maintaining universal coverage of public health services in Spain with special emphasis on ensuring equitable access of the most vulnerable migrants. The methods used are: a) Organizational: activate and

hold the set of public and private actors (local government, regional office processing of health card, migrant NGO) cooperating with the Program. b) Direct Care: provide migrants with immediate healthcare, information and processing health card, financing of essential drugs and social assistance.

Results

The Program has served 2987 newly arrived and irregular migrants during 2009-2013 and their greatest achievements are: 1) Provide immediate healthcare to the most vulnerable migrants 2) Get a health card in most cases allowing normal access to the public health system. 3) Inform and guide migrants to social resources at your fingertips. 4) Steadily maintain a high level of strategic advocacy actions aimed at facilitating access of irregular migrants to public health services.

Conclusions

The Program has developed the capacity to deal with new populations of newly arrived migrants and migrant's emergent profiles of deprivation. The Program has consolidated the partnership of public and private actors described above which has allowed to ensure continuity of the services in an adverse political and legal environment. The Program is an indispensable reference for all Spanish organizations engaged in maintaining universal coverage of public health services.

Comments

The Association Salud y Familia is an active member of PICUM (Platform for International Cooperation on Undocumented Migrants) and COFACE (Confederation of Family Organisations in the European Union) which facilitates dissemination of good practices at European Level.

Contact: MENDEZ Elvira

Asociación salud y familia
Via Layetana, 40, 3ª 2ª B, 08003 Barcelona, ESP
emendez@saludyfamilia.es

Using Tablets to Collect Patient Equity Data

MOHAMED Anthony

Introduction

Many hospitals in the Toronto area have recently begun collecting patient socio-demographic data to apply an "equity lens" to selected health outcome indicators, to consider when developing patient centred care plans and for research. St. Michael's is the only local hospital that has chosen to successfully make use of computer tablets in this process.

Purpose/Methods

Using computer tablets (Samsung and iPad), patients are asked by clerks in various areas to self-complete 11 multiple choice questions. This information is securely stored in a database and eventually forms part of the patient's electronic medical health record. The data will then become part of the analysis of selected hospital health outcome indicators such as readmission rates or rates of diabetes. The overall goal is to

reduce health inequities and advance our commitment to health equity.

Results

Patients are very willing to provide this data when they understand it is part of improving overall quality of care. The voluntary questionnaire has a participation rate of over 90% of those asked. The vast majority of patients are comfortable using a tablet with a paper option available for the few who prefer it.

Conclusions

Tablets are an effective and valid tool for collecting patient equity data. Transcription errors are avoided, confidentiality is respected and being in the patient's medical record meets all levels of privacy legislation. Using standardized questions among 17 hospitals allows for comparison data as well as consistency for measuring health outcomes. It is recommended that all HPH members consider engaging a similar process as part of their quality improvement initiatives.

Contact: MOHAMED Anthony

St. Michael's Hospital
30 Bond Street, M5B 1W8 Toronto, CAN
mohameda@smh.ca

Session O1.4: Health promotion strategies for suicide prevention & addressing severe mental health problems

Special Telephone

VOLIANI Deborah, PERICH Cristina, PALLAVER Silvia, RAUSA Antonella, BERNA Giovanni, CANNATA Gemma, ORETTI Alessandra, MINISINI Clara, FAZI Barbara, MEZZINA Roberto, CESCHIA Cosetta, CARRARO Alessandra, RAVELLI Renata, CONTINO Antonina, CELEBRE Cinzia, FEDELE Roberta, TOMINZ Riccardo, SANSON Sara, FRAGIACOMO Emanuela

Introduction

We present a long-standing experience led by Azienda per i Servizi Sanitari n. 1 "Triestina": Telefono Speciale (Special Telephone), a service against suicidal conducts. Service goals are achieved through h24 availability, openness and telephone listening; meetings with professional operators of Dipartimento di Salute Mentale; activation of an integrated support net and through social communication campaigns. The service is active



since 1997 and is currently going through an upgrade of its contents, management and supply to become more youth oriented

Purpose/Methods

Telefono Speciale promotes repent, diversified awareness and information communication campaigns on the suicide topic. There's a toll-free number where people can find hearing, answers and advice; trained operators can schedule specialized appointments for evaluation and contingent care; in a high risk situation, emergency and quick response services are alerted. In 2015 there's going to be a communication campaign specifically devised for the youth and the introduction of new, more adequate instruments: informational and interactive website, chat-rooms and a facebook page.

Results

Since 1997 18.000 phone calls have been handled, 8500 for real situations or informations, over 2000 people used the service. Since the activation of the program the number of suicides in Trieste has constantly decreased, with a more evident reduction since 2000. The historical rate of 20 suicide every 100.000 citizens has decreased in this period of time to an average of 14/100.000, with a minimum of 10,5/100.000 in 2005, the lowest rate ever recorded in Friuli Venezia Giulia

Conclusions

Suicide is a severe health problem. WHO estimates that there's a suicide attempt every three seconds and a suicide every minute; young people are responsible for most of the attempts and suicide is the second cause of death, after car accidents, of people in the 15-29 age range. In this scenario the activation of youth oriented prevention programs becomes essential, and those programs must be able to supply correct and constructive information and to generally promote health and well-being.

Comments

Despite the already mentioned positive results achieved since the start of the program, Trieste suicide rate is still very high, twice as high as Italy's average. One must also look at the consequences of suicide attempts and actual suicides on the community, especially on the people closer to those who committed suicide. Those people have a higher risk of physical or psychological illness and may develop suicidal tendencies themselves. WHO recognizes suicide prevention as a priority for public health and aims to make public health systems aware on the subject so that prevention will reach the utmost importance in health programs in the whole world. WHO members have pledged to reach an overall 10% decrease of suicides by 2020. Looking at the good results reached as of today, it is assumed that a real contribution could be given developing a more youth-friendly service supply, focusing all efforts on a targeted action that speaks their language and that uses an easily-recognizable and user-friendly technology. Through telephone or digital contact the user can reach an integrated service net, as the program continues to inform, make aware and educate the community with both on-line and off-line communication campaigns. Also the DSM is going to start an epidemiological analysis of suicidal behaviour to monitor the ongoing phenomenon and to confront the results with what is already recorded by Trieste Observatory, with the aim of a more precise identification of useful elements and to upgrade the best

prevention strategies, particularly regarding the younger population.

Contact: SANSON Sara

Azienda per i Servizi Sanitari n.1 Triestina
via Sai, 34100 Trieste, ITA
sanson67@hotmail.it

Suicide prevention in children and adolescents – a diagnostic guideline for general practitioners and pediatricians

KACIC Viktor, ZIMMERMANN Frank

Introduction

Suicide is the second most common cause of death in adolescents. Girls predominantly suffer from suicidal ideation and parasuicidal activities, whereas boys show a considerably higher rate of completed suicide. Psychiatric disorders with increased suicidal risk are clearly defined: depressive, bipolar, schizophrenic, personality, eating disorders and drug abuse. Risk traits in adolescents however are quite versatile, therefore pediatricians - often the first outpatient contact point - can be overchallenged in the evaluation of adolescent acute suicidal risk.

Purpose/Methods

Purpose of our study was to develop a diagnostic guideline that enables pediatricians treating outpatients to detect early symptoms of evolving suicidal behavior of adolescents, and also to take adequate action in a potentially suicidal crisis situation. The guideline is divided into three parts: Part one implies a checklist of items containing direct suicidal behavior, presuicidal indications and means of suicide prevention. Part two includes a standardized endangerment evaluation form. Part three consists of important contact numbers.

Results

Pediatricians were given a feed back form in order to evaluate the clinical use of the guideline. The predominantly positive feedback indicates that they were generally grateful for addressing the problem of suicidal risk evaluation of adolescent patients in their practice. Especially the endangerment evaluation form was rated clinically useful as well as the important contact numbers. A considerably sceptical feedback implied the length of time that was required for the elaboration of the checklist with the patient.

Conclusions

The use of a standardized guideline for pediatricians treating outpatient adolescents can contribute to a better evaluation of suicidal risk. Improvements of such a guideline are clearly necessary, especially in the checklist, in which suicidal thoughts and actions, presuicidal indications and suicide prevention are handled. Further clinical meetings with the pediatricians are required in order to improve the checklist. A special training of

pediatricians in the techniques of addressing questions about suicidal ideation of adolescents might be helpful.

Contact: KACIC Viktor Enrico

Child and Adolescent Psychiatry Hospital
Am Hasenkopf 1, 63739 Aschaffenburg, DEU
viktor.kacic@klinikum-aschaffenburg.de

Mental Health Promotion in a Public Health Setting

SJÖQUIST ANDERSSON Lena, FALCK

Maria

Introduction

The overarching aim for Swedish public health is to create societal conditions for good health on equal terms for the entire population. Eleven objective domains point out crucial determinants for public health work. The County Council of Västerbotten has also decided to add a twelfth objective domain, "Promote mental health and prevent mental illness", to guide the local public health work and to contribute to better mental health among patients, employees and population.

Purpose/Methods

Three main strategies for mental health promotion are used. One is to include promotion of mental health in already existing programmes. Another is to increase knowledge about mental health promotion in ordinary health care. A third is to cooperate with others such as communities and NGOs to improve living conditions and health for vulnerable groups. On a societal level actions are made to decrease stigmatisation and social exclusion for people with mental illness.

Results

Västerbotten Intervention Program (VIP) prevents cardiovascular diseases and includes social situation and mental health as one of several topics. The Salute-program addresses children in Västerbotten. One of three focus areas is psychosocial health. Education about suicide prevention offers to the health care staff. One hospital offers support groups for adults and children who have lost a family member. "Psykeveckan" is an awareness week every year with the purpose to increase knowledge and understanding for those living with mental illness.

Conclusions

A health intervention is offered to new patients in the psychiatric ward to decrease negative health effects of their medication and support a healthy lifestyle. Within the Salute-program employees in maternal and child healthcare are educated in the ICDP (International Child Development Program) - method that gives them new tools to support parents. The county of Västerbotten has among the lowest suicide levels in Sweden but also one of the highest rates of sick leave related to mental illness.

Comments

Mental health is one important area to address in public health work. The county council is developing a range of different actions, trying to target different groups and levels of prevention. An important task is to create good childhood living conditions that can promote health and wellbeing among our children. Another is to deliver healthcare and support for those suffering from mental ill health. In this work it is central to cooperate with other agencies in the local communities.

Contact: SJÖQUIST ANDERSSON Lena

Västerbottens läns landsting
Köksvägen, 90189 Umeå, SWE
lena.sjoquist.andersson@vll.se

Self regulation techniques for enhancing the sense of coherence (SOC) of patients with major depression. A six months prospective clinical trial.

GASSMANN Walter

Introduction

Generally, a strong relationship has been found between SOC and depression. The lower the SOC, the more serious are the symptoms of depression. Therefore targeted efforts are needed to enhance depressive patients SOC. Recent studies showed that even comparable short interventions can enhance the SOC of patients with psychiatric disorders. This study investigates whether special self regulation techniques are helpful to enhance the SOC of psychiatric inpatients compared to a control group.

Purpose/Methods

In a six months controlled prospective field study patients with major depression in a psychiatric ward participate either in the intervention group with a new self regulation program or join the control group. Patients were assessed with the SOC scale (SOC-29) and the Beck Depression scale (BDI) after admission and before discharge. The intervention intends to enhance SOC components (meaningfulness, manageability, comprehensibility) and includes three group sessions weekly. Statistics are proved by Pearson correlations and an ANOVA with repeated measurements.

Results

Preliminary baseline results showed a strong correlation ($r = -.64$, $p = .001$) between SOC and depression ($N = 22$), whereas the mean SOC values were low compared to a non-patient reference group ($M = 97.18$, $SD = 21.09$ vs. $M = 145.66$, $SD = 24.33$). Next steps include the statistical analysis whether the intervention group benefits more than the control group due to an enhancement of SOC and a reduction of BDI values.

Conclusions

Specific efforts to enhance patients SOC are rarely found in psychiatric treatment, although high SOC values are associated with good mental health. Therefore special treatment options



like self regulation techniques should be implemented in psychiatric care. As this study shows these techniques seem to be well accepted by patients suffering from major depression and hopefully are helpful interventions as well. Most patients are highly motivated to contribute with individual salutogenic efforts beside the usual treatment to improve their health status.

Contact: GASSMANN Walter

Vitos Philippshospital Riedstadt, Germany

Philippsanlage

64560 Riedstadt, DEU

w-gassmann@t-online.de

New treatment for anxiety disorders: The Bergen 4-day program

KVALE Gerd, HANSEN Bjarne

Introduction

The Bergen 4-day program represents a new out-patient treatment-format for OCD-patients. Since it was developed 2012/2013 it has been awarded as the "Psychological Innovation of the Year" by the Norwegian Association for Psychological Science as well as selected as one of the most innovative health care approaches by the Directory of Health. A published effectiveness-study show that 77% of the patients remain in remission six months after treatment. Program outline and further results will be presented.

Purpose/Methods

The Bergen OCD-team was established with the purpose of delivering evidence-based treatment; quality-insurance and -development as well as research. Based on novel theories of emotional learning, especially learned inhibition, the 4-days group program was developed. Main ingredients are individually tailored and therapist-assisted exposures in a wide range of ecological relevant settings delivered during 4 consecutive days. All exposure tasks employ a micro-intervention focusing on a "leaning into the anxiety-technique" (LET) during the exposures as opposed to "holding back".

Results

In the first six groups (N= 35) 23 of the patients were classified with "severe"/"extreme" OCD, and 74% had previously received OCD-treatment (20% with ERP). 92% showed treatment response, 77% were classified as recovered six months after treatment. Significant changes were also seen in depressive symptoms and the majority of the sample showed improvement with regard to employment status 12 months after treatment. Results from the next six groups and the results in panic disorder will be presented as well.

Conclusions

The Bergen 4-day program represents a new treatment format for severe anxiety disorders. The results are promising, and consequences for further implementation will be discussed.

Contact: KVALE Gerd

Haukeland University Hospital/ University of Bergen

Jonas Lies vei 65,

5021 Bergen, NOR

Session O1.5: Implementing Health Promoting Hospitals - an organizational strategy

The development of a national model for indicators of the four perspectives in Health Promoting Hospitals and Health Services in Sweden - collaboration and process.

BJUGÅRD Ingvor, KRISTENSON Margareta, HELLSTRAND Mats, TROEDSSON Kerstin, FÅLLBÄCK SVENSSON Nina, FALK Thomas, NILSSON CARLSSON Iréne, SORSA Riitta, JUNEHAG KÄLLMAN Karin, SEDBERG Sofie

Introduction

In 2003 the Swedish national parliament declared a new public health policy, with Health Promoting Health Service as one target area. Since then, there has been several attempts to assemble a national indicator set for this target from the four perspectives patient, co-worker, population and management. The aim has been to identify indicators of structure, process and outcomes that are agreed upon from different stakeholders, and to find measures that can be made available in national data sets.

Purpose/Methods

The presentation shall describe the process that is now successively leading to a consensus of a national matrix of for indicators. Organisations contributing are The Swedish Association of Local Authorities and Regions, the Swedish HPH network, The National Board of Health and Welfare, The Public Health Agency of Sweden, Network of Executive Directors of Health Care, Network of County Executive Directors of Public Health, Network or County Politicians of Public Health and Network of County Costumers of Health.

Results

Through the process, during and between three workshops, a model and set of potential indicators have been identified. Examples of data sources to retrieve this data are statistics from The National Board of Health and Welfare, Swedish Quality Registers for Health Care, National Swedish Patient Survey, Employee Survey Kit and Public Health Survey. During 2015 the Swedish HPH network will pilot the usefulness and potential of some of these data sources.

Conclusions

Cooperation is central in achieving common understanding of the concept of Health Promoting Hospitals and Health Services.

Building upon emerging potential data sources this cooperation seems to be fruitful. The pilot test by HPH-network will contribute with experiences. There is a realistic aim to achieve a coherent set of national indicators during 2015.

Comments

Ingvor Bjugård is Senior Advisor, Health and Social Care Division at The Swedish Association of Local Authorities and Regions. Mats Hellstrand, MPH of public health, Swedish HPH secretariat.

Contact: HELLSTRAND Mats

HPH secretariat
KCH, Ingång 29
721 89 Västerås, SWE
mats.hellstrand@ltv.se

Facilitators and barriers to HPH implementation in a University Hospital in Canada

BILTERYS Robert, REY Lynda Olivia

Introduction

Hospitals are under increasing pressures to change. These come from the demand for health services (demographic changes, patient participation in decision-making), from the provision of care (clinical knowledge and technology development) and from the societal level (rationalization of public expenditures, internationalization of health systems). In this context, one of the largest University Hospitals in Canada decided to implement the WHO Health Promoting Hospitals project (HPH). This hospital is a member of the Quebec Network of Health Promoting Institutions.

Purpose/Methods

Our objective is to present results of two case studies conducted in the same University Hospital in order to better understand the context of implementation. The first case study dealt with HPH implementation in a perinatal center within the hospital. The second was about HPH implementation in the nurses' workplace. Interviews were conducted to assess perceptions about HPH implementation. Questionnaires were administered to measure the compatibility of existing organizational practices with HPH. Participant observation and documents helped completing collected data.

Results

Results show several factors influencing HPH implementation. Facilitators are mainly related to the internal context (compatibility with existing organizational HP values and practices, utility of HPH, commitment and leadership, resource availability) or to the implementation process (e.g. quality of planning, implementation and evaluation). Barriers to implementation are also related to internal context (communication, understanding of HPH, staff participation, difficult working conditions, curative organizational culture, lack of commitment and leadership of some stakeholders, lack of an inventory of existing HP practices).

Conclusions

Our two studies emphasize the importance of the internal implementation context of such a complex innovation as HPH. More particularly, our results suggest both for decision makers and researchers to analyze the multiple factors influencing HPH implementation in order to better design HPH projects. Finally, our results suggest reinforcing staff participation, knowledge, communication and training about HPH, and also to improve working conditions, in order to achieve successful implementation.

Contact: BILTERYS Robert

Université du Québec en Outaouais
Roi-René
H1K3E8 Anjou, CAN
robert.bilterys@uqo.ca

Door-to-Door Interview: Action in the Community - We need your opinion to construct a new Health-Promoting Hospital.

ANDO Kohei, OHIRA Kumiko, TOYODA Keita, NIKAIKO Noriko, ARAI Kiyoshi, KAGAYA Akira, MURAKAMI Hiromi, MATSUBARA Tatsuo

Introduction

We are constructing a new hospital which will be completed in May 2016. The main purpose of an HPH is to promote a healthy town, and it is possible to start HPH activities before the opening of the hospital. We set about performing door-to-door interviews (DtDIs) in the community to talk with inhabitants in order to obtain their opinion on the new hospital and get cooperation from them to build the new hospital and promote a healthy town.

Purpose/Methods

Construction of the hospital started in January 2014, and DtDIs were started in December 2013. The hospital staff and cooperative local residents collaborated in the area around the hospital building. They presented information about the new hospital and heard health anxieties, demands and complaints about medical services provided in hospitals. To outline the opinions of the residents, they were asked to respond to a questionnaire by attendant staff. A total of 189 responses were obtained

Results

The number of attendants was 400. Thirty hundred DtDIs were performed so far, resulting in discussions with half of them. The responders had many complaints about the hospital, including unkindness of staff, waiting time, unpreparedness for emergencies and so on. Residents appreciated our hospital



holding fast to medical equality, such as our refusal to provide hospital beds on payment; however, they were worried about its management. Elderly persons wished for traffic assistance to outpatients, house calls and dementia care.

Conclusions

By means of the DtDIs discussions, the residents could speak freely about the hospital, medical services and personal medical problems. Hospital staff could listen to expectations and complaints regarding the hospital for improving the present services and bringing forth new health promoting initiatives in the hospital.

Comments

This activity created the opportunity for direct discussion between hospital staff and local residents not only on new hospital that we expected at first but also on making healthy town.

Contact: OHNO Giichiro

Tokatsu Hospital
409 Shimohanawa, 270-0018 Nagareyama, JPN
oonog@mb.infoweb.ne.jp

Healthy Life Centres

ØIEN Henriette, SKARPAAS Inger Merete, SUNDAR Turid Kristin

A Healthy Life Centre (HLC) is an interdisciplinary primary health care service which offers effective, knowledge-based measures for people with, or in high risk of disease, who need support in health behaviour change and in coping health problems and chronic disease. The HLC is part of the public health care service in the municipality. HLC programs have a patient centred approach and aim at strengthening the individual's control of his or her own health. As a minimum HLCs offers participation in various exercise groups, and individually or group based counselling or courses for increased physical activity, healthy nutrition and tobacco cessation. Many HLCs also offer counselling, support and education on issues related to mental health, sleep and alcohol. In the municipality, the HLC functions as a resource-, knowledge- and contact centre for behaviour change, health promotion and disease prevention.

Cooperation with other municipal health care services, hospitals, Non-Governmental Organisations (NGOs), private and public organisations and local authorities is of vital importance in order to provide continuous and integrated health care and help people to establish independent and lasting health enhancing habits. A key task for the HLC is to guide the participants into suitable and feasible local programs that they can continue with on their own after participation in the HLC. The HLCs should provide a good overview of such programs.

Evaluations have shown that HLCs recruit people who do not seek or participate in other services such as fitness centres on their own. Participants need help to find appropriate services, build motivation and to create strategies for maintaining sustainable coping and behavior change. General practitioners who refer patients to HLCs are of the opinion that the HLCs

offer good services. Studies indicate that participation in the programs can lead to improved physical fitness, weight loss and improved self-perceived health and quality of life, as well as maintaining health behaviour change one year after the follow-up.

Contact: SKARPAAS Inger Merete

Norwegian Directorate of Health
Universitetsgt. 2
0130 Oslo, NOR
inger.merete.skarpaas@helsedir.no

Recognizing results and discussion of advanced course on HPH project

SHIEH Ying-Hua, CHAN Hsiao-Wen, LIU I

Introduction

The aim of "WHO-HPH (World Health Organization, health promoting hospitals & health services)" program was to improve the quality of patient care. In order to take part in this health promoting hospital program and improve health for both patients and hospital staffs, Wan Fang hospital joined this program in late 2012 and has completed a 12-month intervention project in August 2014

Purpose/Methods

The WHO-HPH project has 4 major health promotion goals including diet, exercise, weight reduction, and smoking cessation. In this project, questionnaires were designed based on these health promotion goals and were according to the WHO-HPH standard. The subjects participated in this project (patients and hospital staffs) were evaluated using these questionnaires and depending on the results, referred to the appropriate health promotion services. A pre-and post-interventional program analysis was done after 12 month and results were compared.

Results

Pre-intervention program analysis showed that only 47% of the subjects met the appropriate health promotion goals in terms of BMI, vital sign, cigarette and alcohol habits. However, after intervention, the number increased to 97%. In terms of exercise and weight reduction, after intervention with Pilates, the number of staff who were overweight reduced by 7% and the number of staff who exercise more than 150 mins/week increased by 7%. Staff that was using tobacco and alcohol was referred to intervention clinics. Over 60% of our staff was educated about HPH services. 91% patients participated in this project were satisfied with our HPH services. After intervention, patients who exercise more than 150 mins/week increased by 30% and patients who were overweight reduced by 3%. 97% patients who required health promoting services were referred to appropriate services

Conclusions

The initial data showed that majority of the staff and patients participated in this intervention were physical inactive. Some data regarding smoking and alcohol status was also incomplete. As part of our intervention project, Pilate classes were

arranged, furthermore, weight reduction and smoking cessation service were also provided. Post-intervention chart review of BMI record, smoking/alcohol habits, nutritional status, and exercise habits showed significant improvement. Follow-up questionnaires also showed improvement of health-promoting targets and in August 2014, our hospital successfully completed the WHO-HPH Recognition Process with overall fulfillment of 100%.

Contact: LANGELY Sephi

Taipei Municipal Wan Fang Hospital
No.111, Sec. 3, Xinglong Rd., Wenshan Dist., Taipei City 116
Taipei, TWN
obaz.chen@gmail.com

Session O1.6: Symposium on Health Care and Healthy Ageing

Symposium on Health Care and Healthy Ageing

HUANG Tony Yen Lin

The world's population of persons aged 60 and over is expected to reach 2 billion by 2050. Older persons have higher needs of healthcare utilization. The Health Promoting Hospitals (HPH) incorporates the concepts, values and principles of health promotion into the culture and daily operations of hospitals. Health promotion, disease management and patient safety interventions delivered in and by hospitals have been shown to improve older persons' health outcomes. The session will showcase strategies, projects and best practices of age-friendly health care from different countries.

Moderators:

Prof. Cheng-Chieh Lin, President, Taiwan Association of Gerontology and Geriatrics, Taiwan & Dr. Ulrike Sommeregger, Coordinator of Austria HPH Network/ Vienna Hospital Association

Agenda:

11:00-11:05: Opening Remarks, Prof. Cheng-Chieh Lin, President, Taiwan Association of Gerontology and Geriatrics, Taiwan

11:05-11:25: The development of age-friendly health care in UK, Prof. Finbarr Martin, Professor, medical gerontology, Kings College London; NHS consultant, Geriatrics and General Medicine, UK

11:25-11:40: How to improve future health care quality for elder patients: A perspective from Taiwan Association of Gerontology and Geriatrics (TAGG), Prof. Cheng-Chieh Lin, President, Taiwan Association of Gerontology and Geriatrics, Taiwan

11:40-11:55: The future prospects of age-friendly health care Industry, Prof. Feng-Hua Lu, Associate Professor, Institute of Gerontology, National Cheng Kung University, Taiwan

11:55-12:10: Implementation of age-friendly health care: A team of integrated health care, Dr. Chun-Hsiung Huang,

Director, Division of Geriatrics, Department of Internal Medicine Steering Centre for Hospital Accreditation and Certification Center for Geriatrics and Gerontology, Changhua Christian Hospital, Taiwan
12:10-12:30: Panel Discussion

Contact: HUANG Tony Yen Lin

Health Promotion Administration
Tacheng Street
10341 Taipei City, TWN
wxiii013@hpa.gov.tw

Session O1.07: Symposium: DARE to CHANGE – Results of the review and update of the ENSH-Global concept

Symposium: DARE to CHANGE – Results of the review and update of the ENSH-Global concept

GUNNING Miriam

The ENSH-Global Tobacco Control Standards underwent a review process in 2014, to meet changing demands and to integrate global experiences. This symposium will discuss the value of the participatory approach used, present the updated Standards, examine examples of good practice and discuss implications of the updated Standards with participants and national coordinators. Chair: Rudi Gasser, Australia 11.10: Ensuring ENSH-Global standards meet current global trends: Standards and review process used, Ms. Miriam Gunning, Chair, ENSH-Global 11.20: Ensuring best practice management for all tobacco users: Process to manage 'exceptional' needs, Ms. Eimear Flannery, SVUH, IRELAND 11.30: Modern technology placing tobacco cessation at the core of all services: Electronic Referral System, Dr. Wu, Taiwan Adventist Hospital, TAIWAN (tbc) 11.40: Using the ENSH-Global concept as a model for program implementation: Development of the "astra-program for a tobacco free nursing training" Ms. Christa Rustler, ENSH GERMANY 11.50: Questions 12.00: Discussion Tobacco Free Symposia - Flyer

Contact: GUNNING Miriam

HSE, Nexus Building, Blanchardstown Corporate Park
Dublin 15 Dublin 15, IRL
miriam.gunning@hse.ie



Session O2.1: Strategies to promote patients' health literacy

Health literate and health promoting health care organizations – the Vienna Concept

PELIKAN Jürgen, DIETSCHER Christina

Introduction

Health literacy (HL), the ability to access, understand, appraise and apply health information (compare Sorensen et al. 2012), is a relevant and malleable health determinant. There is good evidence that health literacy is related to the use of healthcare services and to the outcomes of healthcare, including costs. Recent HL interpretations consider HL as the relation between individual skills and health systems demands. HL can thus be improved by health education for people, but also by adapting information and communication processes of systems to the needs and capabilities of users. A concept addressing systems change, the "health literate organization" (HLO), was developed in the USA (Brach et al. 2012). However, because of its US background, narrow HL understanding, and limited reference to other healthcare reform movements, especially health promotion, its sustainable implementation and impact is limited.

Purpose/Methods

Against this background, the aim of developing a new Vienna HLO (VHLO) concept was to review and expand HLO in light of an advanced HL understanding and of diverse healthcare reform movements, especially by using HPH experiences and procedures, and to make HLO better connective to quality management by standards and indicators for self-assessment. The VHLO concept was developed first by systematically considering HL needs of major healthcare stakeholders and by grouping these in domains in a deductive process; second, by an informed narrative literature review to identify existing measurement tools for HLO. These were screened for indicators fitting the VHLO concept, and new indicators were developed where necessary. The resulting draft self-assessment tool was improved by feedback from an expert panel with representatives of health policy, health insurance, healthcare professions, and patient representatives, and the tool is currently pilot-tested in Austrian healthcare organizations.

Results

The VHLO concept is a 12-field matrix, defined by 3 stakeholder groups – patients, staff, community – and 4 domains for HL intervention: HL for accessing, living and working in healthcare; HL for coproducing healthcare; HL for improving self-management of disease; and HL for improving lifestyles. In addition, it has 3 fields on implementation, monitoring and dissemination. For operationalization, VHLO was condensed into 9 standards, 22 sub standards and 160 indicators for self-assessment of hospitals and other health services, as a first step of developing more health literate organizations. The authors will provide first results from pilot-testing the tool in Austrian hospitals.

Conclusions

VHLO received appraisal from an Austrian expert panel, and first experiences from the Austrian pilot test indicate its usefulness in healthcare practice. Its usability to guide self assessment, identify areas for improvement, and support actual change, is yet to be demonstrated beyond the Austrian context by research on international scale.

Contact: DIETSCHER Christina

Ludwig Boltzmann Institute Health Promotion Resear
Untere Donaustraße
1020 Vienna, AUT
christina.dietscher@lbhpr.lbg.ac.at

Customer-led assessment in healthcare context: patients' evaluations of written health information.

GRAHN Kristina, PIHLAINEN Vuokko, KETTUNEN Tarja

Introduction

Involving patients to patient education handout material planning and evaluation process will improve patients' satisfaction and adherence to their care. The purpose of this study was to examine patients' perceptions of written patient information in Central Finland Healthcare District. In this study, a measurement tool to evaluate the written health information was designed for patients. Furthermore, the study sought to determine if the instrument developed for this study would be a valid tool for patients in the future.

Purpose/Methods

A total of 334 patients completed a questionnaire concerning their perception of the content, appearance and usefulness of the patient information leaflet they had received during their visit at hospital. The questionnaire consisted of 15 Likert-scaled (1-4) questions and two additional open-ended questions. A multivariate statistical data analysis was completed with SPSS 20.0 software. In addition, a content analysis was used for the open-ended questions. Furthermore, Cronbach's alpha was calculated to determine the reliability and internal consistency of the instrument.

Results

The total mean score for the instrument was 3.61 (Cronbach's alpha 0.81). Male patients were significantly more critical towards the physical appeal of written health information ($p=0.005$) than women. Compared to other age groups, patients aged 55 and below were most critical group towards the physical appeal ($p<0.001$) and content ($p=0.035$) of the materials. Although the patients stated that the materials were informative and accelerated their post-operative recovery, no attention was paid to groups with special needs.

Conclusions

The results indicated that the patients' ability to make use of the written health information should be assessed frequently by asking the patients' insights on the materials. The instrument developed for this study seemed to be reliable in patient use; however there is a need for additional research to improve the validity of the instrument. Patient's involvement into evaluation of the written health materials will give the health educator valuable information about patient's unmet information needs during the counselling sessions.

Comments

Key words: Patient education, patient education handout, patient participation, evaluation, client orientation

Contact: GRAHN Kristina

Central Finland Health Care District
Keskussairaalan tie 19
Jyväskylä, FIN
kristina.grahn@ksshp.fi

The one-minute intervention. Improving the dialogue with patients. Manual for communication supporting the patient.

HÜLLEMANN Klaus

Introduction

„We do not want this to happen again.“ An offer well-meant. But it gave the colleague, who had just undergone heart surgery, sweaty palms. Patients react to certain words with a changed mind, a special kind of trance, sick-bed trance. Everything is related to the self, the common strategies of coping are not used. Even experienced professional helpers sometimes use ill-considered utterances which are well-meant, but are misunderstood by the patient and cause anxiety. Examples taken from real-life practice demonstrate how inapt utterances can be avoided and how what needs to be communicated can be phrased more appropriately.

Purpose/Methods

Communication and words can have strong effects on patients who are in a state of sick-bed trance. Health professionals should recognize the possibility of the development of a spontaneous special trance - sick-bed trance. Health professionals should be familiar which rules are followed by this trance state, which could be essentially different from the waking, rational functioning. Health professionals should be familiar with the most important rules and strategies of formulating suggestions. (Katalin Varga). The knowledge of sick-bed trance can improve the dialogue with patients. Some details of my newly written manual for communication supporting patients will be presented

Results

Patients react to certain words with a changed mind, a special kind of trance, sick-bed trance. Everything is related to the self, the common strategies of coping are not used. Even

experienced professional helpers sometimes use ill-considered utterances which are well-meant, but are misunderstood by the patient and cause anxiety. Health professionals should be familiar with the spontaneous special trance phenomenon sick-bed trance.

Conclusions

The knowledge of sick-bed trance can improve the dialogue with patients. Examples taken from real-life practice demonstrate how inapt utterances can be avoided and how what needs to be communicated can be phrased more appropriately.

Comments

Suggestions are (usually) verbal messages evoking non-voluntary responses in the receiver (K.Varga). The presentation is addressed to those who want to have a closer look at how simple words can affect somatic processes, introducing you to some fields of the application of suggestive communication (K.V.) Hüllemann, K.-D. (2013): Patientengespräche besser gestalten. Gebrauchsanleitungen für helfende Kommunikation. Carl-Auer-Verlag, Heidelberg

Contact: HÜLLEMANN Klaus

German Network HPH
Quellstraße 16
83346 Bergen, DEU
klaus-d@huellemann.net

Impact of an Health Literacy and Patient-Oriented Talk for Cancer Patients at the Diagnosis. Insights about to Cure or to Care: an Update of a Single-Center Study

**BAGNULO Alberto, GASPARINI Ivanna,
GANDINI Giovanna, ZOBOLI Alessandra,
BRAZZI Serena, CHIARENZA Antonio**

Introduction

Few studies are available on predictors of awareness of the goals of care (GOC) in cancer patients, even fewer studies on strategies to improve concordance in communication between the oncologist and patient. At least 1/3 of patients have a different understanding than the doctor about the intent of chemotherapy and among these ones the majority is elder and do not have adequate documentation and communicative contents. We haven't other predictors of concordance in patient-physician dyad about GOC (curative versus non-curative).

Purpose/Methods

Our clinical pathway for cancer patient has an orientation talk to chemotherapy which takes place in the days following the discussion between oncologist and patient about diagnosis and



therapy During this interview between patient+/-family members and the reference nurse+our psychologist,we administered in this update of our study 3 key-questions optimized in accordance with the principles of health literacy to investigate patient-physician agreement about GOC.The findings are then returned to oncologists to test their effectiveness in improving communicative concordance.

Results

From analysis of the first 46 pilot cases we don't confirm youth age and information materials as variables predictive of communicative concordance between oncologist and patient about GOC Prognosis and its effect on patients and doctors are discriminant variables:43% of patients are not concordant,14%in adjuvant setting,25%in curative and 87%in palliative ones.In adjuvant and curative settings if there is an inadequate communication the doctor can recover concordance with validate techniques but whether we have previous depressive episodes you don't recover.

Conclusions

The use of a quick questionnaire (which explores the perception of patients about GOC at diagnosis) within an orientation interview before chemo can help in discriminating between doctor-patient communicative concordance and discordance and, especially, in completing the information to share with the oncologist and the care team. The effectiveness of communication/relational change of the oncologist can be significant in the non-concordant patients in adjuvant and curative treatment, not in non-concordant ones in palliative therapy.

Comments

We believe that these results should prompt researchers to probe other correlation predictors on GOC communication between doctor and cancer patient, in particular regarding the emotional factors rather than the cognitive An appropriate approach, from the viewpoint of health literacy, in a context of communication/relation between the oncologist and patient candidate for chemotherapy, cannot dramatically improve the understanding of the aims of therapy(emotional aspects are predominant) but certainly induce a proactive reflection on their communication skills in doctors.

Contact: RIBOLDI BENEDETTA

LOCAL HEALTH UNIT

VIA AMENDOLA

REGGIO EMILIA, ITA

benedetta.riboldi@ausl.re.it

Session O2.2: Co-producing health: strategies for patients with different conditions

Patients and professionals co-producing health: Reporting on the

development, components and active ingredients of The Bodyknowledging Programme.

HEGGDAL Kristin

Introduction

There is often an insufficiency in the reporting of how health promotion interventions were developed, their components and parts as well as what the active ingredients are. This is a problem for implementation work and further research. The purpose of this presentation is to report on the development, components and parts of a broadly applicable intervention for co-producing health and wellness in the context of long-term illness. Bodyknowledging theory was used as a frame for developing the intervention.

Purpose/Methods

Three clinical sites were chosen for developing and evaluation of the intervention: a rehabilitation unit, an outpatient clinic and a hospital-based center for patient education. An interdisciplinary team of nine health care personell and four patients engaged in the formation of the intervention. A sample of 56 patients diagnosed with chronic illness participated in the trial. Evaluation-material was collected by means of in depth interviews and content analysis was applied to study health - related change and how health and well-ness was co-produced.

Results

Participants reported that the structure, content and means of the intervention contributed to improve their ability to handle illness-related problems. They experienced greater awareness of and utilization of their personal resource for health, gained greater understanding of factors that make their health condition better or worse, and became more active. A strong patient- provider partnership with the systematic use of patient expertise, the group processes and Bodyknowledging used as a frame, was identified as key ingredients of the intervention.

Conclusions

The Bodyknowledging Programme (BKP) was confirmed as a relevant tool for co-producing health in long-term illness. A strong patient-provider partnership with the systematic use of patient expertise, the group processes and the model itself, was identified as the interventions active ingredients. The research findings confirm that the intervention is broadly applicable across diagnostic categories and clinical settings. The engagement of patients and the professionals competence in utilizing patients bodily knowledge of health and illness had an impact on the results.

Comments

The new intervention was tested in hospitals and in community health care in Norway and found to be a useful and flexible tool for person-centered care, rehabilitation and health promotion in the context of long-term illness. In this presentation, the components and parts of The Bodyknowledging Programme will be emphasized according to Möhler et al (2012) criteria -list for reporting first-stage development of complex interventions. Results will be described and discussed.

Contact: HEGGDAL Kristin

University of Stavanger
NO-4036 Stavanger
4036 Stavanger, NOR
kristin.heggdal@uis.no

“Heart to Heart” - A project for implementing awareness of cardiovascular risk and prevention of cardiovascular disease “gender oriented”

BUFFOLI Francesca, BRUNAZZI Maria Cristiana, LONGHI Susy, TARTARONE Federica, PEASSO Riccardo, MARTINELLI Mara Chiara, BOSCAINI Renzo, SPEZIALI Alessia, PAGANINI Doriana, BOZZADA Anna Laura, STORTI Piervincenzo, TIRON Camelia Gaby

Introduction

There are diseases, such as cardiovascular diseases, which are perceived as eminently men’s health and that, actually hit in an equal, if not greater, even women’s health. In Europe, cerebral vascular heart disease is responsible for 43% of deaths in men, while the woman is the cause of 55% of the deaths, three times the number of victims of all cancers combined. The phenomenon is likely to increase, in relation to the increase of life expectancy in women.

Purpose/Methods

Aims The results of a survey carried out in our company in 2011 on our territory, in a sample of 2,783 women aged peri menopausal, clearly indicate poor awareness of cardiovascular risk as a leading cause of death in women, and very limited knowledge of the main cardiovascular risk factors; consequently important preventive measures, such as proper nutrition and physical activity are extremely deficient, quite independently of age and education. All this is in agreement with what reported in literature, being, however, scientific evidence in respect to this topic, very poor. The ASL-Local Healthcare Company Mantua and the Carlo Poma Mantua Hospital, part of efforts to spread the culture of medicine in general, have a planning aimed at the prevention of cardiovascular disease, which, in a "gender oriented", is aimed at improve attention and prevention in the most underprivileged population, the female population. Methods The planning has as an element characterizing the performance of a new and more extensive epidemiological investigation, designed for women of a wide age range, from 25 to 64 years old, through the invitation to the compilation of a specific questionnaire, attached to the invitation to performance of screening - already in place - to be delivered simultaneously to their access to health services for

the execution of the same performance. The survey will be used to photograph the current state of knowledge and perception of cardiovascular risk, allowing to investigate even the stripes youth, which is particularly significant in the educational and preventive intervention. In parallel and in a smaller number of cases, the same screening, will be given a card of cardiovascular risk, which will be a real prevention intervention.

Results

Information and cardiovascular prevention in women invited to the clinic for Pap test screening. On letters of hospital discharge also, shortly, will include a recommendation the attention of the medical department to the correct assessment of glomerular filtration rate in females, in order to use the more correct drug dosage

Conclusions

All hospitals of the Mantua district have shared with the ASL the common goal of implementing and spreading the culture of the "gender oriented" in the health care and cooperate to realize the planned actions. Over the next year, following the first processing of the information collected, will be organized an information event, to bring the partial results obtained.

Contact: TIRON CAMELIA GABY

Azienda Ospedaliera "Carlo Poma" Mantova
A. Toscanini Street
46019 Viadana (MN), ITA
camelia.tiron@aopoma.it

Post-acute care for stroke patients in a health promotion hospital

LIAO Miao-Yu, LAI Chung-Liang, LEE Meng-Chih

Introduction

In 2014, Taiwan National Health Insurance Administration has launched a Post-acute care project. It provides post-acute care program in the hospital ward which include medicine, rehabilitation and caring for stroke patients who just discharged from acute ward within one month. There are total 39 teams with 129 regional and community hospitals joining this project. The purpose of this study tries to find out the initial performance at a health promotion hospital.

Purpose/Methods

The basic and functional outcome data were collected from a regional health promotion hospital, which served the greatest stroke patients who join this post-acute care project in middle Taiwan from Feb 2014 to Nov 2014. This hospital has independent ward and multidisciplinary comprehensive team.

Results

During this period, total 40 patients (3/4 came from nearby medical centers) discharged from this project and the average length of stay was 55.4 days. The average age was 61.5 years



old and male /female ratio was 24/16. The average Bethel index improved from 39.7 to 70.1, and the average Modified Rankin scale changed from 3.8 to 3.0. About 85% patients could go back live independently at their home or in the community.

Conclusions

This is the first post-acute care project found by National Health Insurance Administration in Taiwan. The initial function outcomes look good in this health promotion hospital. But it needs more cases to make sure its effect and the connection with acute medicine and long term care.

Comments

Postacute care program can enrich and promote the services and function of a health promotion hospital.

Contact: LEE Meng-Chih

Taichung Hospital, Ministry of Health and Welfare,
199, Section 1, San-Min Road
403 Taichung, TWN
mengchihlee@gmail.com

VIP (Very Integrated Program) project: Health Promotion for Alcohol and Drug Abusers

HOVHANNISYAN Karen, SKAGERT Eva, TØNNESEN Hanne

Introduction

Drug and alcohol addiction often accompanied by risk factors such as heavy smoking, poor nutrition and physical inactivity as well as increased co-morbidity. A cross-section Health Promotion could have a major potential for better outcomes for these patients.

Purpose/Methods

The aim is to identify the presence of comorbidity and lifestyle risk factors, and to evaluate the effect of adding the VIP program to usual alcohol/drug treatment. 400 adults with alcohol and drug dependency are screened. 240 patients included if they have at least one health determinant (HD) and at least one co-morbidity. Primary outcomes are compliance to addiction treatment and alcohol or drug-free days. Patients randomized to control or intervention groups. Both groups followed up for two years.

Results

322 patients were screened, age 51 years (23-79), 33 % were women. 71% were alcohol dependent and 53% drug dependent. The 93% had at least one HD and 54% had two or more. 75% were smokers, 59% had overweight and 35% were physically inactive. 70% of the screened had at least one co-morbidity. 41% had heart disease, 25% respiratory disease, 26% liver disease and 7% had diabetes. 214 patients (66%) was subsequently included in the RCT.

Conclusions

The preliminary conclusion is that there seems to be a major need for additional health promotion activities among substance abusers.

Contact: HOVHANNISYAN Karen

Clinical Health Promotion Center, Lund University
Flygelvagen 101
22472 Lund, SWE
karen.hovhannisyang@gmail.com

Session O2.3: Health promotion for children, adolescents and parents in and by hospitals

Developing a Model for Child & Family-Centred Care in Partnership with Patients and Families

SAPPLETON Karen, GEE Stephanie, KAROLY Aliza, KARMALI Karima, KEILTY Krista, MAURICE Gabrielle

Introduction

The Hospital for Children (SickKids) Model of Child and Family-Centred Care (C&FCC) provides a base from which to build on existing strengths and advance C&FCC at SickKids. Early experience with the model suggests that, through its application, the model has potential to positively influence processes and outcomes of CARE (Clinical practice, Administration, Research & Education) across the organization. This model reinforces the importance of respect, communication and partnership as key elements of child and family-centred care philosophy at SickKids.

Purpose/Methods

This presentation will describe the development and early use of the C&FCC Model at SickKids, including significant patient and family engagement in the conception of the model. The development of this model was a process that required many reviews with and guidance from children, families and staff. Specific examples of how the model has been applied to the development, implementation, and evaluation of CARE initiatives, which target the child, family, hospital, and community and health systems, will be presented.

Results

The SickKids Model of C&FCC incorporates current theories and best practices of C&FCC, including evidence gathered from consultations with youth, family advisors and key hospital stakeholders. The model was officially launched during the first SickKids C&FCC Week in June 2014, when the model was showcased in action from the perspectives of children, families and healthcare providers. The core elements portrayed in the model—respect, communication and partnership—are used as a framework for exploring actionable ways to enhance C&FCC initiatives.

Conclusions

The SickKids Model of C&FCC helps promote a shared understanding of C&FCC and will enhance excellence in C&FCC. The model provides a base from which healthcare providers can engage patients and families in the delivery of CARE across the organization. The model has influenced positive outcomes for children and families in select projects (e.g. family presence at nursing shift handover, increased access to interpretation services) by promoting optimal health, ensuring patient safety, achieving health equity and maximizing the patient experience.

Contact: SAPPLETON Karen

The Hospital for Sick Children
555 University Ave., M4C5K9 Toronto, CAN
karen.sappleton@sickkids.ca

A 4-years Speak up experience in Bambino Gesù Children's Hospital

**RAPONI Massimiliano, CELESTI Lucia,
CONTE Maria Stella, CATENA Sara,
PALAZZINI Chiara**

Introduction

In 2010 we started a process of "Collection of Needs" bed to bed, child by child, family by family, the goal of this pathway being to satisfy the families and children's needs during their hospitalization. Due to the huge number of hospitalizations (accounting for 26.000 admissions each year) we realized that collecting a 'paper' questionnaire did not satisfy our intention of really understanding patient's needs and tried to identify alternative solutions.

Purpose/Methods

Since 2013, data are collected by an electronic interface with a specific application made to be measured by Hospital Information Systems. Data is entered directly through a tablet and processed through a system that, in real time, offers the possibility of an immediate overall picture in which we can understand the strengths and challenges of the hospital departments

Results

the interviews were collected in all the hospital departments and accounted for 526 during the year 2010 1850 during the year 2011 2668 during the year 2012 3039 during the year 2013. Employing electronic devices helped us in communicate immediately to the directions the challenges for each department and identify concrete solutions for them. The interview often becomes an opportunity for a more intimate conversation: for this reason they are performed by Counselors, professional experts on Interpersonal Communication.

Conclusions

Listening is important, but even more important is to solve the problems that are reported. In our data, customer satisfaction

is the higher the more the administration of the hospital can provide concrete answers to the reported needs.

Contact: CATENA Sara

ospedale pediatrico bambino gesù
p.zza S.Onofrio, 00165 rome, ITA
sara.catena@opbg.net

Systematic comforting intervention effectively reduced the fear of children receiving intravenous puncture

WU Ming-Chun, CHIOU Yann-Fan

Introduction

Children's fear in response to invasive medical intervention is stronger than adults.

Purpose/Methods

To reduce the fear of children receiving intravenous puncture and to enhance the comforting effectiveness during the procedure. 1.Allowing the child to select the painted corners in the treatment room for IV procedure. Along with soft or lived music playing during the procedure. 2.Utilizing stuffed dolls and role playing in pre-procedure explanation. Operating turning materials, deep breathing, and number counting to distract child during procedure. Offering selection of rewarding gifts after the procedures.

Results

Eighty percent of the children actively reached the devices in the treatment room before procedure. Seventy percent children compliance deep breath and number counting during procedure. Ninety percent children stopped crying and actively choose their gift after procedure. The comfort time reduced to 5 - 10 minutes.

Conclusions

By applying various technique and devices, a systematic comforting intervention can effectively reduce the fear of children receiving intravenous puncture.

Contact: MING-CHUN Wu

Lo-Hsu Foundation, Inc., Lotung Poh-Ai Hospital
No.83, Nanchang St., Luodong Township, 265 Yilan, TWN
878055@mail.pohai.org.tw

Article 12: the translation of children's right to participation in healthcare into practice

FLOTTEN Kjersti, GUERREIRO Ana Isabel

Introduction



Children have the right to be heard and their views taken into account in all their life settings. The present paper aims to map current child experiences in translating children's right to participation in healthcare into practice, namely through:

- the importance of communication in healthcare and the right to information;
- the right to participation in decisions affecting their own health;
- the right to participation in assessment, planning and decision-making processes in healthcare.

Purpose/Methods

The research was carried out through a literature review, including scientific databases, grey literature, ad hoc surveys and personal communications with health professionals.

Results

There has been significant progress towards fulfillment of children's right to be heard in the healthcare setting. Communication with children has been given increased importance; countries have adopted legislation protecting children's right to informed consent and there is ongoing debate on criteria for informed consent, the role of parents and children in decision-making processes, etc. Children are also becoming more and more engaged in decision-making processes across countries. On the other hand research shows there is still need for improvement.

Conclusions

There is a lack of effective communication with children and a need to address attitudes, knowledge and skills of health professionals, parents and children themselves; to understand further how information is shared with children and how decision-making takes place in healthcare; and to conduct further research with children themselves. There is a significant gap between adopted legislation and hospital policies; and there is an evident need for further investment in children's participation in the planning, assessment and decision-making processes.

Contact: FLØTTEN Kjersti

Akershus university hospital, Norwegian HPH
P.O. Box 1000
1478 Lørenskog, NOR
kjersti.flotten@ahus.no

Session O2.4: Promoting the mental health of patients and community citizens

Does user involvement in research result in a different kind of knowledge?

LOTFHUS Ann-Mari

Introduction

The experiences and opinions of service users are important sources of information in evaluation health services and treatment outcomes, and may be lost if the users' perspective are not included in a research project. In the field of health service research The Norwegian authorities and other funders require service user involvement as a precondition for financing projects. The combination of evidence based knowledge and experience based knowledge in the field of medical science, build up a new practice.

Purpose/Methods

The Norwegian Directorate of Health funded a project called "User Ask User about Assertive Community Treatment (ACT). ACT is an evidence based treatment for severe mental illness. The project became an instructive way of combining user involvement, evidence based practice and research methods. The user experts were included on every part of the project, from development of a survey, interviewing, analyzing the results, and publishing scientific papers. One of the user experts is doing a PhD related to the project.

Results

The project gave useful insight in the ACT users' experiences in a Norwegian context. The users were pleased with the services and the outreach elements. The scaled questions were mainly international instruments, and made it possible to compare with other studies. Open-ended questions gave more insight into what was considered beneficial and not with involvement from an ACT-team.

Conclusions

The combination of different kinds of expertise in a research project has several advantages. It is a way of ensuring the quality; it raises relevant research questions and gives the research team a more total insight in to the field. It gives an increased understanding between the groups, and gives credibility in different milieus in the mental health field. In this case, it also became an important part of the political decision making, and expansion of ACT teams in Norway.

Contact: LOFTHUS Ann-Mari

Akershus University Hospital
Lofthusveien 16
3614 Kongsberg, NOR
loft@ahus.no

Perceived mental health – a basis for assessing comprehensive health needs

MJØSUND Nina Helen, ESPNES Geir Arild, ERIKSSON Monica, VINJE Hege Forbech

Introduction

In the study; Positive mental health - from what to how, perceived mental health was explored. Significant knowledge aiming to understand person-oriented health promotion can be found in individuals' experiences from everyday life. Persons

diagnosed with mental disorders seem to be overlooked as sources of credible and useful knowledge of mental health. Co-produced knowledge on mental health from the patients' perspectives is required to support salutogenic life processes in mental health hospitals and address comprehensive mental health needs.

Purpose/Methods

Applying a salutogenic approach and an interpretative phenomenology analysis (IPA) methodology, twelve former psychiatric inpatients were interviewed aiming to explore how they perceived positive mental health. An advisory team consisting of important HPH stakeholders; three service users and two relatives (not the same as the twelve participants) were assigned to collaborate with the researchers in all stages of the research process. The involvement of the advisory team aimed to strengthen the clinical relevance and quality of the research.

Results

The participants understand positive mental health as a movement, expressed both in an everyday spoken language and with a body language. The participants' understanding took into consideration how multi-dimensional domains of life influenced and constituted mental health in their daily life. Perceived mental health was characterized by holism and a sense of energy. In addition, a model of service user involvement in research has been developed to describe contributions of the advisory team on different stages of the research process.

Conclusions

Qualitative research methodology and user involvement are particularly suitable to support the co-production of health knowledge. Practical experiences from sharing mindsets and utilizing knowledge of service users in the research process are relevant. Further, the significance of the findings will be discussed in relevance to mental health promotion and to stakeholders of the healthcare services. Lived experiences of persons diagnosed with mental disorders proved to be important sources to the understanding of positive mental health and patients comprehensive health needs.

Contact: MJØSUND Nina Helen

Vestre Viken Hospital Trust

Wergelandsgt 10, 3019 Drammen, NOR

sbmjon@vestreviken.no

The C-Flex team. Assertive outreach for people with severe mental health and/or substance abuse in a different manner.

ANDERSEN Bror Just

Introduction

When establishing assertive outreach services for people with prolonged, severe mental illness and / or severe substance abuse disorder in Norway the answer has largely been establishing ACT-team or similar with diagnosis based

admission criteria. The risk is however that one creates new errors in the patients flow and new groups falling outside treatment, relative to the goals. In Baerum we turned it upside down, and the 01.01.12 we established a collaborative team where the main admission criteria is poor or total lack of connection to health or addiction services. Diagnosis is not the basis for admission, and age is immaterial.

Purpose/Methods

The project has developed a flexible, functional, committed collaboration model for primary and secondary mental health and substance abuse services; the C-Flex model. We have created an interdisciplinary team of employees in fractional positions also still staying in their initial positions. The evaluation examines the effects of the C-Flex approach on the target group's functioning, quality of life, substance abuse and mental health state. We seek to answer these questions through mapping, using validated measuring instruments and through reviews of changes in known risk and protective factors. In line with ethical considerations the evaluation built up as an intervention study with cohort design. Registrations of outcome variables are at admission to treatment, and the retrospective 12 months before and prospective 12 months after.

Results

The inclusion of patients started 01.2012, and by December 2014 we have included 211 patients and 31 of these are included in the quantitative data set. The evaluation has much parallelism to the national evaluation of the ACT-teams in Norway. The presentation will focus on methodical approach, experiences after three years and results of the effect evaluation.

Conclusions

After three year of existence, the C-Flex team in Baerum appears to have fulfilled most of its goals and seems to have the desired effect.

Contact: ANDERSEN Bror Just

Baerum DPC, Vestre Viken HT

Rådmann Halmratsvei

1301 Sandvika, NOR

broand@vestreviken.no



Session O2.5: Promoting staff health through comprehensive occupational health management approaches

Sustainable management strategies in a HPH hospital in radical change

ORVIK Arne

Introduction

Changes in hospital organizations can influence the quality of patient care and work health for professionals. However, potential negative effects can be overshadowed by economic and technological conditions. When Akershus University Hospital moved from a traditional building to a new, high-tech one in 2008, the ambition was to become patient-friendly and cost-efficient through extensive digitalization, changes of work processes and flexible use of health professionals. Against this background, management strategies on the organization, department and ward levels have been examined.

Purpose/Methods

The aim of the study was to scrutinize managers' consciousness on values previous to the hospital transition and their strategies for dealing with value tensions. Fourteen participants were interviewed in a trailing research project. Among them were two present and four former hospital directors, three department managers, four ward managers, and a personnel safety representative. Data were analysed by means of a template analysis model and a critical reflective method for the analysis of values in professional practice and management.

Results

Condensation of meaning units resulted in fifteen subcategories in terms of quality, efficiency and integrity. Three management strategies for dealing with value conflicts were identified; dominance, separation and balancing. They respectively implied to select one dominant value, to treat problems sequentially and separated so that value conflicts are excluded or do not appear, or to balance competing values against each other. Depending on different organizational positions, managers took advantage of approaches by selecting one strategy or by combining strategies.

Conclusions

While department and ward managers mainly engaged on quality issues and top managers mainly on efficiency, all managers were concerned about the integrity of health professionals. They were also concerned about how the high-tech hospital fulfils its mandate in terms of societal effectiveness. The dominance strategy seemed to lead to burnout among managers, while separation implied managers with low credibility. Balancing competing values constituted the most integrative approach, and points towards hybrid management. However, is hybridization sustainable and health promoting?

Contact: ORVIK Arne

Aalesund University College/Akershus Univ Hospital

Box 1517

NO-6025 Aalesund, NOR

ao@hials.no

Health Promotion for Hospital Employees – A Multidimensional Approach

CHUO Ying-Hsiang, LIN Shu-Mei, HUANG Hui-Ting

Introduction

Overlooking the importance of health promotion for themselves because of work overload has been increasing among hospital workers over the recent years. Since health promotion for medical workplace employees encompasses not only the health status of hospital employees but also the working environment and job satisfaction, implementation of health promotion at Taiwan Adventist Hospital is multidimensional that includes improving the working conditions and ameliorating the physical, psychological and spiritual aspects of health of employees.

Purpose/Methods

For promoting physical health, in addition to regular physical check-ups and follow-ups of the problems, all employees are encouraged to increase their physical activities and execute healthy eating assisted by education and hospital's facilities along with health promotion programs designed for employees. Psychological problems are ameliorated by EAPs and hospital chaplain intervention. In order to empower hospital staff in knowing health promotion and practicing healthy lifestyle, implementation of workplace health promotion is incorporated into hospital management tools, balanced scorecard (BSC).

Results

This multidimensional approach of health promotion for hospital staff has been very successful as demonstrated by significant improvement in physical conditions and satisfaction survey of hospital staff. The improvement of physical conditions are evident in regular physical check-ups and fitness tests. Laboratory examinations also showed significant amelioration of blood sugar, total cholesterol, and triglyceride levels among hospital staff with metabolic syndrome. Thanks to the employees' content with working environment, performance and quality of care also improved significantly.

Conclusions

As a model of health promoting hospitals in Taiwan, Taiwan Adventist Hospital has not only been providing best quality care for patients but also been engaged in health promotion for their employees for many years. All the efforts and implementations of workplace health promotion at Taiwan Adventist Hospital have been proven to be successful and can be followed by other healthcare institutions to create a better workplace for healthcare workers.

Comments

Taiwan Adventist Hospital is the first hospital in Taiwan that adopted this multidimensional model of health promotion for hospital staff. Goals of health promotion for employees are integrated into hospital performance management tool, balanced scorecard, as key performance indicators of all divisions so that every hospital worker is supposed to make an effort to achieve the goals. This model of health promotion for hospital staff contributes a lot to health status of hospital employees and the hospital's quality of care.

Contact: CHUO Ying-Hsiang

Taiwan Adventist Hospital
424, Section 2, Ba-De road
Taipei, TWN
chuo@tahsda.org.tw

A model of three dimensions of health in healthy workplaces.

OLOFSSON Ulla, EDSTRÖM Cecilia

Introduction

The vision for Västerbotten County Council is to have "The world's highest quality of health and healthiest population by 2020". The County Council has almost 10 000 employees working in three hospitals, 35 primary health care units, dental health care and habilitation. Västerbotten County Council works with health promotion and healthy workplaces in all levels in the organisation and strives to reduce the risks of ill-health and accidents at work. That improves the working environment in a holistic perspective.

Purpose/Methods

In a healthy organisation the employees carries the vision of the worlds best health 2020 which harmonize with the vision for employees. The combination of these two visions give the managers empowerment to engage the employees in the way they give the patients a good and safe care in an efficient way. The strategy for a healthy workplace is an ongoing systematic psychosocial work environment.

Results

The work to engage and address the organisation, managers and employees in the efforts to reach the vision resulted in a model divided into 3 dimensions of health; Health promotion, prevention and rehabilitation that embraces the whole system for individuals, groups of employees and the organisation. The workplaces organise their own way of healthy workplaces with help of the model to get a systematic work environment that includes planning, implementation and evaluation of tools and guidelines.

Conclusions

Västerbotten County Council has an effective organisation for systematic work environment management. Safety representatives and managers work together in health promotion, prevention and rehabilitation. The results are good psychosocial workplaces with high employees index and satisfied customers.

Contact: EDSTRÖM Cecilia

Verksamhetsutvecklingsstaben
Landstingshuset, Norrlands universitetssjukhus
90185 UMEÅ, SWE
cecilia.edstrom@vl.se

The next step forward – Creating a new organization that integrates patient and employee health promotion, occupational safety and health with our management system for continuous improvements

BERG Anna, ALGELL Emma, STRÖMBERG Rikard

Introduction

Based on the result from a longitudinal quasi experimental intervention study on integrating health promotion (HP), occupational safety and health (OPH) and continuous improvements to promote employee health conducted at Enköping General Hospital between 2011-2013 conducted by Karolinska Institutet, we concluded it is even more beneficial to integrate HP for patients with HP for employees and OPH using our management system for continuous improvements (Kaizen) and create a organization structure and method for it.

Purpose/Methods

Our purpose is to present how we have integrated HP for patients with HP for employees and OSH with a management system for continuous improvements (Kaizen) within one organizational structure which integrates all these areas while also developing the usage of our management system for continuous improvements (Kaizen) on a strategic level.

Results

We have created a new organization (HPHkaizen) which combines our previously separate organizations for HP for patients and HP for employees and OSH. This involves creating new groups both on a strategic and practical level, individual mission statements, tools including annual planning, health matrix and a more systematic way of using statistics. To ensure a higher success rate, we are upgrading our management system (Kaizen) to include the strategic tools balanced scorecard, patient safety inspections and workplace safety inspections.

Conclusions

OSH and HP for employees and patients are often handled separately in organizations. In addition, they are often separated from other systems aiming at improving organizational quality and productivity. This lack of integration prevents optimal use of resources and obstructs efforts to maximize the overall health of employees and patients. Integration therefore seems promising for engaging employees



in HP for patients and employees and OSH by using a management system for continuous improvements (Kaizen).

Contact: ALGELL Emma
 Enköping general hospital
 Kungsgatan
 Enköping, SWE
emma.algell@lul.se

Session O2.6: National policy strategies for promoting health and preventing disease

Health promotion in continuous and integrated care: the role of HPH in the development of National and Regional Health Policy

MISEVICIENE Irena, PUNDZIUS Juozas

Introduction

Aging populations have given rise to increases in noncommunicable diseases (NCD's), multimorbidities and chronicity. This has necessitated a reorientation of health services such that provision of care is proactive rather than reactive. Health promoting hospitals (HPH) and primary health care (PHC) institutions are becoming the most important players in this situation.

Purpose/Methods

Lithuanian HPH Association (LHPHA) having ten years experience in the development of International HPH strategy and twenty years duration of Lithuanian HPH network continuously is working in the direction of health promotion initiatives implementation in the development of national and regional health policies.

Results

Working in close relation with National Health Board (NHB) LHPHA was involved very much in the creation of new National Health Programme (NHP) 2014-2025 based on the principles of European Health Policy Health 2020. One of the aims of NHP is to guarantee the better quality and effectiveness of health care services. The health care is an integrated and people needs oriented care. LHPHA and NHB worked a lot, that the ideology of HPH would be included into political documents and the development of HPH would be supported at regional level also. In 2012 the Regions for Health renewed their activities in Kaunas region. With the assistance of LHPHA the pilot PHC centers were involved into Lithuanian HPH network with the main aim – to improve the control of NCD's with the implementation of second and third health promotion standards using the HPH manual.

Conclusions

The development of HPH since 2015 will start with new capacity- hospitals and pilot PHC centers will collaborate for

development of HPH and health services movement in Lithuania.

Contact: MISEVICIENE Irena
 Lithuanian University of Sports
 Sporto str.4
 LT-44221 Kaunas, LTU
irena.miseviciene@lsu.lt

National Guidelines on disease prevention methods - Evaluation, supporting implementation and information for patients

NILSSON CARLSSON Irène, NYDAHL Katarina

Introduction

The Swedish National Board of Health and Welfare (NBHW) published National Guidelines for Disease Prevention Methods 2011. The guidelines cover tobacco use, hazardous use of alcohol, insufficient physical activity and unhealthy eating habits. NBHW will adapt National Guidelines concerning chronic diseases to the needs in Primary Health Care, which includes integrating recommendations for disease prevention methods. NBHW will prepare information for patients.

Purpose/Methods

NBHW would like to discuss experiences of national guidelines for disease prevention methods based on an evaluation with data from the Swedish health care sector. NBHW will also discuss experiences of integration of disease prevention methods in clinical guidelines for specific diseases and patient's needs for information on recommendations in national guidelines aiming at facilitating the discussion with health care professionals concerning measures and treatments. The presentations shall be followed by interactive discussion with the audience

Results

NBHW will share data on implementation of national guidelines for disease prevention methods in Swedish health care. 80 % of the counties have taken specific actions to implement the guidelines. NBHW will share experiences of integrating disease prevention in disease specific guidelines and results from mapping patients need for information on recommendations in national guidelines.

Conclusions

Our experience of national guidelines for disease prevention methods is in general positive. But it takes time to implement a new working habit in all parts of the health care sector. Patients wish to have more information on recommendations on measures and treatments.

Contact: NILSSON CARLSSON Irene
 National Board of Health and Welfare
 Raalambsvaegen
 10630 Stockholm, SWE

irene.nilsson-carlsson@socialstyrelsen.se

laura.mchugh@hse.ie

Say hallo to a healthier Ireland: Saolta – Healthy Ireland Implementation Plan 2015-2017

**MCHUGH Laura, COWAN Colette,
CONLON Greg, CANNY Melissa, MGINN
Barry, GLEESON Mairead**

Introduction

Healthy Ireland (2013) is a framework to improve the health and wellbeing of the people of Ireland. It proposes a whole-of-government, whole-of-society, integrated approach to health and wellbeing and quality of life. The SAOLTA University Healthcare Group serves 32% of the geographical area of Ireland and is the first hospital group to develop a Healthy Ireland implementation plan; linking the national framework to its strategic plans and identifying actions to improve the health and wellbeing of staff, patients and communities.

Purpose/Methods

A steering committee was established in July 2014 to produce a 3 year implementation plan for the hospital group. Representatives from the SAOLTA Hospital Group, Primary and Social Care, and the Health & Wellbeing division of the Health Service Executive contributed to the development of the plan. The implementation plan is supported by a governance structure at the highest level of management in the hospital group.

Results

59 priority actions have been identified with implementation phased over three years. The actions; which are linked to the goals of Health Ireland, aim to bring about organisational change to improve the health and wellbeing of staff, patients and communities. Employees are recognised as the greatest asset and are central to the implementation of the plan both in terms of actions for staff and also to improve the quality of care delivered.

Conclusions

The SAOLTA Hospital Group Healthy Ireland Implementation Plan is ambitious; taking a multi-faceted approach to improving the health of staff, patients and communities. The process is a good model of cross departmental collaboration to agree priority actions for the hospital group and the wider health service. The high-level governance structure in the group and within the health and wellbeing division has facilitated the allocation of resources and funding for the implementation of the plan.

Contact: MCHUGH Laura

Health and Wellbeing Division, HSE
University Hospital Galway, Newcastle Road,
Galway, IRL

Session O2.8: Symposium: Improving equity and outcome by systematic implementation of clinical health promotion

Improving equity and outcome by systematic implementation of clinical health promotion

SVANE Jeff Kirk

Program for Symposium:

- Welcome and update / JK Svane
 - International baseline data: improving equity and outcome /JK Svane, H Tønnesen, ST Chiou
 - Slovenia /Jerneja Farkas Lainscak
 - Japan /Kuniko Noda
 - Estonia / Kaljo Mitt, Margit Rikka, Tiiu Härm
 - Croatia / S Sogoric
 - Taiwan /Ming-Nan Lin
 - Discussion /All
 - Further perspectives / JK Svane (WHO CC)
- Chairs: JK Svane (WHO CC)

Purpose/Methods

About the symposium In this symposium we will deal with the will issue of improving equity in health by systematically implementing health promotion in hospitals and health services. We will focus on preliminary international insight and experience from the current on-going multi-centre study evaluating a WHO-HPH recognition process for health promotion that introduces a quality management approach to the work and includes a fast-track 1 year implementation within clinical hospital departments. We will have concrete and hands-on examples from clinical departments and countries that have undergone the process already. The presentations will focus on sharing knowledge on fast track implementation of the WHO-HPH process, management of such integrated and complex approaches to health promotion in hospitals and health services, what we can achieve this way, how to improve them and how to recognize performance therein. The symposium will finish with a more general discussion among the participants and speakers of further perspectives, possibilities and challenges to be met in the future.

Contact: KIRK SVANE Jeff

WHO CC Copenhagen
Bispebjerg Bakke 23, 20C, 2400 Copenhagen NV, DNK
jva0004@bbh.regionh.dk



International baseline data: improving equity and outcome (WHO-HPH RP)

**SVANE Jeff Kirk, CHIOU Shu-Ti,
TØNNESEN Hanne**

Introduction

Clinical health promotion (CHP) yields positive impact on treatment, outcome, health gain and patient safety. This fact places CHP as a natural part of quality improvement/management in hospitals. Utilizing a framework of basic and internationally validated WHO and HPH tools, the WHO HPH Recognition Project was designed with the aim of testing a way to assess and acknowledge CHP performance and testing if such a process had any merit in terms of improving health gains for patients and staff.

Purpose/Methods

The aim is to evaluate whether a WHO HPH Recognition Process generates: a) more CHP service deliveries and b) better health gains for patients and staff. The study is a multi-centre RCT and aims to include 88 hospital departments. Already, more than half have been included and allocated to intervention or control group. Intervention group starts process immediately, and control group starts process after one year. Data is collected using WHO HPH tools and SF36 and verified by on-site external audit.

Results

47 of needed departments have been included in 10 countries/regions: Taiwan, Czech Republic, Thailand, Croatia, Slovenia, Estonia, Japan, Canada, Indonesia and Malaysia. 17 departments have completed entire process. 14 departments are currently implementing. 9 are collecting baseline data. 5 are standing by for process start. 2 have dropped out after baseline data collection. Also, 52 semi-structured staff interviews and 48 short patient interviews have been completed in 16 hospitals upon site-visit.

Conclusions

There are significant and ample opportunities to be harnessed in terms of improving equity and outcome by introducing systematic clinical health promotion in a fast-track implementation scheme, such as the project introduces. Further, there is a need for high-level evidence (RCTs) in this area to better understand the actual effects of CHP performance and related assessment and the potential improvements in procedure and, more importantly, resulting health gains.

Contact: KIRK SVANE Jeff

WHO CC Copenhagen
Bispebjerg Bakke 23, 20C
2400 Copenhagen NV, DNK
jksa0004@bbh.regionh.dk

WHO HPH Recognition Project: Estonian experience

**HARM Tiiu, RIKKA Margit, TILGRE Aili,
UUSTALU Alevtina**

Introduction

The Project aims to evaluate whether a WHO-HPH Recognition Process for Health Promotion generates more health service deliveries and better health gain for patients and staff compared to the departments continuing routine clinical practice. Clinical treatment + Clinical Health Promotion = Better Results Immediately (Prof. Hanne Tonnesen).

Purpose/Methods

WHO-HPH Recognition Project is a follow-up on DATA Project, where 3 Estonian HP hospitals participated and gave their contribution in 2012. Estonia has a total of 2 hospitals taking part in the WHO HPH Recognition Process. The 2 intervention group departments are: the Department of Internal Diseases at Põlva Hospital and the Department of Internal Diseases at East-Viru Central Hospital. The Baseline Package and Data Collection were translated into national language and Online Baseline Package was set up in Estonian. To get started, we had to read through the Project Manual, showing us exactly what to do and why? and to see the Project Timeline document which gives for us a detailed step by step view of when each action is to take place. For better understanding and helping us Jeff Svane visited our two participating hospitals on site in Estonia on the beginning of March 2014. He gave for us the presentation „Fast-tracking implementation of HPH in Estonia” and built up the workshop on the WHO-HPH Recognition Project (an international multi-centre RCT). A positive Medical Ethic Committee decision to start was received on 5th May 2014. Põlva Hospital started with project on 5th May 2014 and East-Viru Central Hospital started on 19th May, 2014.

Results

It could be about what it has been like to collect data in real-life:

- The Internal Medical Record Audit – the audit of 50 medical records went on as planned and without problems
- The Patient Survey (Online) – the main issue was reaching the patients afterwards, their low interest filling in the surveys, challenges in understanding the survey questions (age and social related issue)
- The Staff Survey (Online) – all internal departments' staff filled in the surveys, though after repeating reminders
- Motivating the staff to take part in the project in parallel to the day-to-day intense clinical work was very challenging. Team work was based on voluntary participation, relying on the own resources of the hospital.

Conclusions

What do we do currently? What could we do to improve? We just have passed WHO HPH Recognition Project's 4 steps and started with the 5th – Implementation of Quality Plan. The fruitful discussion and collaboration among the participants and speakers of further perspectives and possibilities will be a

challenging task, requiring continuing efforts, but which we hope to fulfill!

Contact: HARM TIJU

National Institute for Health Development, Estonia
Hiiu 42
11619 Tallinn, EST
tiju.harm@tai.ee

WHO-HPH Recognition Project in Slovenia: An interim report

FARKAS Jerneja, SOTLER Robert, JUG Borut, LAINSCAK Mitja

Introduction

In 2011, Slovenian hospitals have reached a turning point in an awareness and interest to adopt strategy of health promoting settings. Crucial was the establishment of the Slovenian HPH Network, which encourages and helps hospitals to systematically integrate clinical health promotion in their professional, research and teaching routine and supports adopting the principles of prevention in their organizational structure and culture. This mission is fostered through participation in international WHO-HPH Recognition Project.

Purpose/Methods

The aim of this randomized clinical trial is to evaluate whether a recognition process (that supports implementation of clinical health promotion in hospitals) generates better health gains for patients and hospital staff. Using Slovenian HPH Network, we invited member hospitals to participate in a snapshot assessment, action planning and implementation with reassessment after 12 months.

Results

In first phase, two hospitals joined the project, with additional hospital accepting participation after second invitation. Project is performed at departments of internal medicine in all three hospitals. Currently, one department dropped out after baseline data collection, one is collecting baseline data and one is about to start the follow-up data collection.

Conclusions

Slovenian HPH Network facilitates WHO-HPH Recognition Project in three hospitals. Assessing hospitals departments' performance in relation to the implementation of clinical health promotion activities and standards is relevant for quality management.

Contact: FARKAS Jerneja

Faculty of Medicine, University of Ljubljana
Zaloska cesta 4
SI-1000 Ljubljana, SVN
jerneja.farkas@mf.uni-lj.si

Baseline data collection has clarified target area which should be improved

NODA Kuniko, FUKUBA Isao, INAMURA Mayumi, HIROSAWA Kyoko, TANAKA Ikuko, KUMAKURA Masaaki, SATO Tomomi, RA Shoushou, MASUDA Tuyoshi

Introduction

We have been working on the health promotion of local community. We have also taken our principle on that patients must understand their own diseases and proceed with treatment in cooperation with medical workers. But no one even knows whether it's useful for patient and community. Because we have never measured it. Therefore, we decided to join this project, in hopes that HPH Recognition Project should help to improve our health promotion in daily practice and activity.

Purpose/Methods

We collected baseline data from healthcare records, patient-survey, staff-survey, and organizational data according to Project manual. It took us 3 months to finish them and more 2 months to assess and describe the results and make an improvement plan.

Results

We found insufficient documentation, integrated information and intervention. We noticed that we didn't have appropriate program and standard tools for motivation and intervention, follow-up. In addition, there are some staffs work too long hour, and other group of staffs are not given education on sanitation and safety, acquiring full awareness on workplace risks.

Conclusions

We have begun to do our improvement plan just now. But we are sure that we will be able to report our advanced status at RP symposium. Because we found our baseline status, our strong area and weak area clearly. It is the vital step at first. And this RP should be an useful tool to evaluate patient's reception of our work, and to bring certain improvement on the evaluation system.

Contact: NODA Kuniko

Saitama cooperative hospital
1317 Kizoro
333-0831 Kawaguchi, JPN
k-noda@mcp-saitama.or.jp



Session O2.10: Symposium: Tobacco end game - not just for politicians?

Symposium: Tobacco 'endgame' – not just for politicians?

GUNNING Miriam

Tobacco 'endgame' has emerged in recognition of the global public health emergency created by tobacco use and tobacco promotion. <http://www.endgameconference2013.in/>

This symposium will present and discuss tobacco control approaches, challenges of Snus, E-Cigarettes, "alternative" products and the significant contribution being made by health professionals and health service to the Tobacco 'endgame'.

Chair: Gry Kjevik, Norway

14.10: Norway's legislation to deal with Snus, E-Cigarettes, and plans towards a Tobacco-Free Norway. Dr. Astrid Nylenna, Senior Adviser on Tobacco, Health Department, NORWAY

14.20: Changing world of tobacco - challenges from 'alternative' products & E-Cigarettes Declaration, Dr. David Chalom, Doctors Against Tobacco, SWEDEN

14.30: Success & Challenges: Tobacco-Free Finland 2040, Dr. Sinikka Krogerus, Specialist in Pulmonary Diseases, FINLAND

14.40: Innovative cessation support ensures consistency & sustainability; – QUIT.IE, Ms. Fidelma Bowne, Communications Department, Health Service Executive (HSE), IRELAND

14.50: Questions

15.00: Discussion

Contact: GUNNING Miriam

HSE

Nexus Building, Blanchardstown Corporate Park

Dublin 15 Dublin 15, IRL

miriam.gunning@hse.ie

Session O3.1: Developing and applying tools for improving patient health literacy

Person-Oriented Health Services – Why, What and How?

HÖGLUND Pär, HERTTING Anna, KRISTENSON Margareta

Introduction

In Sweden chronic disease constitutes about 80% of the disease burden, and constitutes large and increasing demands on health services. The Swedish Ministry of Health and Social affairs has, therefore, devised a national strategy on how to prevent and treat chronic disease. Cornerstones are knowledge basis, person-orientation and prevention. As a part of the implementation of this strategy, the Swedish HPH network has been assigned to develop information-sheets for decision-makers and co-workers in health services on person-oriented care and prevention.

Purpose/Methods

This presentation shall describe the process and development of the information material on Person-centered health care, and the outcome in terms of information material but also of a shared understanding of central concepts. One objective of this work was to describe how different concepts are related and, especially, to identify and describe the common core in person-oriented and health-oriented care. A second objective was to describe tools which can enhance the development in this direction in health services.

Results

Through a process including two workshops with several stakeholders, a synthesis of the different knowledge areas have been done and central domains described. Also, new technologies e.g. IT services for learning and self-care are described. Finally, the importance of an explicit value base for health services is discussed and how national quality registers can be tools for this development. The information sheet shall be launched at the Swedish national HPH conference in March 2015.

Conclusions

The process of developing information material on person-oriented care has been an important vehicle for discussions between different areas of competences and has thereby identified and described the broad common core in person-oriented and health-oriented care. Also, important tools which can enhance development in this direction in health services have been identified and described. The information material, and experiences of this dialogue, shall be used in coming work to develop a more health- and person oriented health service.

Contact: KRISTENSON Margareta
Dep of Medicine and Health
Hälsan Hus
s 58183 Linköping, SWE
margareta.kristenson@liu.se

Comic Health: an intercultural communication aid for reducing barriers to healthcare

RANJBAR Vania, WERNERED Ida, WOKSEPP ÅLEHEIM Elin, HOLMBERG Stefan, RUTGERSSON Lottie, SCHÖNANDER Marie

Introduction

Angered Hospital faces a number of socioeconomic and cultural challenges. Misconceptions and cultural diversity contribute to many missed medical appointments and language barriers result in deficits in communication – thus compromising accessibility to and quality of healthcare services. Reports show that residents disapprove of using interpreters but every year thousands of medical appointments require use of interpreters – thus compromising acceptability of healthcare services. Increased use of IT-based communication aids may alleviate these challenges.

Purpose/Methods

Accordingly, Angered Hospital initiated the Comic Health (Communication Health) project. The objective is to develop an electronic service: an intercultural communication aid in the form of an interactive picture book with images and voice recitations in various languages to explain procedures before, during, and after medical appointments. Product requirements were specified by developers, healthcare staff, and potential users, taking a pedagogical and patient-centred approach. The product is currently being tested, validated, and quality assured.

Results

Preliminary results from diabetes patients indicate that a majority reported better understanding of provided health information (39/48), better understanding for the delivered care (41/48), and increased knowledge about their illness (35/47) due to Comic Health. Healthcare providers perceived that they could communicate health information more efficiently (27/34), pedagogically (32/34), and safely (22/34) with Comic Health. No patient or healthcare provider reported not benefitting from Comic Health. All but one patient and one healthcare provider would recommend Comic Health to others.

Conclusions

Greater ability to assimilate information, prepare for medical appointments, and adhere to treatment has the potential to empower individuals with regard to their health. Preliminary results suggest that Comic Health has potential to address health inequity through multilingual, culture-sensitive, and



patient-centred communication, producing healthcare that is in line with the AAAQ framework—available, accessible, acceptable, and of good quality—and, thus, is in accordance with the human right to health as declared by the United Nations.

Contact: RANJBAR Vania
Västra Götalandsregionen
Angered's Torg
424 22 Angered, SWE
vania.ranjbar@vgregion.se

The Impact of an Integrated Computerized System of Patient Education on Clinical Practice

SU Chia-Hsien, TSAI Li-Yun, HUANG Li-Chi, CHANG Yu-Shang

Introduction

Education can make patients be aware of their disease process and potential treatment options. Healthcare providers are increasing awareness of the impact of poor health literacy on health outcomes. However, healthcare providers usually respond to the pressure of limited time. The tight times may have spent for patient education, but assessment of patient educational needs and the findings documented in patient's record are still frustrated by the lack of time to support it.

Purpose/Methods

The purpose of this study was to explore the impact of a computerized system of patient education on the documenting time and percentage of completing documentation on patient education. The study was a cross-sectional quantitative approach by reviewing patient's record from 1 February to 30 September 2014. A total of 51,200 of patients' education documentation were checked by IT technicians at a medical center in Taiwan. Observations on 340 healthcare providers documenting were done to gather the time length.

Results

This study showed that the percentage of completing documentation was from 58% up to 100% after introducing computerized system of patient education. There was significant reduce the time of documentation (2.13 mins to 0.47mins) after applying the computerized system of patient education(p

Conclusions

All information became a part of the patient's permanent medical record, including information and skills health providers have taught, teaching methods, patient's response to teaching and evaluation of learning outcomes. The computerized systems not only assists healthcare providers to assess patients or family's education needs, but also shorten the time of documentation and increase the percentage of completed documentation. It is a helpful tool to enable healthcare providers to perform an effectively and efficiently health education in the time.

Comments

The computerized system was formed using ASSURE teaching model. It provides a comprehensive concept for healthcare providers to view patient health education and collaborate with each other. The system was intergraded with nursing informatics system and health promotion website. It will enable nursing professional to provide sufficient information in various way, including education videos through mobile phone App.

Contact: SU Chia-Hsien

China Medical University Hospital
No. 2 Yu-Der Road
40447 Taichung, TWN
n2016@mail.cmuh.org.tw

Blood Pressure: Today's Health Alarm

JANG Yunhee, AHN Juhee, PYOUNG Yousung

Introduction

About 5,270,000 patients are suffering from hypertension which equals to 11% of Korea's total population(111 out of every 1000). The fact that for every 20mmHg and 10mmHg rise to the systolic and diastolic blood pressure accordingly, the risk for cardiovascular and cerebral vascular complications doubles is well known. With the rate of obesity and metabolic syndrome increasing these days, early diagnosis and treatment of hypertension has become critical. National Medical Center(NMC) and Suwon Hospital decided to work on publicizing the importance of self-measuring, checking one's blood pressure and putting the self-measurement habit in place. we expected to achieve higher diagnosis rate, drug compliance rate and treatment success rate of hypertension.

Purpose/Methods

In 2014, 20 people from NMC, Public Health team of Suwon and volunteers operated a program for 8 months in establishing healthy habits on 100 visitors of a community center. We demonstrated self-measurement of blood pressure and explained what the measured values states for once every month. We also selected 20 seniors over the age of 60 and educated them one-on-one in measuring their blood pressure twice every day either at waking, 10am, 4pm, or before bed. Volunteers would also text message once every week asking 'Have you measured your blood pressure today?' along with a diagram self-measurement method of the blood pressure. When the volunteers receive questions from the patients, they relay the message to a professional nurse.

Results

6 months later, the community center placed 2 devices for visitors to self-measure their blood pressure. Through 3 random checks, we discovered 70% of the visitors were able to properly measure their blood pressure with the devices. Also, the subjects that were targeted for the one-on-one education showed high satisfaction and increased interest in the

treatment of hypertension. Their average days of taking medicine went up from 24 days out of a month before the education to 30 days after the education. They also requested a one-on-one education for measuring blood glucose level.

Conclusions

We have educated hypertensive patients with self-measurement methods of blood pressure and the importance of regular measurements and medications. In result, we have increased their attention on hypertension. As for the senior patients who went through a one-on-one education session, we could see that their will for treatment increased as a result of the young volunteers bonding with the seniors and constantly relaying supportive messages through their cellular devices. It was noticeable the question is increased for the effect of the movement as well as medication,

Contact: JANG YUNHEE

National Medical Center

245 Eulchi-ro, Jung-gu, Seoul 100-799, Korea
Seoul, KOR

dearyunhee@gmail.com

Session O3.2: Health information and training for children and adolescents

A Report on a Lecture Series on Childcare. To support Parenting is to Build a Town Comfortable for Everybody.

TAKEI Kazuki, KOBAYASHI Kayo, ARAI Kiyoshi, WATANABE Takao, KAGAYA Akira, MURAKAMI Hiromi, WATANABE Takao

Introduction

Our hospital is in Nagareyama City, in a suburb of Tokyo, which has increased in population especially of children. Our hospital exclusively covers paediatric emergencies during the night time and holidays in the city, and emergency paediatric consultations have grown from 3,316 cases in 2003 to 8,000 in 2012. We organized a Lecture Series on childcare by a paediatrician in order to alleviate young parents' anxiety and promote wise interactions with the doctor.

Purpose/Methods

The lectures were held with the co-sponsorship of collaborating residents and the hospital with the support of the City Board of Education. Advertising posters were put up in public facilities and cafés. The venue was a newly developed residential area, and a baby care room was set up for the convenience of young parents. The theme of the first lecture was decided by the

paediatrician in charge. Later, the theme was decided on the basis of the attendees' requests.

Results

The lectures were held three times in 2014 referring to allergies, avoiding accidents and wise consultation. The number of participants was 92 in total. All were raising children. The participants were asked to complete a questionnaire, which had a return rate of 68.5%. Almost all participants were satisfied with the project. Many people proposed interesting themes for the next lecture. More than half of participants got information spread from participants to acquaintances by word-of-mouth, web logs and so on.

Conclusions

This project demonstrates that the demand of child care is so large in our community that participants made future plans about similar events and spread the information. The project links the hospital with the child-rearing generation who is ordinarily not connected to the hospital. It also promotes connections between each other among individuals in this generation, which prevents isolation.

Comments

This project makes new network that will be useful for parents to exchange childcare information and, in the future, to become collaborators in promoting local healthcare.

Contact: OHNO Giichiro

Tokatsu Hospital

409 Shimohanawa

270-0018 Nagareyama, JPN

oonog@mb.infoweb.ne.jp

Adolescents with long-lasting health challenges. Experience from a group-based training programme

FURUBERG Inger Johanne, RAANAAS Ruth Kjørsti, HAUGSTVEDT Karen Therese Sulheim

Introduction

Chronic illness is a challenge that interferes with everyday life both to the person affected and to their families. Adolescence is a period of major changes physically, mentally and socially. With long-lasting health problems there may be further challenges in taking care of their own resources, education, family, friends and leisure. In an educational training programme to adolescents with long-lasting health problems the aim was to highlight and promote their health by supporting their ability to live with their problems.

Purpose/Methods

The aim of this study was to develop knowledge about how participation in a group-based training programme is



experienced to promote health among young people with long-lasting health problems during their transition to adulthood. We used the qualitative inductive method of modified Grounded Theory. It was conducted two focus group interviews, one individual interview and four telephone interviews with a total of eight informants, between 15 and 18 years old.

Results

The participants underlined the value of meeting others in the same situation. Together they felt motivated to work with the themes and activities in the programme, to find the words to describe their situation. They also became more aware of themselves to realize their situation. Four categories were identified; Sense of belonging, Sense of being understood, Sense of self-confidence and Sense of optimism in the future. From these categories we further developed a core category; Sense of enhanced self-esteem.

Conclusions

The group-based educational training programme seemed to promote health among young people with long-lasting health problems in their transition processes to adulthood. After the programme the participants experienced to have more influence on their own health and wellbeing, and they had acquired strategies to cope with their health challenge through an enhanced self-esteem experienced from the sense of belonging, sense of being understood, sense of self-confident and sense of optimism in the future.

Contact: RAANAAS Ruth Kjærsti

NMBU

Post box

1432 Ås, NOR

ruth.raanaas@nmbu.no

Accident Prevention and Treatment in Preschools – A Call from the Hospital

**YOCHAI Shlomit, SHKEDY Debbie,
LEONENKO Marina, ZETLAND Ricki,
NEMET Dan**

Introduction

Accidents are a major threat to children's' health and welfare. About 40% of all admissions to the Pediatric E.R. and about 20% of pediatric hospitalizations are due to accidents. In the last 10 years a downward trend in the number of children hurt by accidents is noted in Israel. However, since preventing all accidents seems impossible, minimizing injury after an event has occurred, and reduction of long-term consequences of injury, by administering proper initial care are crucial.

Purpose/Methods

In order to improve knowledge and first aid skills among kindergarten teachers' assistants, we developed a three and a half hour seminar including frontal lectures and practical training. During the seminar participants got acquainted with

the hospital and lectures on prevention of accidents, common pediatric emergencies and their treatment and were thought basic life support. A survey including basic demographics as well as a knowledge and skill test was performed before and after the seminar.

Results

270 kindergarten teachers' assistants (age 48±10 years) were trained in our hospital. Only 67 of them (22.2%) had any previous emergency training. Compared to pre-seminar, participants felt that their ability (scale of 1-6) to recognize emergency situations significantly improved (from 3.17 to 5.44, $p<0.001$), as well as their knowledge (2.63 to 5.38, $p<0.001$). Objective knowledge significantly improved (3.37 to 5.2, $P<0.001$). Participants were highly satisfied with the course, 87% of them indicated that the training should be repeated yearly.

Conclusions

A single, short, joint hospital-community seminar on accidents prevention and treatment significantly improved the knowledge and skills of kindergarten staff involved in children's daily care. This may contribute to the prevention of accidents, reduction of injuries, disabilities and may even help saving lives. The project represents an overall systematic vision that includes community-hospital continuity..

Contact: SHKEDY Debbie

Meir Medical Center

16 Etzyon Street

44380 Kfar-Saba, ISR

shekedi.debi@clalit.org.il

Session O3.3: Health promotion for older patients through age-friendly healthcare

Comprehensive Geriatric Care Program in a model health promotion hospital

LIAO Miao-Yu, LEE Meng-Chih

Introduction

Taiwan has become an aged society since 1993. Currently there are more than one-third of patients in our hospital who are over 65 years of age and this figure is increasing year by year. As a model Health Promotion hospital as well as Age Friendly Hospital in Taiwan, we are trying to establish a comprehensive geriatric care program from health promotion/disease prevention to acute, intermediate and long term care in both hospital and community settings.

Purpose/Methods

To create a quality, safe and friendly care, we have integrated the principles of Universal Design and Integrated Care to provide comprehensive care ranged from community care, acute care, intermediate care, and long term care and palliative

care. In addition, we have established a multi-disciplinary team to perform comprehensive geriatric assessments and cross department consultation for better care of the elderly. This team is comprised of doctors, nurses, case managers, social workers, dieticians, pharmacists, physical and occupational therapists.

Results

We have 24 beds for Intermediate Care Ward where 80% elderly patients with stroke or hip fracture can go home and live independently, 36 beds for our acute ward where 100% of patients will receive comprehensive geriatric assessment, and nursing home of 190 beds with more than 95% satisfaction rate. Our Integrated Geriatric Clinic, Customer Center, and Education and Health Management Center provide a one-stop service for our elderly patients.

Conclusions

A barrier-free environment, multidisciplinary teamwork and comprehensive services are all important to provide optimal care for the elderly. Our dedicated efforts resulted in our receipt of the award of Distinguished Health Promotion Hospital as well as Distinguished Age friendly Hospital and Friendly Environment Hospital for the Elderly in the year of 2013. We will continually improve our Comprehensive Geriatric Care program through total quality management and total resources management to tailor to the specific needs of our elderly patients.

Comments

We have established a model to combine and integrate all activities of the Age Friendly Hospital, Health promotion Hospital and Environment Friendly Hospital for the comprehensive geriatric care.

Contact: LEE Meng-Chih

Taichung Hospital, Ministry of Health and Welfare,
199, Section 1, San-Min Road
403 Taichung, TWN
mengchihlee@gmail.com

Person-oriented health promotion in a rapidly changing world: Co-production – Continuity – New media & technologies

**VOLIANI Deborah, PERICH Cristina,
FEROCE Claudia, MONCALVO Annalia,
REN KAISER Uliana, GIORGI Elena,
GALOPIN Anna, PAOLETTI Flavio,
BENEDETTI Giacomo, BESANZINI Luisa,
GUIDERA Nelita, BERTOLISSI Silva,
SANSON Sara, SARTORIO Elena,
FRAGIACOMO Emanuela**

Introduction

We present a long-standing experience led by Azienda per i Servizi Sanitari n. 1 "Triestina": Amalia, a prevention and counteraction service against the social isolation of the elderly. Service goals are achieved through constant telephone monitoring and health and welfare promotion with front-office and follow up activities, engagement in the social life of the community and in designed motor-skills classes. The service is active since 1997 and was recently revised and upgraded in its contents, management and supply

Purpose/Methods

Amalia defines several ways to identify potential socially-isolated elderly: research and intervention on unmanifested social needs, notifications from institutional operators, self-notification, community notification. An articulate communication campaign is designed to inform and engage the community, its innovation factors being the involvement of elderly people and service-users and the use of modern tools. Users' reception and service management are digital (management software is net-shared with institutional operators). Acceptance in Amalia is gained through grade-based evaluation forms.

Results

Since '97 over 4000 users entered in Amalia and over 26.000 performances were recorded (network development, domestic interventions, social or psychological support, engagement in socialization initiatives and/or motor-skills classes, drugs delivery, etc.); our research campaigns on unmanifested social needs reached over 3000 elderly living alone; elderly solitary deaths' rate in Trieste decreased from an initial 20 episodes per year to an average of 6 in recent years (the phenomenon's threat level was demoted by the Mental Health Department observatory)

Conclusions

Looking at the elderly population, the area of Trieste shows peculiar aspects: elderly amount to 27% of the total population (32% of them living alone); Trieste is almost 20 years ahead of the rest of Italy, which currently has 20% of elderly and will reach 27% only by 2030 (according to Istat and "Quaderni Europei sul nuovo welfare"). In this scenario it's mandatory to develop prevention paths which must be able to promote health, welfare and a healthy, active aging

Comments

Technology and both old and new media are the core of Amalia organization, a low-requirement access service, led by a mixed strategic group (which includes operators and department heads from ASS, Comune di Trieste and Televita), based on an integrated system of soft interventions. The effectiveness of the service is at its peak during the phase between a totally self-sufficient elderly person and the moment when the institutions must take the caring upon themselves to provide specialized treatment. The service helps delaying this latter phase offering several tools, all focused on domestic care, health promotion and prevention. Activities include a constant telephone monitoring, digitalization and online management of person-related data, social and healthcare front-office, engagement in motor-skills classes, engagement in socializing events, follow up with medical services (post hospital discharge, SNF and PID),



services and voluntary workers' network development, designated services supply. The task of promoting this initiative falls upon a social communication campaign, which provides the general population with information and awareness on the subject using tools such as photo-shoots, advertising bills, informational brochures, table displays, facebook pages

Contact: SANSON Sara

Azienda per i Servizi Sanitari n.1 Triestina
via Sai
34100 Trieste, ITA
sanson67@hotmail.it

An Exploration of informing comprehension Among Hospitalized Elders in Taiwan: A pilot study Examining Outcomes of Informing Processes

CHEN Kai-Li, CHEN Ching-Heuy

Introduction

The elderly population is increasing rapidly in Taiwan and become the major consumer of health care system. Respect for autonomy is the core value of medical ethics. Its implication may be influenced by the family, social and medical culture. Especially for elderly patients, aging may cause a person declining in physical, mental and societal capacity. How to make a medical treatment well comprehending by elders patients in unique culture background, it would be a challenge for the health care professionals.

Purpose/Methods

The research purpose is informing comprehension, the influence factors and expectations among hospitalized elders in Taiwan. A quantitative study with structure and semi-structure questionnaires and face to face interview were conducted in the Geriatric and medical ward of medical center at southern Taiwan. Inclusion Criteria is hospitalized elders, 65 years old and above and being able to communicate with researchers. Cognition expression difficulty and unstable health conditions were excluded. ANOVA and logistic regression analysis were used for data analysis.

Results

After routine medical informing, 9 subjects just one can reply informing content accurately after 4 hours. This research will help medical team understand the informing comprehension, influence factors and expectations of informing among hospitalized elders in Taiwan to meet the principles of biomedical ethics. This study is still in progress and will continue to fill the standard of saturation.

Conclusions

Without sincerely caring for the patient, " Informed consent " is just a tool of the medical staff to avoid legal liability and can not show respect for the patient's basic ethical requirements. However, the phenomenon in common clinical situation is

patients don't express their questions directly to the physician in order to avoid offending the authority. This gap must be recognized by the authority in medical situation to guide questions initiatively to remove the barriers of communication.

Contact: CHEN Kai-Li

National Cheng Kung University
No. 1, University Rd.
Tainan City, TWN
tajen2005@yahoo.com.tw

Celebrating age! Nurturing the spirit of life

CULEN Monica, OBI Marianne

Introduction

The Madrid International Plan of Action on Aging (MIPAA) adopted at the Second U.N. World Assembly on Ageing in 2002, addresses mainstreaming older persons and development, health and well-being in old age and the provision of supportive environments for the elderly. RED NOSES has been engaged in upholding the human rights of elderly persons as one of the three main pillars of our work (the other two being children and rehabilitation patients).

Purpose/Methods

In order to communicate with elderly persons and provide them with an outlet, our highly trained professional artists undergo special training so they can understand the different needs required and cope with the challenges they encounter whilst working together with persons suffering from dementia, multiple chronic diseases, depression. RED NOSES therefore develops tailor-made programmes specially designed to include the physical, psychological and emotional protection of elderly persons plus their active participation and inclusion into society.

Results

RED NOSES invests in raising awareness and transforming the way in which societies perceive, interact with and care for their older citizens. By offering enabling environments we enhance their positive self-esteem, their quality of life and their general well-being. The lives of patients in 53 geriatric hospitals and care institutions in seven countries where we operate such programmes have improved because of our effective sustainable formula for the inclusion of vulnerable groups and fight against social stigmas.

Conclusions

Using humour and laughter to connect and interact with the elderly audience, our artists always convey respect, compassion and dignity no matter what tool or approach they embark on. In capturing the moment, bridges are built between the past and the present. Warm emotional memories are awakened. Feelings of isolation are reduced. Gentle moments of familiar song and music are shared. Age is celebrated! We touched the lives of over 100,000 elderly people in 2013.

Contact: CULEN Monica

RED NOSES Clowndoctors International

Wattgasse
1170 Vienna, AUT
monica.culen@rednoses.eu

Care support for elderly and disabled people by radar sensor technology (RADCARE)

SUDMANN Tobba, BØRSHEIM Ingebjørrg, CIAMULSKI Tomasz, JACOBSEN Frode, ØVSTHUS Knut

Introduction

The task of this Polish-Norwegian project is interdisciplinary development of novel technology for care services. Designing a system for detecting falls by a frail persons living at home is the main goal. We aim at developing a system which is less invasive and provides more accurate information than existing sensor technology, involving typically a unit attached to a person or a video camera. Our paper will convey some preliminary experiences regarding opportunities and challenges in this interdisciplinary project.

Purpose/Methods

Interdisciplinary collaborations involve a joint effort by academic disciplines to produce a solution, do research, etc. Our project has three main academic disciplines; health sciences (occupational and physical therapy, nursing), social science (sociology/anthropology), and electrical engineering. This paper reports on the importance of establishing such an interdisciplinary project to establish applicable technical solutions, and of interdisciplinary experiences with regard to designing a non-invasive system for fall detection. The lessons learned are likely to be applicable to several technology development projects.

Results

Detecting and defining falls are intertwined matters begging for interdisciplinary approaches. The relevance and accuracy of the system developed hinge as much on health sciences insight and health worker experiences as on technology knowledge and experience. Besides a prolonged process of cross-disciplinary sharing of knowledge between engineers and health scientists, a need for continuously working on a common vocabulary has been proven in the project, with regard to strictly scientific concepts and to concepts like "privacy", "risk", "movement" and "fall".

Conclusions

Project tasked to develop novel technology for the health and care sector should be designed as an interdisciplinary collaboration, where insight from health and social scientists and practitioners is as important as technical knowledge. Based on our experience from a project mandated to design a system for detecting a fall by a person, we illustrate some challenges, opportunities and important topics in such a project.

Contact: JACOBSEN Frode
Centre for Care Research, Bergen Univ. College
Mollendalsveien 6
5020 Bergen, NOR
ffj@hib.no

Session O3.4: Addressing lifestyles and stress management of hospital staff (2)

In appreciation of the Decoupage

LEE Kuan-Hui, LEE Sen-Ying, HUNG Ling-Yu, WOO Peter, MA Hon-Kwong

Introduction

In recent years, due to shortage of healthcare professionals, a high level of work stress and work-related burnout was generally perceived. A total of 108 employees in our hospital received our counseling services and psychological support. After analyzing the reasons for counseling of individuals, the most prevalent category was 'emotional factors', followed by 'work-related distractions'. To enhance our employees to attain various sources of stress relief, we invited the Decoupage teacher to our hospital in 2014 June.

Purpose/Methods

The course was divided into two tiers by which employees signed up voluntarily. The basic and advance course was held once a week lasting for two hours and ended after 16 weeks. A total of 34 employees attended the course. Questionnaires were used for evaluation before and after the basic course. The Efficacy of Evaluation Form score between 7 and 35. The higher the score and the wider the range represent a higher sensation of well-being of our subjects.

Results

16 employees completed the basic course and 12 effective questionnaires were obtained. Using descriptive analysis to evaluate the results of the questionnaires, 83.33% of our employees experienced a higher sensation of well-being during the activities; 66.67% of our employees experienced a better sensation of mental well-being after completing the course; and 75% of our employees subjectively reported a lower score in depression severity.

Conclusions

Our hospital initiated stress relief lessons since 2011, for example; the Horticulture ,and the feast of music Ukulele and till now, the art of life Decoupage. Through different subjects, styles and participants, we hope to alleviate the work stress of our employees and enrich their positive energy. In the future, adhering to the mission of our hospital. We will continue to conduct stress relief related lessons so as to promote a



relaxation status for our employees both physically and mentally

Contact: CHUANG CHIN-RU

Yonghe Cardinal Tien Hospital
No.80, Zhongxing St., Yonghe Dist., New Taipei City
Taipei, TWN
jinrue80@gmail.com

A Pilot Study on Mindfulness-based Stress Reduction for Medical Personnel

GAN Cai Ru, CHANG Chueh, LIN Ming-Nan, GAN Zuo Hua

Introduction

Health Promoting Hospitals (HPH), the concept built upon WHO Ottawa-Charter for Health Promotion is increasingly apparent. In Taiwan, there are more strategies and plans to provide medical personnel a tangible self-care tool to better health and quality of life. For the past 20 years, Meditation-based Stress Reduction (MBSR) program which had been proved significant stress reduce and anxiety that accompanies daily life.

Purpose/Methods

The aim of this pilot study was to examine the effectiveness of the MBSR intervention for medical personnel and to learn the process of implementation. Full-time medical personnel (n=12) participants include nurses, PGY medical student and medical staff were recruited to participate in an 8-week MBSR program. A self-report mental health questionnaire and Autonomic Nervous System (ANS) were administered pre and post-intervention. In-depth interviews with participants and facilitator were conducted after the interventions.

Results

8 completed the self-report mental health questionnaires, 3 of them had their ANS tested and 5 participants joined the post intervention in-depth interviews. Significant were observed on positive emotions ($W=4$, $t=-2.26/P=0.034$) and improvement on post-test of the ANS result.

Conclusions

The cultivation of mindfulness could help medical personnel to cope with their work stress by allowing them to face and evaluate problems with greater emotional equilibrium, and by providing a self-care tool to boost resiliency.

Contact: GAN Cai Ru

National Taiwan University
XiaTanDi
ChiaYi, TWN
conniegan@gmail.com

DELAROSE: Incentivising the Management of Work Based Stress

WELLS John, BERGIN Michael, CATHAL Ryan

Introduction

The European Framework on Psychosocial Risk Management (2008) identifies health and social care workers as particularly vulnerable to work stress. Within the context of austerity measures implemented by the Irish Government from 2009 and their impact on health professionals and other care providers, issues of work based stress are particularly pertinent. An employment moratorium; salary cuts; increased working hours and incentivised retirement schemes, combined with a restructuring of health services, have contributed to an increasingly stressful working environment.

Purpose/Methods

This paper will outline how an EU funded translational research project, DELAROSE, can provide a platform for health and social care workers to manage their work related stress.

Results

The ROSE study, an EU funded project, scoped health and social care workers in 5 EU countries to explore their experience of work related stress and the nature of that stress. It found that their knowledge and skills set for coping with work based stress was poor. Following on from the ROSE project, the DELAROSE programme was developed under a Transfer of Innovation Leonardo Da Vinci grant to enhance health and social care workers' coping capacities such as resilience building.

Conclusions

Building resilience in the health and social care workforce is a significant task if that workforce is to survive 'hard times' and services are to be kept safe. Introducing an accredited training programme to manage work stress with currency across Europe addresses operational weaknesses in work stress policy through worker empowerment in the Vocational Education Training (VET) sector.

Contact: BERGIN Michael

Waterford Institute of Technology, Ireland
Cork Road
Waterford, IRL
mbergin@wit.ie

Session O3.5: Strategies for tackling obesity

A multidisciplinary approach in treating obesity and eating disorders through healthy life style interventions

ZORATTI Raffaele, CIANO Rossana, SIRCH Marta, PELLIZZARI Jessica, TAM Tatiana, PIVA Rossana, GRIMALDI Franco, BALESTRIERI Matteo

Introduction

In the last years there has been in Italy an increase in overweight and obese adults from 38.5% to 46.8%. A National Prevention Plan has been implemented for the prevention of NCDs and the promotion of healthy lifestyles. Obesity and eating disorders are long-term diseases and require a multi-professional team-approach. In determining an initial level of care it is essential to consider together the overall physical condition, medical complications, disabilities, psychiatric comorbidity, psychology, behaviour, family, social resources, environment and available services.

Purpose/Methods

In our Hospital we established an intervention protocol for patients suffering from uncomplicated obesity and/or eating disorders based on outpatient treatment facilities. We enrolled 227 patients divided into 22 groups, who underwent a 18 months program. Clinical evaluation, nutritional assessment, BIAQ and SF-36 questionnaires are performed two times, while weight control and calories intake, food and healthy life style, food supply and personal habits, physical activity and energy expenditure, motivations and change behaviour evaluations are performed eight times.

Results

Three follow-up meetings are devoted to problem solving, healthy life style behaviour emphasis, and questionnaires results explanation. The preliminary study results seem to be on line with the general recommendations where there is a strong endorsement that obese or overweight patients enrolled in comprehensive lifestyle interventions for weight loss should attend programs delivered for 6 months or longer.

Conclusions

The gold standard of therapy for overweight or obese adults is on-site, high-intensity comprehensive weight loss interventions provided in individual or group sessions by a multi task trained interventionists. With intensive lifestyle treatments, a majority of obese participants in clinical trials lose 7% to 10% of their initial weight at 1 year.

Comments

Regardless of initial weight loss success, longer-term weight maintenance is difficult. With continued lifestyle treatment, weight regain can be ameliorated but not eliminated. The need for constant vigilance to sustain behavior changes in the face of biologic and environmental pressures to regain weight emphasizes the challenges faced by even the most motivated patients who have achieved weight loss.

Contact: ZORATTI Raffaele

AOUD S.Maria della Misericordia
P.le S. Maria della Misericordia
33100 Udine, ITA
raffaele.zoratti@libero.it

Reducing Childhood Obesity: Culturally Adapted Health Coaching Targeting High-Risk Groups

SYDHOFF Jenny, FORSBERG Birger, WERR Joachim, LANDSTRÖM Sofia, SJÖBERG Emma

Introduction

There is a need to battle the increasing prevalence of childhood obesity, especially as it often persists into adulthood. Several risk factors including overweight parents and socioeconomic factors (education, income, living areas) influence childhood obesity prevalence. As treating obesity is complex and as most treatments have a very limited success rate, prevention is the most effective strategy. Our objective was to reduce obesity prevalence and persistency by targeting high risk groups and promoting physical activity and healthy nutrition in families.

Purpose/Methods

Study design: Cluster randomized trial Target groups: pregnant women and parents Intervention: Culturally adapted health coach program 1) Identifying families with high-risk for developing childhood obesity 2) Culturally adapted education and motivational coaching in Somali, Arabic, Syrian, English, Spanish and Swedish 3) Co-creation with local healthcare partners 4) Cooperation and coordination of community partners (NGOs, day care, etc.) 5) Iterative evaluation, follow-up and adjustments of the health coach program based on effectiveness, satisfaction and demand

Results

At one year follow-up over 80 % of families' had increased their respective physical activity level by 30-40 % and 60-70 % of families now meet the 1h /week exercise target (30 % at baseline). 90 % report increased consumption of vegetables, 65 % report a reduction in sweet drinks served. Pregnancy weight gain is on average 7.3kg (35 % less than matched control group). Parents' mean weight reduction is 6.2kg. Prevalence of childhood obesity will require more data collection.



Conclusions

- The health coaches offers unique possibilities to support behavioural change across socio-cultural groups
- Providing cultural-language adapted support and co-operation with NGOs can engage groups that normally do not participate in health promotion
- Pedagogical and visual aids are a highly effective preventive tools and can quickly be diffused and adopted when co-developed with health professionals and citizens
- Co-creation and engagement creates a demand for the health coach offer, where families actively seeks out to participate, contribute and mobilize their family members

Contact: SJÖBERG Emma

Health Navigator
Sveavägen 63
11359 Stockholm, SWE
emma.sjoberg@healthnavigator.se

Community Obesity Prevention – Promote Community Weight Loss by using multiple strategies.

CHANG Yu-Lan, TSENG Chun-Han, HSIEH Hung-Yu

Introduction

According to the results of 2013 Nutrition and Health Survey in Taiwan (NAHSIT), 38.3% of adults are obese or overweight, in addition, comparing to the data of World Obesity Federation (2013), the percentage of both adult male(45.9%) and children(29.4%) are the highest in Asia. As above, obesity is a serious problem in Taiwan. Keeping healthy lifestyle and environment is the key solution to obesity issue and therefore changing people's eating habit, exercise frequency, and transforming obesogenic-environment are necessary.

Purpose/Methods

Multiple strategies used to promote obesity prevention: 1. Weight-loss motivation enhancing: (A) Setting up an information center providing body measurement and health counseling, (B) Holding a weight loss competition, where participants measuring weight regularly, attending lessons, or losing weight successfully were awarded. 2. Obesogenic-environment transforming: (A) Assisting restaurants to serve low-calorie meals, (B) Planning walking routes in the neighborhood, (C) Posting nutrition and calorie-burning notice. 3. Health knowledge improving: (A) Giving participant telephone counseling once a month, (B) Participants performing well in weight loss programs were awarded with BMI calculator tape, sport towel, etc.

Results

We held 5 series of weight-loss courses, planned 2 exercise walking trails, assisted 10 restaurants to provide low calories meals, assisting 8 communities and 2 schools to establish self-controlling groups. There were 2,201 people joining in the competition, 1,874 people finished pretest and post test of

weight measurement. Total loose 3,883 kilograms in 6 months, and 108 people (5.8%) lost over 5% of their original weight.

Conclusions

Health care professionals engaged in community-based obesity prevention. We tried to arouse health awareness by setting up an information center, and holding weight-loss competitions, thus, enhancing people's lifestyle habits and behaviors. Also, we provided counseling via telephone, and built a virtual platform for people to share and exchange weight-control information and experiences. With the strategies mentioned above, we hoped to solve obesity problems and establish a healthier lifestyle.

Comments

To keep ideal body weight depends on living a healthy lifestyle. We used multiple strategies to promote community weight loss, evoked awareness of self health, and managed the self-controlling groups with teamwork pattern to enhance the effect of behavior change. On this basis, we can expand obesity prevention issue from individuals to groups, even communities to increase willingness to involve the health promotion issue, and achieve the purpose of community health promotion.

Contact: CHANG Yu Lan

Cardinal Tien Hospital
No.362, Zhongzheng Rd., Xindian Dist.
23148 New Taipei City, TWN
lan78921@hotmail.com

Probiotics: a potential strategy to reduce obesity-associated morbidity in the future

YEUNG Chun-Yan, HUNG Ta-Chuan, CHAN Hsin-Lung, CHANG Ching-Wei, CHENG Mei-Lien, LIU Chia-Yuan, LEE Hung-Chang

Introduction

Obesity predisposes individuals to an increased risk of developing several diseases, including non-alcoholic fatty liver disease (NAFLD), hyperlipidemia and metabolism-mediated disorders. Previously we found Lactobacillus had marked anti-inflammation effect, here we hypothesize that Lactobacillus treatment may modulate the LPS-induced systemic endotoxemia and show the anti-NAFLD effects. The aim of this study is to investigate the effect of probiotics treatment on attenuated NAFLD in mice model.

Purpose/Methods

Male C57BL/6J mice (n=12 for each group) were subjected to feed a HFD (high fat diet) or normal diet (ND). HFD Mice were feed with or without a suspension of probiotics mixture, Bifidobacterium (1×10^7 cfu) and Lactobacillus acidophilus (1×10^7 cfu), during a 12-week period. Metabolic characteristics and serum lipopolysaccharide (LPS) level were studied. Hepatic dysfunction was assayed by serum and NAFLD scores.

Results

Our experiments showed that probiotics mixture suppressed the gained body weight and maintained liver tissue well. Serum triglyceride level in the probiotics group (42.0 ± 4.1 mg/L) was lower than that in HFD group (54.0 ± 8.3 mg/L) ($p < 0.05$). LPS level was significantly decreased in probiotics group (5.14 ng/ml) when compared with HFD group (16.36 ng/ml) ($p < 0.05$). Level of NAFLD scores was significant decreased (approximately 90%) after feeding probiotics mixture ($p < 0.001$).

Conclusions

Probiotics treatment appears to attenuate the low-grade inflammation and inhibit steatosis. Probiotics show protective potential in hepatic function. We conclude that probiotics may play an important role in providing a novel opportunity in anti-NAFLD performance and probiotics administration may become a potential strategy to reduce obesity-associated morbidities in the future.

Contact: YEUNG Chun-Yan

Mackay Memorial Hospital
No. 92, Sec.2, Chung Shan N. Road
104 Taipei, TWN
cyyeung@ms2.mmh.org.tw

Session O3.6: HPH network experiences

Imperatives and challenges for the International HPH Network in building global relevance and responsiveness

FAWKES Sally, LIU George, PENG William

Introduction

The International Health Promoting Hospitals and Health Services Network (HPH Network) has its conceptual and technical origins in Europe in the late 1980s. A key technique advocated by the HPH Network to drive organisational development which integrates health promotion principles and strategies and achieve best practice has been quality improvement (QI) and the use of standards and indicators. Is there a case for the HPH Network to use QI to improve its own organisational performance and relevance, given its growth in other regions of the world?

Purpose/Methods

The purpose of this paper is to learn from other large, complex networks in relation to how they adapt their governance, operational arrangements and resources to anticipate and be responsive to: - members' preferences and needs - demands for evidence/action/products and - diverse expectations from members in contrasting social, economic, political and health care contexts. The paper will examine the needs of Chinese

hospitals as a case study. Contemporary policy, management, leadership and innovation literatures will inform the analysis.

Results

Results will refer to: - Governance, management, administration and networking norms in China's evolving health system, and how these are similar to, or contrast with, those in other countries - Implications of the above norms for how the HPH Network is governed and operates - Latest QI research - Opportunities and challenges for the HPH Network to apply QI to itself, in order to develop optimal capability to meet the needs of not only Chinese hospitals, but HPH members and networks globally.

Conclusions

Members of the HPH Network are encouraged to embrace QI, and the use of standards and indicators to improve their performance. Strengthening the HPH Network's own capability to be an adaptable organisation, a persuasive voice and a relevant force for health promoting innovation in diverse health care systems and organisations requires it to also embrace and apply modern QI tools. A proposal will be presented for how the HPH Network could consider rising to this challenge during its next strategy formation process.

Contact: FAWKES Sally

La Trobe University
Melbourne Campus
3086 Bundoora, AUS
s.fawkes@latrobe.edu.au

Achievements of the 2nd HPH Seminar in Japan onto the Japan HPH Network -Let's Spread Health Promotion for the Benefit of Local Residents-

ITO Masahiro, NEGISHI Kyota, FUNAKOSHI Mitsuhiko, HATA Norihiko

Introduction

The 2nd HPH Seminar in Japan was co-organized with the International HPH Network, on the main theme of "Let's Learn the Health Promotion of the World and Japan for Healthy Town Making", inviting Prof. Hanne Tonnesen from the International HPH Network and Dr. Ahn Juhee. The successful achievements are reported as a big step up from the first seminar such as 310 participants including non-MIN-IREN members and organizing poster session.

Purpose/Methods

The purposes of the second HPH seminar were: 1) Promotion of broad acknowledgement on HPH in Japan, 2) Enhancement of HPH registration and HP activities among MIN-IREN membership, 3) Proceeding to kick-off (preparation committee) of Japan HPH Network. The following program was



implemented. 1) International lecture, 2) Reports on HPH practices in Japan and panel discussion, 3) poster session, 4) New Comer Seminar, 5) Meeting of HPH member hospitals and preparing hospitals.

Results

As significant achievement, supports and participation were enhanced to other medical organizations and associations including the Japan Hospital Association and the Japan Primary Care Association. Especially, it marked a big advance toward Japan Network that a formal support was given from the Japan Hospital Association, together with agreement on collaboration toward establishment of Japan Network. Also acquired was a hope that HPH membership and activities might grow in and out of MIN-IREN with a perspective of Asian network.

Conclusions

MIN-IREN will send out information on our community-people-oriented health promotion works (fostering community health by collaboration of hospital/HS and local people) to Asia and world. With that in mind, we will make contribution to the International HPH network by establishing Japan network and conducting researches on evidence and cases on such works. Also, we will increase HPH registration among MIN-IREN membership, taking initiative in the roles of Japan network.

Contact: HATA Norihiko

Japan Federation of Democratic Medical Institution
7F, Heiwa-to-Rodo Center,2-4-4 Yusima, Bunkyo-Ku
113-8465 Tokyo, JPN
n-hata@min-iren.gr.jp

Evaluation of the HPH-Catalunya strategic plan 2011-2014

SANTIÑÀ Manel, JUVINYÀ-CANAL Dolors, SIMÓN Rosa, BRIANSÓ Maria, IBÁÑEZ Rocío, BALLESTER Mònica, MONTEIS Jaume, PÉREZ Anna Carol, SERRA Marisa, ROMERO Nené

Introduction

The Catalan HPH started its activity in 2008. Its mission is leading the dissemination and implementation of HPH in the Catalan Region, promoting the incorporation of concepts, values, strategies, standards and indicators in its structure and organizational culture. The Catalan network is the only HPH network in Spain. It has the support of the Health Promotion Chair of the University of Girona and the Public Health Department of the Catalan Government.

Purpose/Methods

This communication presents the final results of the strategic plan 2011-2014. In 2011 a strategic plan was designed for the period 2011-2014 with the main objective of accomplishing the HPH international action plan. At the end of this period an evaluation have been done and taking in account the aims achieved and following the guidelines of the International HPH

Strategic Plan, using SWOT methodology a new strategic plan has been designed.

Results

Ending the year 2014, after 4 years since the creation of this first strategic work plan, from a global of 33 objectives 30 have been achieved and 3 have been deleted. This means that by ending the period 2011-2014 the 91% of the objectives have been achieved. A new strategic plan has been elaborated for the period 2015-2018 with five lines of work and 31 objectives.

Conclusions

The strategic plan is a very good tool to achieve regional, national and international health promotion objectives. The creation of the strategic plan 2011-2014 allowed the development, growth and consolidation of the Catalan HPH network. For these reason we recommend the use of strategic plans as a tool to be effective in health promotion actions of national and regional networks.

Contact: JUVINYÀ Dolors

University of Girona
C/ Pic de Peguera
17003 Girona, ESP
catedrapromociosalut@udg.edu

Session O3.7: On the way towards tobacco-free healthcare organizations

Co- operation with students for promoting a smoke-free hospital

KORTTEISTO Tiina, LAASONEN Kirsi

Introduction

A smoke-free hospital action program was released at Pirkanmaa Hospital District in 2005. The program mission is in short way to decrease smoking in the hospital areas among patients and staff, and in long way to achieve the smoke-free hospital district. As the result of ten years work there are no smoking rooms inside the Tampere University Hospital and it is not possible to buy tobacco products from the hospital. Although this program has continued for a decade, there still occur various problems, for example smoking on the entrances. For getting fresh and new solutions we participated in a new co-operation with students of Tampere University of Applied Sciences.

Purpose/Methods

InnoEvent Tampere 2014 was a week where students from different fields of study worked in teams to create innovative solutions in co-operation with the hospital professionals. Altogether eight teams were solving the assignment "A smoke-free hospital – possible or not".

Results

In the end of week the student teams introduced their innovative ideas. Most of the teams offered solutions to improve the signs and to create new maps so the smokers will find smoking places easily or to build new smoking places near the problematic smoking areas. An interactive map with touchable screen in every entrance was a fresh idea which offers a solution for general patients' and visitors' guidance in the future.

Conclusions

The new innovative co-operation with Tampere University of Applied Sciences offered us new solutions which we can utilize for promoting a smoke-free hospital. The InnoEvent week was a new intensive and productive experience both the students and the professionals.

Contact: KORTTEISTO Tiina

Pirkanmaa Hospital District
Tesikontie
33521 Tampere, FIN
tiina.kortteisto@pshp.fi

Stop Smoking for Health Promotion- Tobacco Free Hospital

CHEN Chuan-Yu, CHEN Fang-I, YEN Ling-Yu

Introduction

Smoking is the most important threat to public health in the world. More than 18,000 people, about 16% of deaths in Taiwan, died from smoking-related diseases per year. Studies proved that stopping smoking is more cost-effective than most medical intervention for those morbidity and mortality. Therefore, hospitals should first comply with the smoking ban and become a comprehensive smoke-free place for the patients, then influence the public to reduce tobacco use and promote their health effectively.

Purpose/Methods

The purpose of this project is to disclose the effectiveness of cigarette cessation through a hospital-based health services. In 2013, aase hospital with 1325 hospital employees, 602,023 outpatients, and 20,081 inpatients announced the cigarette cessation services. According the Global Network for Tobacco Free Health Care Services-ENSH standards, within 10 months, a cigarette cessation supporting environment would be created to help the patients or people to effectively continue quitting smoking and change the case hospital into a smoke-free hospital.

Results

439 medical members were certified as trainers for the first level of cigarette cessation education. Among the 30 smoking staff, 9 received the stopping smoking services for six months with 3 of them successfully quitting smoke. The successful rate is 33.3%. Among the 3877 refereed people or patients to receive the stopping smoking services, 98 received medication

treatment and 618 (including in, out-patient or emergency department) ended up with 1777 person/times taking the three programs and 12 education classes.

Conclusions

After the new smoking ban policy, smoking in the public area is strictly prohibited. This project successfully created a smoker friendly environment to identify smoker and promote their willingness to quit smoke effectively. A follow up telephone interview was conducted to those participants and provided more cigarette cessation educations class, out-patient scheduling, and personal inquiring to help them continue stopping smoking.

Contact: CHEN Fang-I

St. Martin De Porres Hospital
No.565, Sec. 2, Daya Rd., East Dist
600 Chia-Yi County, TWN
chen.kiki@gmail.com

Smoke-free Hospitals

TSAI Tzu-Chun

Introduction

According to surveys of smoking behaviors conducted by Ministry of Health and Welfare in 2013, the smoking prevalence among adults over 18 in Taoyuan City is around 19.8%. Due to the high probability to encounter smokers in medical care institutions, we enthusiastically assist medical care institutions in Taoyuan City to apply for the certificate of Global Network for Tobacco Free Health Care Services (ENSH) since 2010, which provides incentive for comprehensive smoke-free environment and smoking cessation service.

Purpose/Methods

To lower the risk of exposure to tobacco, several methods are implemented. A.To invite experts being counseling team to review and improve the standards of smoke-free hospitals. B.To hold trainings for smoking cessation service staff, to improve the quality of smoking cessation health education. C.To hold large events and establish counseling stations of smoking cessation, with cooperation of medical institutions. D.To hold competitions to encourage medical institutions to support smoking cessation service. E.To propagandize the messages of tobacco hazards prevention by various media.

Results

A.Due to active application for the certificate of ENSH since 2010, the smoking prevalence is decreased approximately by 3%. B.Pilot program of smoking cessation has been implemented since 2012, which served 6,654 residents in 2013, 38.4% higher than 2012. C.About 570 Medical staffs were trained, and 314 of them have engaged in health education counseling of smoking cessation.

Conclusions

Totally, 13 hospitals joined the member of "Smoke-free Hospital Certification and Network Development Program" to fulfill ENSH standards and 9 of them were awarded golden prizes.



Besides, after getting the certificate of ENSH, smoking cessation service in smoke-free hospitals accounted for 24.4% of the total service in 2013, 2.8% higher than in 2012, and the smoking cessation service in 2013 grew about 58.5% higher compared to 2012.

Contact: TSAI Tzu-Chun

Public Health Bureau, Taoyuan City Government
No.55, Xianfu Rd., Taoyuan Dist.
Taoyuan City, TWN
tyhalbert@tychb.gov.tw

Session O3.9: Workshop of the TF migrant-friendly hospitals and health services - equity standards in health care for migrants and other vulnerable groups: from assessment to implementation

Workshop of the TF Migrant-Friendly Hospitals and Health Services - Equity standards in health care for migrants and other vulnerable groups: From assessment to implementation

CHIARENZA Antonio, KUMAR Bernadette, SANTIÑÀ Manel, GLOVER James, VERREPT Hans

Introduction

The Task Force on Migrant-friendly and Culturally Competent Healthcare (TF MFCC) has developed a set of standards aiming at monitoring and measuring equity in health care for migrants and other vulnerable groups. The standards for equity in health care address 5 domains: (1) Equity in policy, (2) Equitable access and utilisation, (3) Equitable quality of care, (4) Equity in participation and (5) Promoting equity. The standards for equity provide opportunity for staff and services to question what they do, why they do it, and whether it can be done better. A set of preliminary standards have been developed on the basis of an extensive critical literature review as well as several expert workshops and consultations. The preliminary standards have also been pilot-tested and evaluated by a group of 45 health care organizations from 12 countries in 2012. Based on feedback received, the standards were improved and presented at the International WHO-HPH (Health Promoting Hospital and Health Services) Conference in Gothenburg. With the approval of the international HPH network, the TF on MFCC has finalized its Standards and has undertaken a new phase of work to aid health care organizations implement the standards.

Purpose/Methods

The new phase served to enhance practical utility of the standards, and so the Task Force developed a Self-Assessment Tool (SAT) to help institutions evaluate, monitor and improve their activities on health equity. The aim of this workshop is to present and discuss the results of the pilot implementation of the standards in 65 health care organisations in Canada, Australia and Europe. Pilot organisations were asked to complete the self-assessment tool to benchmark organizational performance on each of the standards; select relevant indicators useful to their organization to assess progress against the standards and assess the current or potential availability of data sources to enable reporting on the indicator; analyze the results of the self-assessment to identify areas of improvement in each of the standards areas; and select one area of improvement for the development of a draft plan to achieve a quantifiable improvement.

Results

Specific attention will be given to the standards on equity policies, accessibility, and quality of care by representative of Norway, Belgium, Scotland and Spain illustrating the outcomes and the level of compliance with the standards in the health organisations involved. The workshop will conclude with the illustration of future steps and activities of the HPH-Task Force on Migrant-friendly and Culturally Competent Healthcare.

Conclusions

This workshop will target primarily hospital/ health care management and professionals with management responsibilities. Workshop Format/ Presentations: -OVERVIEW OF THE RESULTS OF THE PILOT-TEST IMPLEMENTATION OF THE EQUITY STANDARDS IN 18 COUNTRIES. -EQUITY IN HEALTHCARE POLICIES AND PROGRAMMES (STD 1) -EQUITABLE ACCESS AND UTILISATION OF HEALTH SERVICES (STD 2) -EQUITABLE QUALITY OF CARE FOR ALL PATIENTS (STD 3) -EQUITY IN PARTICIPATION AND STRATEGIC PARTNERSHIPS (STD 4-5)

Contact: RIBOLDI Benedetta

Local Health Unit
Via Amendola
Reggio Emilia, ITA
benedetta.riboldi@ausl.re.it

Session O3.10: Addressing lifestyles and stress management of hospital staff (1)

Fitness Self Tracking gave “Ownership” to Hospital Employees

ANG Yen, CHONG Ellena, CHUN Teik Lan, CH'NG Keat Hui, SEE Wee Dee

Introduction

About 50% of the employees in our hospital were found to be sedentary. To promote physical activity among all the employees, we needed a tool to allow participants to monitor their own progress and achievement. Research evidence indicates that in the formation of a new health behavior, accountability is critical as it allows the individual to set goal, track his progress and finally celebrate his achievement.

Purpose/Methods

A fitness self tracking chart was created for employees for their weekly exercise participation over 3 months. One big giant chart was given to every department whose employees wished to participate. An interdepartmental competition was held where the department with the most number of employees that achieved the goal won. The goal was to have each participant to exercise at least 3 times a week. Using the chart, employees entered the number of times they exercised each week, either on their own or when they joined any of our planned fitness programs. An email was sent out to all staff once a week to remind them to clock in their exercise, and to motivate them to continue to exercise. Once a fortnight in the Unit Head meeting, we would present a progress update of the departments or individuals.

Results

Out of 1100 employees, the Fitness Tracking campaign attracted almost one in every 3 employees (31.6%) or 348 employees of the hospital. A total of 33 out of 58 departments (57%) signed up the activity. Total number of employees who achieved the goal (exercise 3 times or more per week during the 3 month period) was 207, or 59% of those who enrolled in the tracking activity, or 19% of all employees of the hospital.

Conclusions

The interdepartmental competition helped foster a sense of camaraderie within the department where everyone was accountable to each other. The competition added elements of excitement and fun. The giant tracking chart provides good visibility and great talking point, where employees are reminded about their commitment and their progress every day. The high participation rate shows that our campaign was a success.

Comments

The fitness self tracking chart serves more than a tool of accountability. To allow employees to track their own exercise

progress and then reward them based on whatever they keyed in is a form of trust. And such a trust gives rise to empowerment. When employees were given the ownership of their own fitness, they tend to be more motivated to do it, as seen in the success of our work.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

“astra – staying and becoming a tobacco-free nursing student”: First results and experiences from a pilot project in Germany as an add-on to the ENSH-Global concept.

RUSTLER Christa, SCHEIFHACKEN Sabine, BÜHLER Dr. Anneke, SCHULZE Katrin, BONSE-ROHMANN Prof. Dr. Mathias, SCHWEIZER Ines

Introduction

Basic situation: Smoking prevalence in the nursing profession is about 30% (DKFZ, 2009). According to a study of 358 nursing schools, smoking prevalence increased from 42% in the first year to 47% in the third year of training (Kröger et al., 2006). Smaller studies have reported a smoking prevalence of 40 to 55% (Bonse-Rohmann, 2004; Vitzthum et al, 2012). Smoking among nursing students is thus disproportionately prevalent, thus making tobacco preventive measures and in particular, tobacco cessation programs for nursing students necessary.

Purpose/Methods

Methods: A behavioral and environmental measure was developed, to help nursing students not to start smoking or to become smoke-free again. Cognitive-behavioral trainings, developed in a participatory process that reflects the situation of students in nursing schools and workplaces. Curricula analysis and a practical tool will promote the sustainable implementation of the program. Implementation, acceptance and effectiveness of the measures will be evaluated at 11 facilities by a controlled intervention study with control group and a follow-up after three months.

Results

Results: In a first phase, the measures were carried out in five intervention schools. An implementation tool was developed with further 11 supporting facilities which were tested in the intervention phase. The first results and experiences were evaluated and measures were improved and updated for the second intervention phase. The applied procedure, the results and the experiences will be opened up for discussion during the lecture.



Conclusions

Conclusions: Commitment and support from the school's principals are essential for the implementation of the program. Intensive regular communication and personal contacts are necessary to reduce barriers and get feedback to improve the program. Participatory process development allows setting organization-specific priorities and increases the acceptance of the implementation. Sufficient time ahead of implementation supports the integration in the curricula.

Contact: RUSTLER Christa

German Network for Tobacco Free Health Care Service
Pettenkoferstrasse
10247 Berlin, DEU
rustler@rauchfrei-plus.de

Impact of Workplace Wellness on Hospital Employees' Health

**ANG Yen, CHONG Ellena, CHUN Teik Lan,
CH'NG Keat Hui, TAY Pai Lim, SEE Wee
Dee**

Introduction

Hospital employees face huge health challenges. Many have direct contact with sick patients; they work shift, have irregular meal times or sleep cycle, all of which expose them to higher risk of diseases. There is a need to improve the health of these employees. It is our aim to build a health-promoting culture among our employees by teaching them to make healthy choices every day, whether it is exercise, diet or stress.

Purpose/Methods

A series of health promotional activities focusing on exercise, healthy eating and weight reduction were organized for all employees of the hospital for one year. To evaluate the effectiveness of these activities, health surveys were conducted throughout the year: at 3rd month, right after the fitness campaign, at 6th month, and lastly at 12th month. These surveys did not contain all the same questions; the questions reflect the health promotion activities that just preceded it. The purpose was to determine if our health promoting effort results in more awareness of health, perception of health, more engagement of the targeted health behavior, and the overall prevalence of chronic diseases of the hospital employees.

Results

- a) Awareness of health: More employees (84%) are aware of importance of exercise
- b) Perception of health: About 60% of staff perceived health better than last year
- c) Participation of health behaviors
 - More staff are exercising 3 times/week (10% more compared to last year)
 - About 3 out of 4 employees (76%) would take the stairs instead of elevators while at work
 - Sedentary: Fewer staff are sedentary (10% less compared to last year)

- Eating Habits: more employees are eating fresh fruits every day, but fewer employees consume vegetables daily. Fried food and sweetened beverage consumption stayed almost the same as last year
- d) Overweight and Obesity: the number of overweight and obesity stays almost the same as last year (43% versus 46%)
- e) Prevalence of some Chronic Diseases have reduced: hypercholesterolemia (from 69% to 33%), diabetes (from 9.2% to 7.8%), hypertension (from 12% to 11%), CVD (from 2.5% to 2.1%).

Conclusions

Our hospital-wide health promoting services received a mixed bag: while we increased physical activity rate, reduced certain chronic diseases, we did not improve as much as we have wanted in the areas of healthy eating and prevalence of obesity.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

Session O4.1: Improving quality and safety of health services through new media and technologies

A Review of the Effectiveness of the Cloud-Based System Established for the services by Health Stations

HUNG Ta-Chuan, HUANG Tsu-Hsueh

Introduction

Our hospital has fifty-eight health stations at five districts in New Taipei City, 322 volunteers provided height, weight, waist-width and blood pressure measurement services in the community. By estimate, total of 40 to 50 thousand people were served in one year. The tremendous measurement data need labor to key in. Therefore, our hospital incorporated with internet technology in 2014, and established cloud-based systems to solve the problem of tremendous data and transfer cases with abnormal measurement to hospital immediately.

Purpose/Methods

Based on the characteristic of health stations, the requirement of the cloud-based system includes the ability of automatically personal identification recognition, measurement of multiple subjects simultaneously, and automatically data upload. The subject must register his/her personal information and get his/her individual health card before measurement. Each subject put his/her card into card reader on the equipment. The data will be uploaded automatically after measurement. The professional experts can read the results and statistical analysis at the terminal computer.

Results

In 2014, three cloud-based health stations were established, and served 252 subjects, with 2202 man-time service, from July to November. Each subject was served for 8.7 times on average. Of these 252 subjects, 56 or 22.2% had BMI ≥ 27 ; 115 or 45.6% had hypertension ($\geq 140/90$ mmHg); 145 or 57.5% had abnormal waist-width (male ≥ 90 , or female ≥ 80); and 28 man-times of immediate referral were provided due to abnormal blood pressure above 160/100mmHg.

Conclusions

It will reduce the human resource cost and increase the data accuracy by using the equipment which can automatically upload measurement data to the cloud-based system. More importantly, the professional medical expert can readily access the data in the cloud terminal, and provide immediate assistance for those with abnormal data to receive proper management. We are planning to increase the cloud-based system to health service station annually, and let the people have better quality of service while receiving high-tech measurement.

Contact: HUANG Tsu-Hsueh

Mackay Memorial Hospital Tamshui Branch
No 45, Mingsheng Road, Tamshui District
25160 New Taipei City, TWN
hwang46@mmh.org.tw

Smart medicine and telecare analysis

SHIEH Ying-Hua, CHAN Hsiao-Wen, CHU Bo Yu

Introduction

Smart Medicine can be said to be a popular topic in modern metropolitan construction. The feature of smart medicine is using "Internet of Things" which can be used for transferring massive amount of information to the terminal and get responses instantly. Furthermore, Internet of Things also establish multi-party communication platform with security and 24 hours real-time data analysis. Wan Fang Hospital Integrated care team provide diversified health care and disease surveillance for the community by information integration platform. In addition, providing immediate care for residents of health care facilities and enhancing the quality of care.

Purpose/Methods

Wan Fang Hospital undertook "telemedicine and healthcare service plan" from Ministry of Health and Welfare. From 2012 to 2014 since "Northern Taiwan Remote Health Care Service Centers" was established by combining with the family medicine and IT management department. Wan Fang Hospital completed the integration of IT platforms along with 43 health care facilities, counseling 40 medical institutions to join remote care model. 24 hours of consulting services had been provided to members. Through information integration platform, physiologic monitoring data of members was sent instantly to nurses and doctors on duty. Telephone care was provided if abnormal data was shown, and related electronic records were transferred to the hospital for further inspection

Results

There were a total of 12,209 members in Northern Taiwan Remote Health Care Service Centers, with a total amount of 147,574 service cases and referral services up to 206 people. And made available to vulnerable groups (handicapped / elderly people living alone / low income households) up to 1,277 people. Assessments from the members for the overall effectiveness of the health care centers (including service attitude, professional knowledge, overall satisfaction) showed a high degree of satisfaction, and would give a high degree of support.

Conclusions

This model of smart medicine care indicates the global trends which emphasize on immediate transfer of information between the people at home, community and nursing facilities. In addition, the establishment of information integration platform with high efficiency provides immediate medical consultation and health care services. The example of the "Northern Taiwan remote health care service center" promotes



the concept of the smart medicine, which improves health care quality and health economic benefits

Contact: LANGELY Sephi

Taipei Municipal Wan Fang Hospital
No.111, Sec. 3, Xinglong Rd., Wenshan Dist., Taipei City 116
Taipei, TWN
obaz.chen@gmail.com

Hospital Meal Investigation at Kungälv Hospital 2013

NORBERG SJÖSVÄRD Maria,
AMBJÖRNSON Heléne, SJÖHOLM
Kristina, BULLER Catrin

Introduction

Undernutrition is a common condition at hospitals and may lead to a higher risk for medical complications and prolonged hospital stays. Hospital meals in Sweden are commonly: • A-diet = general diet for persons with illness (Full-size meal) • E-diet = energy and protein rich diet (Small-size meal, recommended at nutritional risk/low appetite) By definition A-diet may be regarded as “standard” and E-diet as “deviation”. At Kungälv hospital the proportion of E-diets decreased by 2009. Also, the food waste was high.

Purpose/Methods

We aimed to investigate if a switch of mind-set to E-diet as standard, could lead to patients consuming more of their meals and a lesser waste of food. We collected data during one month in 2013 on two surgical and two medical wards. One of each were instructed to regard E-diet as standard and the other to keep on as usual (references). We used anonymous questionnaires at mealtimes to staff and all patients and measured all food waste.

Results

The most frequent meal served at the wards with E-diet as standard, was E-diet. Patients at these wards consumed more of their meals, and left less food to waste. However, the main cause for waste at all wards was that staff ordered more meals than needed in advance. At the reference wards many patients were served reduced portions of A-diet, but rarely E-diet. Women were more frequently served small meals than men, either E-diet or reduced A-diet.

Conclusions

We concluded that a switch of mind-set to E-diet as standard is possible, and may lead to patients consuming more of their meals. This might be particularly important for female patients. A possible target area to reduce food waste at hospital wards, is that more meals than needed are ordered in advance.

Comments

Discussing the results, we have found that hospital meals should become more flexible to patient needs and preferences. There is also a need for education of staff, patients and relatives. To reduce food waste, the wards should be

encouraged to keep extra supplies of frozen meals. This way the number of meals will be sufficient at all times, without over-estimating when ordering. The management of Kungälv hospital has decided on a development plan which is currently in operation.

Contact: NORBERG SJÖSVÄRD Maria

Kungälv Hospital
Lasarettsgatan
44283 Kungälv, SWE
maria.norberg.siosvard@vgregion.se

Using Comic Books to Teach Diabetes among Elementary Kids

ANG Yen, NG Dicky, CHONG Ellena,
CH'NG Keat Hui, CHOO Yong Chek

Introduction

Malaysia has one of the highest prevalence of diabetes in Southeast Asia. Unfortunately, diabetes affects not only adults but also children. It is important to educate young children about disease prevention through lifestyle. But the way to reach out to young children must be fun and innovative. Therefore the community health department of the hospital in collaboration with Diabetic Malaysia (Penang Branch) and a publishing company published a comic book about diabetes, with the aim of teaching young children about the disease.

Purpose/Methods

The purpose is to determine if comic book is effective in raising awareness and knowledge about diabetes among elementary school students. Permission was obtained from the school authority to run the program. A convenience non-probability sampling method was used to identify 134 Grade 5 students in an elementary school. The students were randomly assigned into 3 groups.

- a. Group I: Reading comic book and involved in interactive activities such as talk and games relating to diabetes
- b. Group II: Reading comic book only
- c. Comparison Group: No comic book and interactive activities but only attending a health talk on non-diabetic topic.

Results

The same set of questionnaires testing about knowledge regarding diabetes was administered to all students before and after the program. The answers of the questionnaire could be found in the comic book. The awareness about diabetes is significantly increased in Group I and Group II, p

Conclusions

It appears that comic book alone did not increase significantly the knowledge about diabetes among the grade 5 elementary students, but it was the combination of comic books and interactive activities that raised the knowledge scores significantly. Some of the reasons why comic book alone was not as effective as we had expected could be due to language

competency of the students (the comic book is in English), and insufficient reading time given to the children.

Comments

This is the first ever research that investigates the effectiveness of comic book as a health education tool among school children. More studies are needed to determine if the effect is the same among older children.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

Integrated care and e-health in the continuity of care

KILAŃSKA Dorota

Introduction

Integrated care is essential to ensuring optimal outcomes are achieved for EU citizens and especially those burdened with chronic disease and complex care needs and who require attention from a range of professionals from primary and secondary health and social care sectors. EHealth is a key enabler for Integrated Care, used here to refer to the management and delivery of health services so that citizens receive a continuum of preventive and curative services, according to their needs across different levels of the health system.

Purpose/Methods

The purpose of this presentation is to report on the work of the Integrated Care work stream, as part of the Thematic Network ENS4Care. This work builds on the results of an EU wide survey undertaken using a semi-structured questionnaire and administered online. Responses to closed questions were analysed using descriptive statistics. Analysis of responses to open questions followed a content analysis approach.

Results

Analysis of the evidence collected, and the extrapolation of the key elements of the practice examples amassed, pointed towards a four-stage deployment pathway consisting of planning, implementation, evaluation and elaboration processes influenced by cross-cutting structural and procedural factors. This presentation outlines the key steps and considerations for the design and delivery of eHealth services for Integrated Care at different levels of deployment.

Conclusions

The guideline deployment pathway that is detailed here is targeted at a range of stakeholders with an interest in eHealth services and is designed to be transferable across EU countries. It is of interest to policy-makers, health professionals, citizens, patients and industry who have a role in the design or deployment of eHealth services for Integrated Care at local, regional, national and EU level.

Contact: KILAŃSKA Dorota

Medical University of Lodz
Krzymieniecka 16 a
94-017 Łódź, POL
dkilanska@gmail.com

Session O4.2: Long-term and community strategies to promoting the health of children and adolescents

Even if my diagnosis doesn't change, my life does, right?

SANDVIN OLSSON Ann Britt, K. RAJKA Liv-Grethe

Introduction

Living with long-term health challenges requires both support to cope with the consequences of this for daily life and good medical treatment. Adolescents who suffer from long-term illness do, like adolescents in general, go through major emotional, cognitive and social changes. In addition, they must cope with the consequences of their long-term illness. The way in which they handle their health related challenges, may greatly influence on their future health status and quality of life.

Purpose/Methods

Long-term health challenges are linked to chronic disease, prolonged physical or psychological stress or disability. We have collaborated with adolescents, their parents and professionals to develop group-based learning-and-mastery-courses for adolescents in the ages of 12-16 and 17-26 years, and their parents. The main objectives of the courses are to strengthen the adolescents in mastering being young and coping with health related challenges, prepare them and their parents for transition to adult health services, and to increase their quality of life.

Results

The Ramboll Group has interviewed the adolescents and their parents about participating in the courses. The results show that both the adolescents and their parents generally have appreciated participating in the courses, especially meeting others in similar situations. That user representatives, together with professionals have led each course, is reported being of particular importance, and have added a trustworthy atmosphere. The themes and the pedagogic tools used in the courses have given grounds for valuable reflections and for facilitating dialogue.

Conclusions



The Norwegian National Advisory Unit on Learning and Mastery in Health are adjusting the material that has been produced for the courses during the three-year developmental period. We will apply for means to implement these courses to Norway's health regions, and to instigate research to investigate how health care services best can meet the needs of adolescents and their parents, with the intent that adolescents, alike other age groups, shall receive high quality health care services adjusted to their needs.

Contact: BRATLI Siw Anita

Norwegian Advisory Unit on Learning and Mastery
Trondheimsveien
0586 Oslo, NOR
sjabra@ous-hf.no

A Patient-and-Family-Centered Model of Clinical Psychological Services in Continuous and Integrated Care for Abused Children/Adolescents in NTUH

TSENG Chang-Chang, CHUNG Yun-Chen, CHENG Yih-Ru, TSENG Wei-Chieh, LU Frank Leigh, LIU Zai-Yuan, SUNG Hsien-Yi, LIN Hsiang-Yuan, CHIU Yen-Nan

Introduction

Child abuse in Taiwan has been a serious issue recently. The event number was up to 17,443 in 2013. For protecting these abused children from the harmful environment, Ministry of Health and Welfare granted a project in June 2014. On this basis, the child clinical psychologists in NTUH have extended their services from the tertiary prevention to the whole span prevention. This paper presented a patient-and-family-centered model developed for the new services.

Purpose/Methods

In each case, we assessed the child's development, temperament, and emotional status, the main care taker's personality, parenting attitude and skills, and their social environment. From the assessment, we formulated the psychopathology of the problem and provided different services. For primary prevention, education of care and parenting skills was provided. For secondary and tertiary prevention, we provided behavioral and emotional managements and individual/family therapy, respectively.

Results

In the period 2014/8-12, we provided 31 clinical psychological services, including 15 first assessments, 12 psychotherapies, 2 supervisions outside, and 2 telephone counseling. We found that 53% of first assessments is preschooler. The percentage increases to 59% when telephone counseling is included. In addition, most neglect cases are under age 2. These findings support the important of early detection and early intervention.

All the 12 psychotherapies have successfully rebuilt the parent-child relationships.

Conclusions

A patient-and-family-centered model for the child clinical psychological service covering three-level prevention has been launched in NTUH to provide a continuous and integrated care for abused children/adolescents. After the assessments for the patients and their parents, we provided following interventions, i.e. psychotherapy, consultation, or referring to community services according to their needs. We plan to continue this patient-and-family-centered care model for the maximum benefit of the patients and their family.

Contact: TSENG Chang-Chang

National Taiwan University Hospital
No.7, Chung Shan S. Rd. (Zhongshan S. Rd.) , Zhongzheng Dist.,
Taipei, TWN
cctseng@ntu.edu.tw

Health promotion and quality of care in school setting: the CRESCERE INSIEME-Growing together

AGUZZOLI Cristina, PERAZZA Franco, BERTOLI Marco, CULOT Wally, MACERA Loredana, VIDI Miryam, VIDOZ Liliana, LORU Franco, CHIOZZA Gianluigi, DAMILANO Igor

Introduction

In Health Behaviour in School-Aged Children Survey 2010, Italy was almost at the top in the list of 44 countries involved about the perception of chronic stress symptoms in the students of 11,13,15 years. In the world it's growing the phenomenon of self-injury and aggression linked to cyberbullying. Our Health Services and stakeholders of the community are implementing a system for stress management , based on resiliency principle, involving policy makers and different settings of the community

Purpose/Methods

We aimed to promote a "salutogenesis" model in school setting.After signature of the memorandum of understanding "Growing Together" we became technical partner of the Local Bank Foundation, that has an area dedicated to welfare of school.The purpose is to re-orient calls for projects funded and skills of private psychologists.We planned consensus meetings for professionals and trainings for teachers and parents.In order to set up intersectoral strategy, our experts of Local HPH Committee are counsellors of the process.

Results

We published online documents of the "strategy of resilience" in schools: they will be part of an organisational model that

covers the overall well-being of students, teachers, administrative staff and family. The model has to be coordinated by the school, in collaboration with a psychologist or educator external funded by Local Bank Foundation and supervision of the Health Promotion group. Psychologists put in action resilience strategy, evaluate the risk of particular situations, facilitate access to the services dedicated to teenagers

Conclusions

As well as the emotional intelligence of a living entity determines its ability to adaptation to change, an organized system must be trained towards organisational creativity. The start up of the new model of intervention has the need of high commitment by the school management and high cooperation between public and private professionals. During training sessions we found very useful the self assessment HPH standards, as a fast way to recognize strength and difficulties in school setting.

Comments

The most recent literature shows how adversity experienced during childhood affect the programming of an inflammatory phenotype characterized by higher levels of systemic inflammation and an increased risk of impact on health in later life. The development and the severity of these conditions depend primarily by the individual vulnerability, exposure to adverse environmental factors, the frequency of stressful events. What's up is a system to connect interventions on salutogenesis and monitor the flow of services taking care of adolescence.

Contact: AGUZZOLI Cristina

Azienda Servizi Sanitari 2 Isontina

Via Vittorio Veneto

34170 Gorizia, ITA

cristina.aguzzoli@ass2.sanita.fvg.it

Session O4.3: Health promotion for hospital staff - problems and solutions

Correlation between patient claims data and work environment in Norwegian hospitals

BUKHOLM Ida, TVEDT Christine Raaen, BUKHOLM Geir

Introduction

Patient outcomes can be measured through different approaches and catch different problems: adverse events, patient safety culture measurements, patient safety climate measurements, patient claims, compensation for patient harms, quality registries etc. Health professionals, except

patient claims and other systems where patients claim directly, report most of the events. There is a growing body of evidence for associations between the work environment and patient outcomes. A good work environment may maximize healthcare workers' efforts to avoid failures and to facilitate quality care that is focused on patient safety. It is therefore, of interest to evaluate whether there may be a correlation between work environment determinants and patient claims as indicator for patient harm.

Purpose/Methods

In an ecological study, involving most hospitals in Norway, patient claims from The Norwegian systems for patient compensation were used as outcome data. In a multicenter study involving almost all Norwegian hospitals with more than 85 beds, information about nurses' perceptions of organizational characteristics were collected. Subscales from this survey were used to describe properties of the organizations through nurses' perceptions of the quality system, patient safety management, nurse-physician relationship, staffing adequacy, participation in hospital affairs, quality of nursing and patient safety. The average scores for these organizational characteristics were aggregated to hospital level, and merged with estimated probabilities for 30-day survival in and out of hospital (survival probabilities) from a national database. In this observational study, the relationships between the organizational characteristics (independent variables) and clinical outcomes (patient claims) were examined.

Results

This study showed that perceived staffing adequacy ($p=0.002$) and nurses' assessments of participation in hospital affairs ($p=0.01$) in hospitals with high hospital mortality ($p=0.004$), were correlated with high claim frequencies for hospital associated infections. Patient claims that involved activities before and after admission to hospital was not correlated to work environment determinants.

Conclusions

The study shows that there is a correlation between work environment in hospitals and serious patient claims and patient harms. Patient claim data can differentiate between the phases of patient flow through levels of the health services, and only patient claim data reflecting harm initiated at the hospital are associated with hospital work environment.

Contact: BUKHOLM Ida

Akershus university hospital

1474

Lørenskog, NOR

irb@npe.no

Pregnant and still working - A health promoting project at Akershus University hospital in 2013-2014



JENSSEN Ingun Kristiansen, BERGER Marit Anette

Introduction

The hospital has approximately 250 pregnant employees each year. The health sector has many exposures and strains that can affect the health of a pregnant. National statistics shows that sick leave among pregnant is higher than among the population as a whole. Main goals: •Support the leader and the pregnant in creating a health promoting workplace and prevent unnecessary sick leave •Security and knowledge about being pregnant and working •Keep the competence of the pregnant as long as possible

Purpose/Methods

- Three party meetings between leader, pregnant and midwife from Occupational health service, with individual risk evaluation as a basis for adjustments of tasks
- Evaluation of work capacity - individual plan that follows the health card to secure communication between the workplace and local GP/community midwife
- Lunch meetings focusing on normal pregnancy symptoms and health promotion
- Course for leaders, union representatives and health and safety representatives in cooperation with Norwegian Labour and Welfare administration focusing on how to and why make adjustments

Results

- The project reached approx 70% of the pregnant and these worked in average 12 weeks longer compared to pregnant employees in 2012. This means approx 4400 days of work with known competence in the sections
- Sick leave was reduced by 30%
- The survey handed out in the last meeting, shows great satisfaction with the offer both among the pregnant and the leaders
- High attendance at lunch meetings and the workshops for leaders

Conclusions

- Information and three party meetings have created a health promoting work environment for the pregnant through being seen, heard and getting increased knowledge and security about being at work while pregnant
- Adjustments have contributed to keeping the competence of the pregnant as long as possible
- The results from the project have led to implementation through the Occupational health service in 2015

Comments

8 divisions took part in the project and 18 different professions. An important criteria for success is midwife from Occupational health service as a neutral third party in the talks with knowledge about pregnancy and work.

Contact: JENSSEN Ingun Kristiansen

Akershus university hospital (Ahus)

Postbox 1000, 1478 N-1478 Lørenskog, NOR

itop@ahus.no

Session O4.4: Community outreach programs for health promotion

A study of health behaviors and health conditions in the residents of rural and remote community

FANG Yu-Hui, CHANG Chih-Ming

Introduction

The purpose of medical health care is not only based on treatment of illness, it is more important to determine of health outcomes for both ill-health treatment and preventive care. According to the rural community research survey, understanding rural communities' health care needs provide special attention needs and perform nursing teaching intervention to the remote communities is necessary, which assist rural residents to acknowledge and change behavioral of health, prevent illness and promote in health care.

Purpose/Methods

This study is to analyze the residents of rural and remote communities' health behavior (smoking, drinking, diet, exercise and chewing betel nuts) and health relating factors (BMI, waist circumference, diseases, physical function).The subjects were 355 adults, aged over 20 and living in Wufeng Township of Taiwan. The study is conducted from January of 2013 till December of 2014, by using structured questionnaire method were performed. The relevant factors were discussed based on one-way ANOVA.

Results

Data from 355 patients were analyzed, the majority being female (58.0%) with an average age of 50.2, above university study group 58.8%, hypertension (42.5%), diabetes mellitus indicated (15.8%), overweight and above 36.9%, abnormal waist circumference indicated 56.3%. Education level reached above smoking level, reaching a statistically significant difference ($P=0.044$), level of BMI and hypertension reached a statistically significant different ($P<0.0001$, $P<0.0001$)

Conclusions

People with high consumer with fatty foods, has representing BMI values of the majority of overweight and obesity groups, abnormal waist circumference has representing of more than half the proportion of the survey population. Waist circumference, BMI level and hypertension have reaching a statistically significant difference. Strengthen in a balanced dietary plan and regular exercise should be recommended, to reduce developing of chronic disease in the future at any age groups.

Contact: FANG Yu-Hui

Mackay Memorial Hospital, Hsinchu/Yuanpei Unversers

No.690, Sec. 2, Guangfu Rd, East Dist, 30071 Hsinchu City, TWN

7353@mmh.org.tw

A Health Advice Free Street Clinic as an Outreach Action Program: Let's Start from Listening to and Understanding Our Town

**NIKAIDO Noriko, KOIKE Yoichi,
WATANABE Takao, KAGAYA Akira, ANDO
Ken-ichi, MURAKAMI Hiromi**

Introduction

Our hospital focuses on community medicine, in particular, emergency medicine and general medicine running with inpatient-centred hospital management. For the progress of a health-promoting hospital, it is necessary to also have a local resident healthcare-centred strategy. We started a health advice free street clinic. This outreach action was initiated for people to consult frankly regarding health worries, for medical staff to understand the medical demands of residents and the building up of local coordination in constructing a healthy town together.

Purpose/Methods

The street clinic is held in a tent pitched in front of a supermarket once a month. From July 2014 to December 2014, it was carried out seven times. Five to nine staff members attended each time and 37 attended in total. The hospital staff responded to requests about health and medical problems, measured blood pressures, and furnished materials on a monthly basis for healthcare issues such as heatstroke, influenza, lung capacity, care giving and so on.

Results

The total number of visitors was 230. Medical consultations covered diabetes mellitus, asthma, hypertension and so on. Advice for lifestyle changes was given regarding exercise, drinking and weight control. Questions regarding medicine intake and medical data were also asked. Cases involving demands for dialysis, dementia care and traffic assistance to outpatients were referred to the healthcare structure. The street clinic could find subclinical patients and high-risk persons in need of treatment and be effective in educating about heatstroke.

Conclusions

For residents, it becomes possible to ask thorough questions and voice dissatisfactions that were never allowed in the hospital. They find channels to communicate their opinion on hospital and local healthcare procedures. For the hospital, the discussion with residents showed crucial insights to improve the hospital and construct the local healthcare system.

Comments

The street clinic has led to the forging of a new relationship between local residents and the hospital instead of between patients and the medical staff.

Contact: OHNO Giichiro
Tokatsu Hospital
409 Shimohanawa
270-0018 Nagareyama, JPN
oonog@mb.infoweb.ne.jp

Invisible prostitution: contacts, relationships and networks.

**FORNACIARI Rossano, GEMMI Maria
Cristina, SPARANO Marina, FORACCHIA
Andrea, CROTTI Claudia, MANGHI Mara,
ANGELUCCI Francesca, WONG Ophelia,
BORSARI Alizia, SHUYAN Sun,
CRASTUONUOVO Lisa**

Introduction

About 10 years ago, a team of social workers began working with street prostitutes on a periodic basis, offering them information about their fundamental rights and the services that were available to them. Thanks to the regional government of Emilia Romagna and its project "Oltre la Strada" ("Beyond the Streets"), the team also began helping prostitutes from the Chinese community, who were often "invisible", working in apartments, massage parlours or nightclubs: Project inVisibile.

Purpose/Methods

Since 2011, a Chinese cultural mediator began ringing the many telephone numbers of massage parlours and other meeting points that were advertised in local papers. The mediator would offer the workers the chance to attend an informal drop-in session and would also accompany them to medical check-ups where they could obtain screening and counselling on STDs. The team is coordinated by specially-trained municipal social workers, who are regularly briefed and updated on each case (through emails, telephone calls and meetings).

Results

In recent months, 279 telephone calls have been made. 172 were successful, with 126 sex workers having accessed local services, and 16 having attended the drop-in sessions. The results of the medical check-ups are also significant. Not only has there been an increase in visits by members of the Asian community (mainly Chinese), but there has also been an increase in the take-up of tests (STD testing, Mantoux tests and contraceptive advice) at EVA LUNA, the clinic dedicated to providing help for sex workers.

Conclusions

The following issues have been analysed at the regional and local meetings: Efficiency factors - presence of a Chinese mediator with good local knowledge - team's ability to provide prompt, concrete responses - guaranteed low-level access to healthcare Issues: - procedures for accessing services need to be reviewed - more training is needed to deal with legal matters



(illegal immigration, crime) - the contact and accompanying activities cannot be carried out by just one mediator.

Comments

Phone contact, accompaniment and operator networks not only provide tools for self-determination but also improve the conditions of fragility and isolation of the persons contacted. In order to increase the effectiveness of the project, all the Chinese mediators in the local area have been involved for the past few weeks. One mediator will continue with phone contacts and accompaniment to the health services, another will analyse the Italo-Chinese websites of sex workers and the hypothesis of using Whatsapp, while the third mediator, who has been a point of reference for the Chinese community for many years, will promote actions of empowerment and will maintain the social-healthcare network.

Contact: RIBOLDI BENEDETTA
LOCAL HEALTH UNIT
VIA AMENDOLA
REGGIO EMILIA, ITA
benedetta.riboldi@ausl.re.it

Impact of social accountability on the medical staff

BISHARAT Bishara

Introduction

For 153 years, The Nazareth Hospital aims to extend health care to all, in a spirit of reconciliation between people: Jews and Arabs: Christian, Moslem and Druze. The hospital staff in the beginning of the 19th century initiated mobile clinics to serve the unreached in areas. Also the model of mother and child community clinics that the hospital staff initiated in 1950s was adopted by the Israeli ministry of health and has been implemented as part of the ministry's services.

Purpose/Methods

Since 2012, the hospital management decided to have the community involvement as part of the hospital strategy, social accountability was one of the hospital torches of the hospital work. One of the major projects that under the social accountability work, is providing medical services to the neglected areas in the West Bank Area C. for this purpose, hospital staff visited the area and met key persons in Ein Baida a small village in Tobas district to examine the need

Results

The hospital staff opened a medical center that existed but didn't operate yet. Medical tests for 70 children were done, and pediatrics started a clinic in a weekly basis. Later on, more services were and still given to Palestinians Bedouin area – Al Maleh that was destroyed during 1967, today with a Population of 4000, that lives in tents with their own animals and lacks of clean source of water and electricity, a place with an urgent need for medical services

Conclusions

It started with one doctor involvement, and today tens of hospital staff provide medical services in addition to donations the staff sent to the population. The social accountability and reaching the neglected, is also great tool to encourage staff communicate with others that are ambitious and care about the community, build self-esteem and self-confidence, and meet new people. In addition the staff appreciates more the hospital, something that can motivate them in their daily work in the hospital

Contact: BISHSRAT Bishara
Nazareth Hospital EMMS
5050
16100 Nazareth, ISR
bishara@nazhosp.com

Session O4.5: Physical activity promotion in and by Health Promoting Hospitals

A delicious cycle (not a vicious circle): national and hospital initiatives show steady increase in cycling rates over the last decade

DOHERTY Kirsten, GILROY Irene, DALY Leslie, FITZPATRICK Patricia, FLANNERY Eimear, KERLEY Mary, O NEILL Veronica, KELLEHER Cecily

Introduction

The Special Eurobarometer Wave (2006) found that less than a third of adults were sufficiently active (range 23–44%) (ref. 1). The countries with the best infrastructure for promoting active commuting were among the most active. This hospital has promoted physical activity among staff for over a decade, achieving a gold Active@work award in 2013 from the Irish Heart Foundation. Promotion of cycling began in 2006 and a survey in 2011 established barriers and incentives to assist planning (ref 2).

Purpose/Methods

Promotion of cycling has been led by the Dept of Preventive Medicine and Health Promotion, the Health Promotion Committee, the Bicycle User Group, and a management-led Transport Committee. Bike to work days, cycling lectures by cycling-promoting politicians and improved facilities have augmented national incentives including city bike rental and tax saver schemes. The number of bicycles on campus has been monitored since 2006 and used to set a health promotion key performance indicator.

Results

From 2006 to 2014, the average number of bicycles parked in the hospital increased by 125%. City figures are available from 2006 to 2013. During that period, the hospital rate increased by 92%, a considerably greater increase than the increase of 64% seen in the city figures (ref 3). The increase is not due to greater staff numbers as these have returned to 2006 levels after peaking in 2008. The number cycling is highest in the autumn.

Conclusions

The bike counts show that the multi-pronged approach of bottom-up staff lobbying and management-led partnerships, with health promotion involvement, can produce an impact greater than that caused by national initiatives alone.

Comments

References: 1. M. Sjöström et al. (2006) Health-enhancing physical activity across European Union countries: the Eurobarometer study. *Journal of Public Health*, Vol. 14, Issue 5, pp 291-300 2. K. Doherty et al. (2013) Two Schools of thought: barriers and incentives to cycling among staff in a Dublin academic hospital. *Clinical Health Promotion*, Vol. 3, Issue 2, p 60 3. National Transport Authority (2014) Report on trends in mode share of vehicles and people crossing the Canal Cordon. Dublin City Council.

Contact: DOHERTY Kirsten

St. Vincent's University Hospital
Dept of Preventive Medicine, St Vincent's Univ Hospital
Elm Park, Dublin 4, IRL
k.doherty@svuh.ie

The role of hospital-established medical fitness centers in promoting physical health

WONG Toh Yoon, KUSUOKA Satoshi, MURATA Hirohiko

Introduction

Worldwide obesity is an issue of concern and although Japan has one of the lowest obesity rates in the world, there is an increasing trend among the male population. Obesity is associated with a variety of complications such as cardiovascular disease, type 2 diabetes, fatty liver and cancer. Our hospital established a medical fitness center in June 2009 which integrates physical exercise and fitness with disease management and prevention, working closely with healthcare professionals from the hospital.

Purpose/Methods

Data was collected from 100 members who used the center's facility for more than two months. Fitness programs include group exercise classes such as aerobics, stretching, walking, balance training etc. The center also provides individual exercise programs tailored to each member. Changes in body weight, body mass index (BMI), blood pressure, body fat percentage and muscle mass percentage were analyzed.

Results

Average age was 62 years old with the majority of users being female (80%). Members used the fitness center at an average frequency of 11 times per month. Statistical analysis showed significant improvements in physical parameters such as body weight, BMI, body fat percentage, muscle mass percentage and mean arterial pressure after an average period of 29 months. Furthermore, improvement in body weight and muscle mass percentage were correlated to the frequency of use after adjusting for age and gender.

Conclusions

Our hospital-established medical fitness center is shown to be effective in improving the physical health of its members. Since more than 75% of members are above the age of 50 and almost 60% of members have some chronic disease (with cardiovascular disease being the most frequent), having the support of healthcare professionals nearby while exercising provides safety while promoting physical activity.

Contact: WONG Toh Yoon

Hiroshima Kyoritsu Hospital
Hiroshima-shi Asaminami-ku Nakasu 2-19-6
Hiroshima, JPN
easybs@hotmail.com

Weight Control in HPH and Target Physical Fitness Intervention

SHIEH Ying-Hua, LIN Ching-En, CHEN Chiun-Min

Introduction

According to the 2013 statistics from the Ministry of Health and Welfare, heart disease and cerebrovascular disease are the second and third leading cause of death, which accounts for 18.8% of total deaths in Taiwan. Physical inactivity and sedentary lifestyle contributes to obesity and chronic diseases, such as metabolic syndrome, diabetes mellitus, and cardiovascular diseases. In order to promote physical activity, Wan Fang Hospital executed a weight control program. The Target Physical Fitness program was later developed, attempted to analyze physical performance of participants

Purpose/Methods

The weight control program, including weight reduction and body sculpting workout, was executed for nine months in 2014. We calculated the number of all participants, and collected the total weight and waist circumference reduction of participants each month. For Target Physical Fitness program, we collected four physical fitness measurements from each participant, including: 1. Body Mass Index (BMI), 2. Sit-and-reach test, 3. One minute sit-up test, and 4. Three-minute-stair-climbing exercise. The results were further analyzed, in order to formulate customized training for each individual.

Results



344 people from the weight reduction course lost 1,892.6 kg in total and 457 people in the body sculpting course lost a total of 2,440.3 cm of waist circumference. 265 people enrolled in the Target Physical Fitness program. Among them, 25% were overweight or obese. The sit-and-reach test showed that 54% had poor flexibility, 46% had fair or good flexibility. In one minute sit-up test, 11% had poor muscle endurance, 89% had fair or good muscle endurance. In the three-minute-stair-climbing test, 38% had poor cardiopulmonary endurance, 62% had fair or good cardiopulmonary endurance

Conclusions

The weight control program was effective in both weight and waist size reduction. Of all the Target Physical Fitness participants, 25% were overweight or obese. 54% had poor flexibility, 38% had poor cardiopulmonary endurance. With the implementation of weight control program and Target Physical Fitness program, participants can distinguish their weakness and improve their overall physical performance. Combining the two programs, Wan Fang Hospital has greatly increased the physical activity of residents and workers in the Wenshan community (Taipei, Taiwan).

Contact: LANGELY Sephi

Taipei Municipal Wan Fang Hospital
No.111, Sec. 3, Xinglong Rd., Wenshan Dist., Taipei City 116
Taipei, TWN
obaz.chen@gmail.com

The Effectiveness of “Mackay Energy 2K” Programs

HWANG Lee-Ching, CHEN Yu-Hua, LEE Shu-Chen, HU Nai-Fang, CHANG Chia-Mei, CHEN Chen Chiu

Introduction

Mackay Memorial Hospital has been putting on a series of programs "Mackay Energy 2K" since 2012, which has received a sizable response from our colleagues and community residents. Following the principle of the Ottawa Charter, we have encouraged our staff, patients and community residents to actually implement the lifestyle of healthy living step by step via trail route planning, fitness walking activities, and body weight management program.

Purpose/Methods

Purpose: By "Mackay Energy 2K" program, we expected to constantly lead our colleagues and community residents to build healthy lifestyle, to properly manage self-health and to do effective body weight control. Methods: There were four stages in these series of activities. The 1st stage was "Mackay Energy 2K plan" selection, planning the fitness walking route around the hospital which will be completed within 30 minutes or 2000-2500 steps. The 2nd stage was "Walking for health, Mackay walk together". Encourage the colleagues to experience the activity by walking through the first place trail route - "Lunch Break Energetic, Happy Pathway". Besides we also instilled the ideas of body weight control, healthy diet and

doing adequate exercise during the activities. The 3rd stage was "Go Go. Walk a walk together". Employee's family or community residents were invited to join the activity of fitness walking, to expand the scale of the programs. The 4th stage was "Working for health, losing weight together", combining the issue of weight losing, to promote the motivation and effectiveness of weight losing by group competition.

Results

There were 49 groups and up to 3,489 participants in this series of activities. In the 1st stage, there were 20 out of 45 trails in the route planning selection by experts' opinions and 1,418 persons voting. In the 2nd stage, we had analyzed the improvement of the participants' lifestyle, revealing that the improvements in daily fruit taking and weekly exercise frequency were most significant, which were statistically significant. Furthermore, there were 98% of the participants willing to bring up exercise habits. We also found fitness walking together helped to improve the interpersonal support and staff cohesion. In the 3rd stage, combining the community to increase the participating rate of fitness walking, there were 16 groups (779 participants) joining the activity. This strategy promoted the exercise motivation in the community, and also helped participants to pay more attention to their health. In the 4th stage of body weight control analysis, we had found that the mean BMI reduced 1kg/m² after fitness walking. Mean weight reduction was 1.4 kg. Furthermore, for overweight participants, there were losing weight about 1.6 kg in average.

Conclusions

From "Mackay Energy 2K" programs, we promoted our participants' concepts of healthy diets, regular exercise and weight management. Besides, programs helped to strengthen the interpersonal support, unite the participants and draw them closer to another. These activities also improved the corporate culture and health community empowerment, which were consistent with the core concepts of the Health Promoting Hospital.

Contact: CHC mmh

Community Health Center, Mackay Memorial Hospital,
No. 92, Sec. 2, Zhongshan N. Rd.
Taipei City, TWN
mmh1089@ms1.mmh.org.tw

Session O4.6: Tobacco cessation interventions

Start the conversation

CORBEN Kirstan

Introduction

Smokefree environments are rapidly becoming the norm within Victoria. The management of nicotine dependency among patients however, is inconsistent and of varying quality. Alfred Health led a ground breaking campaign designed to emotionally compel clinicians to start the conversations with their patients about smoking. This initiative recognises that advice from a

health professional is one of the most effective ways to encourage people to stop smoking – the largest preventable cause of death and disease in Australia.

Purpose/Methods

Objective: • To engage clinicians in brief interventions to prompt smoking cessation attempts among people who access the Victorian health system. Start the conversation is a communication campaign featuring a 4 minute video sharing the life-changing conversations between health professionals and patients, inspiring them to quit smoking. Real people tell real stories; there are no scripts. A key campaign message is the number needed to treat; one in every thirty-three conversations will lead to a patient successfully quitting smoking.

Results

Start the conversation has demonstrated high reach among its target audience of health professionals. Videos were viewed more than 16,000 times within the first three months of the campaign. The campaign received significant media attention and overwhelmingly positive feedback from clinicians. Health professionals expressed highly emotive responses to the campaign and significant changes in clinical practice, particularly a strengthened commitment to raise the topic of smoking with their patients. The campaign won gold at the 2014 Melbourne Design Awards.

Conclusions

Start the conversation has changed the narrative on giving up smoking. A series of short films reverse the traditional approach and prompt health professionals to change their behaviour – by initiating the conversation – not the patient. The campaign demonstrates high reach and high cut through among its primary audience of health professionals. It brings strong potential to significantly increase the rate of smoking cessation attempts upon the Victorian population and beyond.

Contact: CORBEN Kirstan

Alfred Health
Commercial Road
3004 Melbourne, AUS
k.corben@cgmcc.org.au

The Efficacy of Gold Standard Programmes for Smoking Cessation

**RASMUSSEN Mette, PEDERSEN Bolette,
TØNNESEN Hanne**

Introduction

Many studies have established tobacco as the most important preventable risk factor for public health. WHO estimates that approximately 6 million people die each year from smoking, globally. However, smoking is still widespread in most parts of the world. More and more evidence has been gathered regarding effective smoking cessation interventions with or without pharmacological support. There is substantial

difference in the intensity of these programmes with the brief interventions as the most commonly used. The efficacy of intensive interventions has not yet been systematically reviewed.

Purpose/Methods

Aim: To assess the efficacy of the an intensive 6- week gold standard program for smoking cessation (GSP) or other similar intensive interventions including patient education to aid smoking cessation compared to other less intensive interventions and usual care, and to identify whether there are different effects of GSP in different groups of smokers. **Methods:** A systematic review and meta-analysis if possible, conducted using MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL) and CINAHL. The study includes randomised controlled trials on adult smokers. The main outcome is measured as continuous abstinence on long and short term, secondary point prevalence is used.

Results

Results will be presented at the conference.

Conclusions

The study will provide new knowledge about the efficacy of intensive smoking cessation interventions. The results will be of great importance for the individual patient and for the benefit of public health and the economy in general.

Contact: RASMUSSEN Mette

Clinical Health Promotion Centre, WHO-CC
Frederiksberg University Hospital, Ndr. Fasanvej 57
2000 Copenhagen, DNK
mette.rasmussen.03@regionh.dk

Supporting smoking cessation in pregnancy

KENT Pauline

Introduction

In 2008 at Sligo Regional Hospital (SRH), Ireland, 1716 pregnant women attended the antenatal clinic of whom 201 (10%) self reported to smoke at the first antenatal visit. In this group of smokers, 11 (5%) were referred to the smoking cessation service offering intensive smoking cessation therapy. In this cross sectional study, we aimed to determine the referral rate to an established smoking cessation service following the introduction of routine midwife led brief advice on smoking cessation and validated smoking status testing in the antenatal setting. A key secondary objective was to establish the validated point prevalence smoking rate in pregnant women at the first antenatal hospital visit.

Purpose/Methods

All pregnant women > 16 years of age booked in for their first antenatal clinic at Sligo Regional Hospital as a public patient from 12th October 2009 to September 1st 2010 were invited to take part in the study. Only women attending three weekly antenatal clinics at the hospital were included; four weekly



clinics based off campus were excluded. The first hospital based antenatal clinic is scheduled around 20 weeks' gestation. Participants received an invitation to the study with the appointment letter. Upon arrival at the antenatal clinic an information sheet was provided and informed consent sought.

Results

16% (n=114) were recorded as current smokers [95% CI 13-19]. 596 women were recorded as non-smokers (83%) and data was unrecorded for 6 women (1%). Included in the non smoking category are 3 women, who spontaneously quit smoking when they found out they were pregnant. This point prevalence smoking rate is an increase of 4% compared with 2008 figures [95%CI 1-7]. Of the 86 women who consented to the study, 49 were self reported smokers. 65 (57%) of the self reported smokers did not consent. All self reported non smokers who consented were recorded as validated non smokers. I

Conclusions

Our study demonstrated that brief intervention at the first antenatal visit can increase referral rates to established smoking cessation services leading to a reduction in women who continue to smoke throughout their pregnancy. The brief intervention was integrated into routine clinical care. The study has several limitations. Firstly, the low consent rate of 12% compromised the validation of the point prevalence smoking rate. In the focus group, work pressures and reluctance on behalf of pregnant women to participate was highlighted as possible reasons for the low consent rate.

Comments

The 30% increase in referral rate to the smoking cessation service represents a dramatic improvement. The increase must be seen in light of the low base line referral rate of 5%. Most studies evaluating interventions for smoking cessation in pregnancy have quit rates as an outcome measure. We are therefore not aware of comparative figures for our study population, but a study in a primary care population also found a significant increase in referral rates after introduction of brief intervention. We believe the 30% referral rate achieved is an underestimate of what the intervention could have effectuated: Firstly, performing validated smoking status tests on pregnant women has been shown to increase uptake of smoking cessation interventions. Our low consent rate prevented this to have an additive effect to the brief intervention.

Contact: KENT pauline

sligo regional Acute hospital setting
The Mall
sligo, IRL
pauline.kent@hse.ie

Co-production of health - techniques and examples from tobacco cessation program

CHEN Ching-Yuan, CHIEN Sou-Hsin, LAI Yi-Ling, HSU Chuan-Jen, CHUANG Shu-Ting, CHOU Yu-Hsuan, LIU Yi-Hua, CHANG Pin-I

Introduction

According to 2009 Taiwan national records, over 20% of Taiwanese adults were smokers and about 30,000 people died of smoking-related diseases. Therefore, smoking cessation continues to be a public health effort. There are four ways to approach smoking cessation in Taiwan: self-help, phone counseling, group counseling and individual counseling. Hospitals usually deliver smoking cessation services through out-patient appointments and counseling. Using the concept of co-producing health, we hope to empower smokers to bring about change in their smoking habits.

Purpose/Methods

This project involved 7 steps: 1. Self-motivated smokers signed up with the program. 2. Participants learned about program contents. 3. Participants completed surveys on degree of dependency. 4. Smoking hazard pre-assessment completed. 5. Participants shared stories and resources in group sessions. Different health professionals led the sessions, each for 3 hours, spanning four weeks long. 6. Post-assessment of smoking hazard completed on the last week. 7. Case Participants were followed-up for 3 months after the program. Success rate was evaluated.

Results

Thirty-three out of 88 participants completed the program. Ninety-seven percent of them were men and 58% were between ages 21~40 years old. Participant ratio of high, medium and low nicotine dependencies were 18.2%, 39.4% and 33.3%, respectively. Most participants started smoking as teenagers (84.5%); reasons for smoking included curiosity (48.5%) and peer influence (24.2%). Knowledge on smoking hazard improved from 75.3% correct ratio to 94.2%. During 3 month follow-up, 4 participants successfully quit smoking, 16 reduced the amount of cigarette consumption.

Conclusions

This is the first time that we relied on different healthcare disciplines to run the program. It enriched our perspectives on the complex relationship of nicotine dependence. Unfortunately, program completion rate and the number of smokers who actually quit smoking were quite low. Half of those who completed the program were highly dependent on nicotine and have been smoking since adolescence. Therefore, smoking prevention and cessation program targeting at adolescence may be a better solution.

Contact: CHANG Pin Yi

Buddhist Tzu Chi General Hospital, Taichung Branch
No.88, Sec. 1, Fengxing Rd., Tanzi Dist.,
744 Taichung, TWN
evon727@gmail.com

Session O4.7: Environment-friendly healthcare

Using hospitals as community resource centers to promote vegetarian lifestyles – an effort to curb the pace of global warming.

CHEN Ming-Hsiang, CHEN Joyce

Introduction

According to the latest UN Intergovernmental Panel on Climate Change (IPCC) report, reducing meat consumption is essential to slowing down climate change. However, governments worldwide have done little to address and tackle this controversial issue. Using Taipei Tzu Chi hospital as a platform, hospital chef Ming-Hsiang Chen, promoted vegetarian lifestyles through 3 channels: 1. Establishing a vegetarian cuisine club; 2. Opening up an organic food stand; and 3. Teaching vegetarian courses at nearby vocational schools and community centers.

Purpose/Methods

Environmental friendly information was disseminated within and outside the hospital, creating more access to resources, thus, making it a community resource center. Efforts within the hospital included the vegetarian cuisine club and the organic food stand. Participants developed a sense of environmental stewardship through cooking and field trips. Food stand customers were informed about food mileages and the environment through their purchases. Finally, vegetarian information was disseminated into the community through lessons held at vocational schools and community centers.

Results

Over a year, 30 individuals (average age 43 years old) participated in these community lessons and 80 students attended the vocational classes. The food stand served an average of 75 meals per day and the cuisine club reached 22 staff members. Based on interviews, participants appreciated the diversity of workshops organized by the cuisine club, including making soap with unwanted oils. Customers were pleased by the superior quality of ingredients used by the organic food stand compared to its competitors.

Conclusions

Hospitals are generally viewed as a disease treatment center but with its ancillary services and facilities, it can also serve as a community resource center. In this case, Taipei Tzu Chi Hospital created an environment where the chef could utilize his skills to promote vegetarian lifestyles. The positive feedback from participants and customers are cornerstones to further expand the project and involve even larger communities in the future.

Contact: CHEN Joyce

Buddhist Tzu Chi Medical Foundation
No.289, Jianguo Rd., Xindian Dist., 23142 New Taipei City, TWN
chen.joyce914@gmail.com

Water reuse systems and water-saving devices helped saved 35% tap water usage.

YU Xu-Fu, WENG Chuan-Min, WANG Shu-Hui, YANG Po-Hsun, CHUANG Shu-Ting, CHIEN Sou-Hsin

Introduction

The WHO stated that climate change has severe impact on natural resources that are essential to maintaining good health, such as, water and air. On average, hospitals consume about 742 milliliters of tap water per capita daily, which is a large amount compared to other commercial sectors. However, installation of water-saving technologies and equipment can reduce water usage by at least 38%. Taichung Tzu Chi Hospital implemented Building and Energy Management System (BEMS) to maximize water recycling and curb consumption.

Purpose/Methods

Using Taichung Tzu Chi hospital's built-in Wastewater Reclaimed Systems, non-hazardous waste water from daily activities was filtered. Water as cleaned through sand filters and disinfectants then stored in 6 storage tanks with a combined volume of 290 metric tons. Tilted roof provided easy collection of rain water. A rainwater harvesting system could store up to 276 metric tons of rainwater. Public restrooms were equipped with water-saving toilets. All activities were monitored by a centralized system to track water usage.

Results

From 2011 to November 2014, 59,247 metric tons of rainwater was collected, which used to irrigate gardens in the hospital. Recycled water was used in public toilets, which replaced average 2,786 metric tons water of civic tap per month. 540 faucets were modified to economize water usage (about 42% of all faucets in the hospital), which reduced 2,849 metric tons of civic tap water. In combined, about 57,442 metric tons of water was saved in 2013.

Conclusions

Reclaimed water and install water-saving devices such as sensor faucets, tap aerators and low-flush toilets helped saved 35% tap water usage. Through computer monitoring, regular maintenance and equipment updates, such as, switching old faucets that run 19.2L/min of water to ones that run 10L/min, water consumption was reduced to 100 milliliter per capita daily. All methods combined lessened significant amounts of water usage at our hospital.

Contact: CHANG Pin Yi

Buddhist Tzu Chi General Hospital, Taichung Branch
No.88, Sec. 1, Fengxing Rd., Tanzi Dist., 744 Taichung, TWN
evon727@gmail.com



The Implementation of Building and Energy Management System (BEMS) at Taichung Tzu Chi Hospital to optimize power-saving practices

WENG Chuan-Min, YU Xu-Fu, WANG Shu-Hui, YANG Po-Hsun, CHUANG Shu-Ting, CHIEN Sou-Hsin

Introduction

In 2013, there are 143 large energy users (over 800 kW) of healthcare industry in Taiwan, which consumed 2.12 billion kilowatt-hours annually, with air conditioning taking up 50.06% of the expenditure. Taiwanese hospitals have an average of Energy Usage Intensity (EUI) around 220kWh/m²/yr. In comparison, Japan and Singapore have reduced theirs to 150-180kWh/m²/yr. Our hospital continues to work on finding efficient and economical alternatives to save energy and catch up with our Asian counterparts.

Purpose/Methods

Taichung Tzu Chi Hospital officially started running its new medical building on August, 2011. It adopted 2 new air conditioning chillers and 22 ice storage tanks, which stores up to 13,500 tones of ice. All were operating under the central monitoring system, which observed the weather, levels of activity in the hospital and types of medical equipment. Based on the above data, the system automatically shut off the chilling system in areas with low activity, thereby saving energy.

Results

The total area equipped with air-conditioning was 145 thousand m². Without BEMS, the Air Handling Unit (AHU) would had to run 24 hours non-stop. However, the BEMS at Taichung Tzu Chi Hospital reduced 42% of operating time among 140 AHUs in the building. Consequently, 21,420 kWh of power is saved daily and about 3,134 metric tons of CO₂ emission is reduced.

Conclusions

Optimization of BEMS in response to changing climate is essential in helping hospitals to collect data of energy expenditure. This data, which includes temperature, humidity, equipment conditions and pattern of usage, could help hospitals determine the right decisions in updating their power-feeding system.

Contact: CHANG Pin Yi

Buddhist Tzu Chi General Hospital, Taichung Branch
No.88, Sec. 1, Fengxing Rd., Tanzi Dist.,
744 Taichung, TWN
evon727@gmail.com

Session O4.8: Symposium on Smoke-free and Alcohol-free Surgery

Symposium on Smoke-free and Alcohol-free Surgery

TØNNESEN Hanne

Introduction

Best evidence based practice includes evidence, patients perspectives and clinical expertise based on staff qualifications. Research in all three fields is important to implement smoke-free and alcohol-free surgery.

Purpose/Methods

There is a major unexploited potential in preventing perioperative complications caused by smoking and alcohol consumption. In this symposium we address the existing evidence about surgery-related smoking and alcohol cessation and introduces ongoing research in the field. It is well-known that alcohol and smoking cessation 4-8 weeks before surgery reduces the risk of postoperative complications. Exactly what is the optimal time span for alcohol and smoking cessation interventions in the perioperative period is still unknown.

Results

Conclusions

This session is going to explore both the heavy smokers, who are often regarded a very difficult group who are less likely to successfully quit smoking, emergency patients, elective orthopaedic surgical patients and also cancer patients scheduled for surgery. The symposium will include a discussion among the participants and speakers. This Symposium replaces the former Symposium on Surgery-related complications and lifestyle interventions

Comments

Contact: LAURIDSEN Susanne

University Hospital og Copenhagen, Rigshospitalet
Blegdamsvej 9,
2100 Copenhagen, DNK
susanne.vahr@gmail.com

Nationwide increased patient safety in Sweden by perioperative smoking cessation.

LÖFVENBERG Richard

Introduction

Smokers have increased healing time, longer sick leave and higher drug consumption, higher frequency of infections and nonunion after surgery. Fifty percent reduction of complications have been observed when smoking cessation is introduced 1-2 months preoperatively. Great benefits for patients and society can be accomplished with a wider implementation of perioperative smoking cessation.

Purpose/Methods

In order to optimize patient safety the Swedish Orthopedic Association started a nation wide campaign 2009 regarding perioperative smoking cessation in orthopedic patients. The campaign was carried out locally, regionally and repeatedly at the yearly meetings of the Swedish Orthopedic Association and the Swedish Medical Association. Further publicity was reached after funding from the Swedish National Board of Health and Welfare and Swedish Patient Insurance LÖF.

Results

Perioperative smoking cessation policy is now introduced and in practice in all Swedish hospitals. Inquiries about smoking habits have been introduced in all orthopedic quality registers in Sweden. In 2013 all Swedish Surgical Associations agreed to implement smoking cessation 1-2 months before planned surgery. A great proportion of the patients continue as non-smokers.

Conclusions

An intense campaign carried out by a National Orthopedic Society regarding perioperative smoking cessation has to last for at least three years in order to reach full effect. Preoperative smoking cessation will result in a considerable increased patient safety and an optimal use of the financial resources allocated for medical purposes.

Contact: LÖFVENBERG Richard

Dept. of surgical and perioperative sciences
Bärnstensvägen 129
90741 Umeå, SWE
richard.lofvenberg@telia.com

Smoking and alcohol cessation in cancer surgery. Patients' reflections

LAURIDSEN Susanne Vahr, THOMSEN Thordis, TØNNESEN Hanne

Introduction

Smoking and alcohol consumption above two drinks per day is associated with an increased risk of postoperative morbidity. For bladder cancer patients scheduled for surgery the preoperative period is often very short. An ongoing multicentre randomised controlled trial is investigating the effect of an intensive smoking and alcohol cessation intervention following the gold standard programme (GSP), shortly before and 5 weeks after bladder cancer surgery on postoperative complications and smoking cessation.

Purpose/Methods

The purpose is to describe the patients' own motivation for smoking and alcohol cessation prior to surgery. Healthcare professionals help the patient to engage in in the process of change. The Box consists of four open squares with questions supporting reflections of the patient. The box is used to express the ambivalence related to smoking and alcohol cessation. A qualitative content analysis of the reasons to give up smoking and drinking before surgery described in the Box is made.

Results

Results from the content analysis will be presented

Conclusions

Knowledge about cancer-patients reflections about lifestyle changes and of continuation of the present lifestyle is valuable in the dialogue about what challenges to expect when smoking or alcohol cessation is planned before surgery

Contact: LAURIDSEN Susanne

University Hospital og Copenhagen, Rigshospitalet
Blegdamsvej 9,
2100 Copenhagen, DNK
susanne.vahr@gmail.com

Preoperative identification of hazardous alcohol consumption among surgical patients

JARDEN Kristine

Introduction

Symposium on: Smoke-free and Alcohol-free Surgery Drinking more than 2 US units of alcohol per day (1 US unit= 14 g ethanol) in the two weeks prior to surgery doubles the risk of postoperative complications. However, preoperative identification of this hazardous alcohol consumption among surgical patients developing complications seems challenging. Clinical routine assessment and/or diagnostic alcohol questionnaires may be insufficient for the purpose.

Purpose/Methods

The objective is to investigate whether diagnostic alcohol questionnaires compared to clinical routine can preoperatively identify current hazardous alcohol consumption among surgical patients at increased risk of developing postoperative complications. For this systematic literature review, randomized



clinical trials (RCT) were identified by searching The Cochrane Central Register of Controlled Trials, MEDLINE and EMBASE. The databases were searched systematically using free-text terms relating to surgical patients, diagnostic alcohol questionnaires and postoperative complications. Additional trials were manually searched for through other sources.

Results

No eligible RCTs were identified to generate conclusions based on best evidence for preoperatively identification of current hazardous alcohol consumption and their association with postoperative complications.

Conclusions

This systematic literature review demonstrated that currently no existing RCTs compared diagnostic alcohol questionnaires with clinical routine and evaluated their association with postoperative complications. This conclusion emphasizes the need for designing and carrying out high quality trials using a randomized study design within this area.

Contact: JARDEN Kristine

WHO-CC Denmark
Adelgade
1304 Copenhagen, DNK
kristinejarden@gmail.com

Participants and Non-participants in the Scand-Ankle study - An alcohol cessation intervention at the time of fracture surgery

AALYKKE Marianne, WERNHEDEN Erika, PEDERSEN Bolette, EGHOLM Julie WM, LAURITZEN Jes B, MADSEN Bjørn L, TØNNESEN Hanne

Introduction

Clinical experience indicates that patients declining participation in randomised clinical trials (RCTs) at the time of surgery are older, less healthy and of lower social status than participants, compromising the external validity of the RCT and bringing the non-participants in higher risk at surgery. Of our knowledge no studies exist on patients with hazardous alcohol consumption declining participation in RCTs at the time of surgery. The aim was to compare characteristics of the participants and non-participants in the Scand-Ankle RCT.

Purpose/Methods

The Scand-Ankle study is a RCT that investigates the effect of a 6-week gold standard alcohol intervention (GSP-A) on postoperative complications in patients drinking >21 units/week and undergoing ankle fracture surgery. This study included eligible patients that declined to participate in the Scand-Ankle RCT, but gave informed consent to follow-up in their medical record (N=67). Their perioperative patient characteristics were obtained from their medical record and the

characteristics was compared to the patients enrolled in the study so far (N=61).

Results

The baseline characteristics showed no differences between participants and non-participants, but some tendencies towards the non-participants being older, having more co-morbidity and higher ASA- scores. None of the variables of interest in relation to postoperative complications (age over 70 years, comorbidity, daily smoking, ASA, fracture type, BMI, alcohol) were significant predictors for non-participation.

Conclusions

No differences were found between participants and non-participants and no patient characteristics could significant predict participation.

Contact: AALYKKE marianne

whocc, clinical health promotion centre, copenhagen
Nodre Fasanvej 57, hovedvejen, indg. 5, 2. sal
2000 Frederiksberg, DNK
marianne.vejgaard.aalykke.02@regionh.dk

Scand-Ankle: Alcohol Intervention in Acute Surgery

WEBER Julie, PEDERSEN Bolette, TØNNESEN Hanne

Introduction

Patients with a high alcohol intake have an increased risk of having complications compared with patients with a low intake and non-drinkers¹. Preoperative alcohol cessation intervention has been shown to halve the frequency of postoperative complications. However what still remains unexplored, is the effect of alcohol cessation during and after surgery.

Purpose/Methods

A randomised clinical multi-centre study with blinded evaluation and analyses. The study evaluates the effect of an intensive patient education programme aimed at alcohol cessation in the perioperative period for adult patients drinking 21 or more drinks per week for at least 3 months undergoing osteosynthesis for ankle fracture. The programme consists of weekly meetings to support alcohol cessation; including alcohol withdrawal prophylaxis and supervised disulfiram. The scope of the programme is alcohol cessation for 6 weeks following surgery with follow-up visits up to 12 months after surgery. We aim to include 2 x 60 patients in the trial.

Results

Patient recruitment is ongoing since December 2009. The primary outcomes are: - Postoperative complications and second surgery, -Frequency of continuous alcohol cessation and changes in alcohol intake (biochemically validated), - Cost and cost-effectiveness

Conclusions

The effect of perioperative alcohol cessation intervention has not yet been investigated, and the Scand-Ankle trial is evaluated in four PhD theses. In perspective, on short term we expect the number of postoperative complications and use of health care resources to be reduced by alcohol cessation in the perioperative period. On long term, the effects of alcohol cessation or a reduced alcohol intake can yield other significant health effects.

Comments

Reference: 1 Tønnesen et al. Smoking and alcohol intervention before surgery: evidence for best practice. Br J Anaesth. 2009 Mar;102(3):297-306.

Contact:

Orthopaedic Department and Department of Emergency Medicine, Hospital of Southern Jutland, University of Southern Denmark, WHO-CC Clinical Health Promotion Centre, Denmark & Health Sciences, DNK
Julie.egholm@rsyd.dk



Session M1.1: Health promotion for children and adolescents & baby-friendly hospitals

Improvement of Community Health Prevention Promotion and Education ~ Analysis on Cases of Burn on Children and Applications

HAN Li-Nien, FAN Shih-Ying, YU Chia-Meng, CHEN Wei-Wei, CHANG Yu-Shin

Introduction

To help children develop the concept of protecting themselves, Mackay Memorial Hospital has been working with elementary schools for a long time to promote the first aid idea for burns, i.e. "rinse, off, dip, cover and send." However, according to the Childhood Burn Foundation of the Republic of China in 2013, only 22% of the burn patients were rinsed for more than 30 minutes. Second-degree burns easily leave scars that compromise looks and motor capability, not to mention psychological trauma. Therefore, the correct way and duration of rinsing are significantly important.

Purpose/Methods

Descriptive analysis was adopted on 86 cases of child burns from 2011 to 2014.

Results

(1) Basic information: each of boys and girls accounted for 50% with an average age of 3.4 years. 44.2% of children studied were 1 year old or younger. (2) Burn accidents: 77 cases were burned by hot liquid, accounting for 89.5%. (3) Places of occurrence: 86% of the cases occurred at home, and of this 86%, 50% occurred at living rooms. (4) Activities conducted when the burns occurred: 87.2% were home activities, including 40% and 18.6% for playing at home and eating, respectively. (5) There are 45.3% of the cases were mothers who took over of the children when the accidents occurred, followed by grandparents at 27.1%.

Conclusions

Northern Taiwan's house, kitchen, dining room, living mostly adjacent space, how to avoid scalding heat source to create a safe environment, is the burn community advocates should continue to focus on it. Elders are also an important part of family caregivers, so Burns advocates as not only the parents but also include grandparents.

Comments

(1) More education workshops for first-time parents in connection to burn prevention. (2) Emphasis on safety and caring issues in grand-parenting families. (3) Improved specificity and diversity of contents for burn prevention education. (4) Addition of information to education contents in

terms of when the burns happen frequently, such as before the traditional holidays of eastern societies.

Contact: LILLIAN Han

Mackay Memorial Hospital
No. 92, Sec. 2, Zhongshan N. Rd.
Taipei, TWN
year@mmh.org.tw

Prevention of child injury and violence in hospital setting

BENESOVA Veronika, SVANCAROVA Alena, TRUELLE Filip

Introduction

University Hospital in Motol, Prague, Czech Republic is a partner to the international program "Health promoting hospitals" since 2003. One of the range of activities targeted at patients and health care personal is provided by National coordination centre for child injury and violence prevention based in hospital. Project supported by the Norwegian grant which started this year will help the hospital to broaden activities of the centre in primary and secondary prevention of the child injuries and violence.

Purpose/Methods

Group of prevention experts is working on Methodologies for prevention of domestic, sport and school injuries for hospital personal, paediatricians and parents, but will be used inter-sectorally also for teachers, trainers and general public. Methodology for early detection of children in danger of violence is completed by educational materials for child violence prevention, prevention of online violence and bullying. The educational material will be completed by videogame, animated clips and interactive games for schools, hospitals waiting rooms and wards.

Results

Results will be followed by the project personal and the effect can be expected in the future decrease of the child injuries and violence cases treated in the hospital. Motol hospital is a national reference centre providing the specialized care for seriously injured children in the Czech Republic. Targeted prevention activities are equitable and sustainable and will be spread to other hospitals with child traumatology centres.

Conclusions

Unique project on health promotion and prevention of child injuries and violence started in the University Hospital in Motol, Prague, Czech Republic. Norwegian grant will help the hospital to strengthen the activities of the National coordination centre for child injury and violence prevention and to spread the prevention and child safety promotion nationally through the hospitals, health care settings and other sectors, including the communities with the hospital being effective as setting for child and adolescent health.

Contact: BENESOVA Veronika

University hospital in Motol
V Uvalu
150 06 Prague 5, CZE
veronika.benesova@lfmotol.cuni.cz

Chang Gung Memorial Hospital, Linkou
No.5, Fuxing St., Guishan Township,
333 Taoyuan County, TWN
smilebaby0414@gmail.com

Gender differences in the prevalence and types of violent incidents among Taiwanese adolescents visiting a pediatric emergency department

WANG Mei-Wen, HUANG Jiun-Hau, HUANG Yi-Yu

Introduction

Youth is a key developmental period. Adolescents play a key role in the family and community. Thus it is essential to pay attention to their health status. In previous studies, around 73% of violent incidents were reported from hospital emergency departments (EDs). Violent events among adolescents include: sexual assault, domestic violence, campus violence, and undefined violence. Therefore, this study aimed to examine the prevalence and types of violence, by gender, among ED-visiting adolescents and to provide evidence for violence prevention.

Purpose/Methods

In this study, data from 5,877 adolescents aged 10-17 years who visited pediatric EDs for trauma at some teaching hospitals in Taiwan were analyzed. Patients were divided into six groups by their reason for visiting: sexual assault, domestic violence, campus violence, unclear violence events, traffic accidents, and other trauma events. Descriptive statistics and chi-square test were used for the analysis.

Results

Around 17.7% of the adolescents were sent to EDs due to traffic accidents, and 11.6% due to violence. The proportion of males to females was 72.0% (509) to 28.0% (178). The incidence of violence among males was significantly higher compared to females ($P < 0.005$). Among these ED-visiting males, the prevalence of sexual assault, domestic violence, campus violence, and unclear violence events was 0.2%, 7.7%, 54.0%, and 38.1%, respectively; among females, it was 23.6%, 17.4%, 37.6%, 21.4%, respectively.

Conclusions

Campus violence among adolescents was serious, suggesting that intervention measures should be taken. Females were the main victims of violence. Females suffered sexual assaults much more commonly than males, and males suffered campus violence most. Gender affects the type of violence injury, although campus violence was also the most prevalent type of violent incident among females.

Contact: WANG MEI-WEN

From hospital to home: volunteers help to enhance the exclusive breastfeeding rate in Taiwan

LIU I-Fang, HUNG Yu-Fang, LIAO Pei-Lin, HSU Hui-Ping, SHEN Yu-Chuan, LIN Hui-Min, CHUANG Shu-Ting, CHIEN Sou-Hsin

Introduction

In Taiwan, especially in central and southern regions, many families do not support breastfeeding as influenced by local history and culture, and because of that, numerous mothers are forced to give up exclusive breastfeeding. Effort to gain the support from the family members on exclusive breastfeeding is considered a big challenge in Taiwan.

Purpose/Methods

The purpose of this study was to enhance the support system for mother, in terms of breastfeeding, through aids from volunteers, thereby increasing the exclusive breastfeeding rate during the six-month postpartum period. This study was a quantitative research. A total of 703 participants were enrolled in this study. We trained 18 volunteers to assist family members by sharing their experiences regarding exclusive breastfeeding, in order to provide psychological support towards mother during the six-month period after giving birth.

Results

The results of this study were as follows: (1) Exclusive breastfeeding rate during hospitalization increased from 45.4% to 60.8%. (2) Exclusive breastfeeding rate during one-month postpartum period heightened from 50.0% to 60.8%. (3) Exclusive breastfeeding rate during six-month postpartum period raised from 36.3% to 39.4%. From the above finding we concluded that enhancement of the exclusive breastfeeding rate can be achieved by aid from volunteers.

Conclusions

In the central and southern Taiwan, due to historical and cultural influences, many of the older members of the family prefer formula than the breast milk, This essentially incurs the mother to lose their full support on issue of exclusive breastfeeding. Our findings show that trained volunteers can help family members to be more supportive toward breastfeeding. It proved that their psychological skills can help family members to be more comprehensible. The positive results of this study may be worthy as a reference.

Comments

In Taiwanese (mainly ethnic han) families, elderly parents' opinions are very influential, which is quite different from the Western counterpart. Therefore, trained volunteers can be a



way to enhance the exclusive breastfeeding rate through sharing experiences, helping families to solve their problems and to boost confidence.

Contact: LIAO PEI-LIN

Taichung Tzu Chi Hospital
No.88, sec.1, Fengxing Rd.,
427 Taichung City, TWN
tc1290302@tzuchi.com.tw

Session M1.2: Health promotion for patients with dementia and autism

The preliminary development of a checklist for constipation and behavior and psychiatric symptoms of dementia

SU En-Ping, WANG Jing-Jy

Introduction

Patients with moderate and severe dementia have difficulty expressing their needs clearly due to their cognitive impairment and communication problems. Instead, they use behavioral and psychiatric symptoms to express their needs. This study aimed to develop a checklist to assess constipation through behavior and psychiatric symptoms of dementia in order to assist caregivers in early detecting constipation in patients with dementia.

Purpose/Methods

This was an instrument developmental study. After literature review and referring a checklist of Cohen-Mansfield Agitation Inventory, 27 items were initially developed, then 10 senior clinical professional nurses and 4 experts in dementia care were invited to confirm the content validity of checklist. A total of 25 items constituted the final checklist. Finally, reliability was established through observation of 166 patients in dementia through the convenient sampling. KR-20, kappa and EFA were used to analysis data.

Results

The expert content validity index (CVI) of .96 was obtained. In reliability test, inter-rater reliability on each item indicated Kappa values of 0.077-1, eight items achieved perfect consistency reliability (kappa = 1), eight items achieved general stability to moderate (kappa = 0.247-0.474). However, the rest of items did not reach a good consistency. The Cranach's Alpha (α) for internal consistency reliability was .713 through KR-20 analysis. Nine factors were extracted by exploratory factor analysis and accounted for 62.7% of total variance.

Conclusions

Although nine Kappa values through inter-rater reliability were very low, which can be deleted in the future, the checklist was

still a reliable and valid tool according to the overall validity and reliability. The checklist made by this study will be helpful for clinical nursing staff, caregivers or family members to identify constipation through behavior psychiatric symptoms of dementia patients and understand their needs and health condition to improve the caring quality.

Contact: SU En-Ping

Jianan Psychiatric Center, Ministry of Health and
No.80, Lane 870, chung-shan RD., Jen-Te District, Tainan City
71742 Tainan, TWN
kaoli7@mail.cnpc.gov.tw

Integrated psychosocial treatment of patients affected by dementia: Experimental training project for volunteers working in the A.S.P. "Don Cavalletti" residential elderly care home

BOIARDI Roberta, LAURA Gesmundo, COSTI Adriana, GETI Barbara, CAVAZZI Riccardo, JACOPETTI Francesca, MUZZINI Maria Luisa, RICCO' Daniela, CECHELLA Sergio

Introduction

Dementia is a condition which affects between 1 and 5 per cent of over 65s, with a prevalence doubling every 4 years, reaching around 30 per cent at 80 years of age. Unfortunately there are not currently drugs capable of stopping or reversing the progress of the disease, and all available treatments focus on containing symptoms or slowing their evolution. The limited possibilities for pharmacological cures should not negatively influence the care, in other words the possibility to improve the symptoms and quality of life of dementia sufferers and their family members by adopting psychosocial methods at the different stages of the disease.

Purpose/Methods

The co-ordinator of the Don Cavalletti elderly residential care home and the Centro Distrettuale Disturbi Cognitivi (District Cognitive Disorders Centre) in Castelnuovo ne' Monti have shared the opportunity for volunteers to also acquire skills via an approach more precisely targeted at stimulating the cognitive/occupational abilities of the elderly residents by integrating with the social and healthcare activities of the care team.

Results

Family members and volunteers have been involved in the subject of dementia by the professionals from the Castelnuovo ne' Monti cognitive disorders centre (geriatrician, psychologist, nurse) and the social worker of the Elderly Care Service with the presentation of the project. Family members and volunteers

have made themselves available for active participation, requesting training on psychosocial activities and the planning of operational action programmes. The following were therefore identified by the team: a) Residents requiring individual and/or group treatments b) The activities to perform and their frequency c) Materials and tools to perform the activities, tools for reporting the activities performed and monitoring the approval of/benefits to residents, family members, volunteers and care home staff d) Process and results indicators.

Conclusions

The psychosocial activities are structured operations and not simple recreational activities and games. Any type of activity can be taken on board and performed by elderly persons suffering from dementia, as long as it is put forward in a manner appropriate for the stage of the disease and the patient's interests and social abilities. The quality of life of the facility's residents depends not only on the medical and nursing care, nor only on the basic care offered to them, but also on the environment and the relational and emotional situation they find themselves living in. Widespread skills and a care alliance – not only between healthcare providers and assistants but extended to caregivers and dedicated volunteers – allow for improved care and care pathways for dementia sufferers living in care homes. WE CREATE OPPORTUNITIES.

Contact: RIBOLDI BENEDETTA

LOCAL HEALTH UNIT
VIA AMENDOLA
REGGIO EMILIA, ITA
benedetta.riboldi@ausl.re.it

“Love-in microphone” - Creating a health promotion program to increase the people with dementia and caregivers

CHU Yu-Ying, YEH Po-Shou, HUANG Shu-Li, HUANG Mei-Luan, LI Fang-Shan, YANG Jung-Chen, CHANG Tai-Jui

Introduction

Accompany dementia was a hard journey full of changes, especially those with mild dementia, caregivers also do not know how to "take care of" these people do not need to care. In the past, there is little activity designed to give both the caregiver and the person with dementia to participate, we try to design for both to participate in "Love-in microphone" curriculum, which allows caregivers to learn to get along with dementia who look for family interaction methods.

Purpose/Methods

We organize health promotion activities by dementia. Planning two parts: one is to promote the health dementia groups, part lecture caregivers. While class is divided into upper and lower floors, each event held 3.5 hours per week. Activities planned

for the three sections of the course, only the second section of "love-in microphone" is the caregiver and the person with dementia to participate together. By singing activities, so that the family feel the same time together with each other.

Results

In 2014 the activities involved in a total of 23 families, the overall satisfaction with the activities of up to 100%, a male caregiver reddening eyes and said: "My mother has for a long time did not sing every time she did not sing at home, only here have the opportunity to follow along with everyone together with her, I feel so happy !! "Another caregivers : " We can be found here with the family singing time, nice!"

Conclusions

Accompany dementia need a lot of support for caregivers of patients with mild dementia, a lot of struggle and contradiction inner emotions, with dementia who participate in health promotion groups, caregivers also participate caregiver training and seminars, to learn when a caregiver. Many caregivers especially like "love-in microphone" curriculum, as seen when the people with dementia smile to participate in activities, but also find that they can participate in activities together feel so happy!

Contact: YU-YING Chu

National Taiwan University Hospital Hsin-Chu Branch
No.25, Lane 442, Sec. 1, Jingguo Rd.,
Hsinchu City, TWN
yuying210@gmail.com

A case study of using ABA program improve basic learner skills of ABLLS for a boy with Autism

WANG Shih-Yu

Introduction

Children with autism shows their poor abilities in motivation, response to complex stimuli, generalization, spontaneity, fluency, joint attention, response of a learner readiness, social and imitation in the early years. A weekly ABA intervention Program progress for 9 months was used for a five years old boy with autism to improve his basic learner skills which assessed by ABLLS for one year. This study shows a number of positive changes of case after engaging ABA intervention.

Purpose/Methods

This study was using "ABA program" to teach an autistic boy aged five for 9 months. ABLLS (The assessment of Basic Language and learning skills) was used to assess case's ability before and after this program. An hour of course designed by ABA principles was displayed weekly. 30 minutes of parenting training were expressed for parents after the course to maintain the effect of practice. Each course was recorded in order to analysis the affect of this program.

Results



The results indicated that the autistic boy improved in numbers of the skills showed on ABLLS such as cooperation and reinforcer effectiveness, visual performance, receptive language, motor imitation, vocal imitation requests, labeling, intraverbals, spontaneous vocalizations, play and leisure, and social interactions. Also the post-analysis by videos presented the changes of the boy's motivation, response to complex stimuli, generalization, spontaneity, fluency, joint attention, response of a learner readiness, and social and imitation.

Conclusions

The outcomes showed the progress of the autistic boy involved in an ABA program has again support the effective of ABA, even though the course only conduct weekly for one hour for 9 months. ABA do not only condition the boy's behaviors but also increase the spontaneity response. Although, the sample size is only one which limit to infer to overall, but there are still a lots of precious description to present the boy gain better behavior and develop positively.

Comments

Applied Behavior Analysis (ABA) has been proved that is a better way to enhance the ability of children with developmental delay and autism in early intervention. From this research, we have stronger belief that using ABA program to serve our young clients with autism and developmental delay who need early intervention can benefit their basic learner skills and increase their response to the stimuli and social interactions.

Contact: CHERN Meei-Ling

Chang Bing Show Chwan Memorial Hospital
No.6,Lugong Rd.,Lugang Township
Changhua, TWN
kkmimi0507@hotmail.com

Session M1.3: Health promotion for cancer patients

Our experience of advanced and/or recurrent breast cancer cases with socio-economical problems

TAKAZAKI Emi, MATUSHITA Yoshifumi

Introduction

Since 2012, we had experienced 42 cases of breast cancer. Among then, 10 advanced cases were on stage III or IV and 2 cases were recurrent at visit. Based on statistical data of Japanese breast cancer registration, advanced cases were 7.3% of all registration. Comparing to this data, the data of our hospital shows four times higher ratio of advanced cases.

Purpose/Methods

In this report we have tried to investigate the causes of this discrepancy and tried to find out the solution for this problem. To make the socio-economical background clear, we have

extracted various factors. As medical factors, we have extracted sex, age, stage, histology, hormonal status, and others. As socio-economical factors, income status, insurance, education, family status, status of habitation and others were selected. We have compared the 12 advanced /recurrent cases and other 30 cases treated with ordinary therapy.

Results

Comparing the socio-economical problems between those two groups, the factors such as low income, no insurance, and poor education were evident in advanced/recurrent group. 25% of advanced/recurrent cases revealed having no insurance but all patients in other group had insurance. As a medical factor, number of triple negative cases is higher in advanced/recurrent group. There is no difference in ages. One of recurrent case quitted the hormonal therapy by her will.

Conclusions

Our hospital is located in socio-economically segregated region in Fukuoka city with 1.5 million population. The main causes for the delay of visiting outpatient clinic are low income and poor understanding of the disease based on the poor education. To promote early detection and to start prompt therapy, several trials were planned. Those are, 1) education of breast cancer in local community, 2) encourage to attend prescreening for breast cancer with no- or low-expense, and 3) use of social resources to receive therapy.

Contact: TAKAZAKI Emi

Chidoribashi General Hospital
5-18-1, Chiyo Hakataku
Fukuoka, JPN
yeh.takazaki@movie.ocn.ne.jp

Cancer Case Management Decision Information System

SU Yu-Chieh, CHEN Yi-Ting, CHEN Wen-Hui

Introduction

Cancer has been the leading cause of death in Taiwan for almost 35 years. Due to the significant variation on disease progresses, cancer patients suffer from different painfully and complicatedly treatments such as surgeries, radiotherapies and chemotherapies. As a result, we deserve more attention and care than many other patients. Adapting information technologies to establish a comprehensive manage and follow up cancer patients to reduce the communication gap, enhance the accuracy of diagnosis, and to assist with the clinical care is now the primary step for all cancer treatment institution.

Purpose/Methods

Our Cancer Center has developed comprehensive Cancer Information Management since 2004. We utilize information technology's management and its related technical aspects to develop the "Cancer Case Management Decision Information

System." Main purposes of this system including new case-finding, clinical management, treatment planning and progress follow-up. In addition, the system integrates with the Cancer Registry Database to create a one-stop information platform that improves the quality of cancer patient management and creates a patient-oriented service environment.

Results

Below are positive results by using our proposed system, we found that our system is 20% higher in Continuing Treatment Rate, 22% in Completing Treatment Rate, 35% in Cancer Staging Completion Rate and 10% in Completing Pretreatment Examination Rate than before. In addition, after ten years' study of patient survival rate, compared with 2004, the overall survival rate in 2014 is now promoting to 10%, which means patients in our center are receiving a better prognosis.

Conclusions

Our proposed method can be used to efficiently decrease fragmentation and duplication of Cancer Case Managers, also enhance the quality and cost effectiveness. By using our system, medical professionals decide the succeeding crucial treatment planning accurately. As a future work, we would upgrade our architecture to an advanced Decision Support System into the mobile devices, which optimize the diagnostic accuracy and medical care quality for saving time and resources.

Contact: CHEN Yi-Ting

Buddhist Tzu Chi General Hospital
NO.2, Minsheng Rd., Dalin Township
622 Chiayi County, TWN
kangta788@yahoo.com.tw

Study the Relation of Pressure Overload in the Primary Caregivers of Terminal Cancer Patient - Hospice home-care as an Example

CHEN Ming-Yu

Introduction

To explore the factors influencing on the stress burden of primary caregivers of end-stage cancer patients receiving household hospice care.

Purpose/Methods

We surveyed primary caregivers of household hospice patients in five hospitals in Taichung city/county. Structured questionnaires were used to assess personal information of patients and caregivers, stress burden of caregivers, and their family functions. Of 201 questionnaires conducted, 161 were returned and effective, with an effective response rate of 80.09%.

Results

We discovered that, on the aspect of stress burden of caregivers, the age of the caregiver is positively correlated with stress burden, while both economic status and the number of family members in the household show negative correlations; furthermore, the severity of the patient's disease and the level of his/her disability also show positive correlations. On the aspect of family function, the economic status of the primary caregiver, the relationship between caregiver and patient, and stress status are all significantly correlated with family function.

Conclusions

Firstly, the founding of "mutual aid associations" to provide professional trainings, social welfare resources and supporting systems centered on primary caregiver, based on their family function status, and secondly, the establishing of a nationwide reporting network system for healthcare professionals to understand and evaluate physical and mental health status of caregivers and their access to consultations.

Comments

Further studies will emphasize on the utilization of social resources by the household primary caregivers, the integration of network system to relieve stress burden of care giving and the establishment of non-familial supporting systems.

Contact: CHEN Ming-Yu

Taichung Hospital, MHW; NTUST
199. sec, 1, San-ming Rd.
Taichung, TWN
ninachen196407@yahoo.com.tw

Session M1.4: Health promotion for patients with COPD and tuberculosis

Patients' experiences of Sweden's first COPD mobile care programme: safeguarding the right to health

FARRELL Mary, RANJBAR Vania, HJALMARSSON Anna, ASCHER Henry, EKBERG-JANSSON Ann

Introduction

Chronic obstructive pulmonary disease (COPD) is a leading cause of mortality and morbidity worldwide. In order to reduce health care costs associated with acute exacerbations in COPD and vacate hospital beds without compromising patient satisfaction with health care, alternatives for hospital treatment have been developed. Such alternative care schemes have been shown to be both cost effective and safe alternatives to inpatient care; however, few studies have qualitatively investigated patients' experiences of these schemes.

Purpose/Methods



In order to analyse patients' experiences of a COPD mobile care programme operated by Angered Hospital, Sweden, we conducted semi-structured in-depth interviews with twelve patients and analysed the data using latent content analysis. Angered Hospital is located in a multicultural and generally socioeconomically disadvantaged area with comparatively higher rates of ill-health and higher COPD mortality rates. This programme is the first of its kind in Sweden and, thus, in a national context represents a progression in COPD clinical practice.

Results

The analysis of patients' experiences resulted in three themes: security, availability, and suggestions for improvement. Security mainly entailed effective follow-up and positive encounters with the programme staff, while availability entailed convenience in relation to care and treatment. Patients' experiences of security and availability contributed to high acceptability of and satisfaction with the programme. Patients, however, also expressed suggestions for improvement, such as expansion, increased amount of personnel, longer enrolment period, and continued follow-up upon discharge from the programme.

Conclusions

COPD mobile care can constitute a secure, available, and acceptable alternative to COPD inpatient care and treatment. Moreover, through an application of the human rights AAAQ framework – availability, accessibility, acceptability, and quality – our findings suggest that Sweden's first COPD mobile care programme corresponds particularly well to the right to health as a human right. The application of the AAAQ framework can further generate valuable information for improving such care and treatment by ensuring equal access and care for COPD patients.

Contact: RANJBAR Vania
Västra Götalandsregionen
Angered's Torg
424 22 Angered, SWE
vania.ranjbar@vgregion.se

E-COPD patient education - Empowering COPD patients to optimize their well-being

LUNDIN Margaretha

Introduction

The primary cause of Chronic Obstructive Pulmonary Disease (COPD) is tobacco smoking. WHO predicts that COPD will become the third leading cause of death worldwide by the year of 2030. Pulmonary rehabilitation based on self-management is an evidence-based, multidisciplinary and cost-effective intervention that leads to improved health in patients with COPD. However, in Sweden less than 40 % of all COPD patients participate in self-management education initiatives.

Purpose/Methods

This project aims to help more COPD patients to improve their self-management capabilities. We invite patients and their relatives to iterative and interactive training sessions supported by digital tools. The content and process of the education including the digitalized tools have been co-designed by patients in collaboration with a cross-professional COPD team.

Results

E-COPD patient education is a part of standard pulmonary care at Skaraborg Hospital in Skövde. When a patient receives a COPD diagnosis, doctors and nurses immediately introduce e-learning. Patients are also able to lend iPads to enhance learning. All these initiatives improve the patients self-managing capacities.

Conclusions

The prevalence of COPD is continuously increasing thus putting more pressure on health care delivery. Self-management is an underused but powerful approach for improved care of the disease. Using COPD education together with new technology we provide COPD patients and their relatives with tools for improved self-managed care thus empowering patients even more. Previous experiences have shown that knowledgeable patients make better choices that also promote health.

Comments

Evaluation of the project will be done under the spring in 2015.

Contact: HAIKKA Pia
Skaraborg Hospital
Lövängsvägen
54185 Skövde, SWE
pia.haikka@vgregion.se

Awareness on chronic obstructive pulmonary disease in Slovenian general population

FARKAS Jerneja, LAINSCAK Mitja

Introduction

Chronic obstructive pulmonary disease (COPD) is a major public health problem with implications beyond patients and healthcare system. Previous studies are scarce but have demonstrated that awareness about COPD is low. General public beliefs about chronic disease burden contribute to health policy activities, including prevention of COPD development, standards of care and implications of novel management strategies. The objective of this study was to determine the level of awareness about COPD and its determinants in the Slovenian general population.

Purpose/Methods

This was a cross-sectional epidemiological study performed in 2013, when we organized COPD related public events in several Slovenian cities. People visiting the activities were invited to complete a 22-item self-assessed questionnaire about COPD and its determinants. Data were analyzed using descriptive

statistics and are presented as absolute numbers, proportions or mean with standard deviation.

Results

Analysis included 1,172 subjects (mean age 45 years, 43% men, 18% current smokers). Overall, 50% reported to have heard about COPD and 9% believed that COPD is a normal consequence of ageing. Dyspnea (84%) and cough (62%) were reported as most common symptoms and smoking (85%) was recognized as most important risk factor. 69% believe COPD is treatable with drugs. When compared to other prevalent chronic diseases, COPD was always considered as least important.

Conclusions

Public awareness and knowledge about COPD is low and COPD is not considered as relevant public health problem. Strategies to inform and educate Slovenian public about COPD are therefore urgently needed.

Contact: FARKAS Jerneja

Faculty of Medicine, University of Ljubljana
Zaloska cesta 4
SI-1000 Ljubljana, SVN
jerneja.farkas@mf.uni-lj.si

Tuberculosis and Migrant Workers' Medical Right: Reflection on Taiwan's Medical Policy for Repatriation of Foreign Workers Infected Tuberculosis

HUANG Yu-Hui, CHI Wei-Hsian

Introduction

Taiwan's physical examination policies mandated: "Migrant workers who were infected with Tuberculosis (TB) should be repatriated." Although this policy has been revised this year, migrant workers suffered from TB-infection are still not treated properly from medical points of view. The aim of this presentation is to examine the TB-related medical policy and clinical practices. This study shows that the TB-related deprivation results from the negative side-effects of the globalization. A medical treatment can't be treated without consideration on ethic value.

Purpose/Methods

Our study conducted in-depth interviews with tuberculosis case managers and with migrant workers who were diagnosed with tuberculosis and were about to be repatriated. Based on the interview records, we coded and analyzed the verbatim drafts. Our analysis focuses on the effects of the medical policy related to migrant workers infected with TB.

Results

1. National Health Policy : Repatriation of migrant workers diagnosed with TB is purposely to secure own nation peoples'

health. However, the public health can and should be achieved without deprivation of the underprivileged minority. Easy "governance" is normally not a good policy. 2. Stigmatization : The stigmatization of TB remains worldwide. Migrant workers can't but accept "invasive procedures" to prevent the uncertainty and injustice. 3.Information Inequality : Ignore migrant workers' mother's tongue. Knowledge about infectious diseases is limited.

Conclusions

The migrant workers' right needs to be protected, especially when they accept medical diagnosis. Epidemic prevention policy could discriminate people who are suffering from TB. This is often due to the stigmatization of diseases, e.g. TB, in our society. Healthcare providers should not only do clinical practices, but also take the responsibility for de-stigmatization of certain epidemic diseases by spreading correct knowledge against the public stereotypical image about certain patients. Policy-makers should do more efforts by regulating reasonable rules.

Contact: HUANG Yu-Hui

Ditmanson Medical Foundation Chia-Yi Christian Hos
No.539,Zhongxiao Rd.,East Dist.,Chiayi City 60002,Taiwan
Chiayi City, TWN
cych00236@gmail.com

Session M1.5: Age-friendly healthcare

Guardian healthy elderly person - using Team Resource Management to enhance the quality of care of elderly patients with acute wards

YU-YING Chu, LAI Hsiu-Yun, HUANG Shu-Li, HUANG Mei-Luan, HSIEH Yu-Ling

Introduction

Global trend is the rapid growth of the elderly population, build age-friendly environment is our common goal. In Taiwan, environmental change towards a single acute medical specialization, clinical care rarely will "age" and "elderly patient characteristics" into account, the cases often overlooked potential health problems, and even lead to more complications. How to effectively use the medical team resource management, improve the quality of care for each elderly, is the direction of our efforts.

Purpose/Methods

We use the concept of resource management team, led by the Geriatric medicine physicians, team members include nurses, physical therapists, dietitians, pharmacists, social workers etc. All have experience in elderly care, and receive a complete comprehensive assessment program. Nurse screening high risk



of frailty case, then visits by team members together to discuss the potential of health problems through team meetings. Finally, will discuss the results of the direct feedback of patients and caregivers, and also the Section physician.

Results

Since April 2014 to July, received 20 cases. Mostly female patients (85.0%), the average age of 76.3 years, the average hospital stay 9.3 days. During hospitalization assessment shows the occurrence of delirium was 20%, the rate of incontinence was 30%, compared with 5% of pressure ulcers. Three months after discharge, 55% of patients to track their progress debilitating condition than the baseline values, their ADL improvement compared, patients and their families more than 94% satisfaction.

Conclusions

Weekly meetings led by the team physician, master cases are described to assess the situation of the professional and visits. On the one hand, the case for more professional services. On the other hand, the effective use of the mobile phone software team members communicate instantly reach mutual cooperation and communication effectiveness, but also to enhance professional knowledge and ability and effective play to our strengths, a better grasp of the needs of older people, to provide more appropriate services.

Contact: YU-YING Chu

National Taiwan University Hospital Hsin-Chu Branch
No.25, Lane 442, Sec. 1, Jingguo Rd.,
Hsinchu City, TWN
yuying210@gmail.com

E-learning to improve knowledge and skills in older persons care

RODGER Daragh, DUNNE Fiona, SPENCER Anne

Introduction

Globally the proportion of people over 65 years is rising exponentially (1). Within Ireland 1.4 million people will be over 65 years by 2041, a threefold increase to current statistics(2). Healthcare staff across the spectrum of care of older adults are faced with overcoming the challenges of an ageing population. To address these , a series of online e-learning programmes were devised on bone health, falls prevention and urinary continence promotion to augment the knowledge and skills of healthcare staff(3).

Purpose/Methods

To provide a comprehensive and intuitive suite of online e-learning resources which facilitates healthcare staff to learn at their own pace. Some of the resources are also available to the public. To equip staff with expert knowledge in relation to key aspects of continence promotion, bone health and falls prevention. To promote an individualised person-centred

approach to the assessment and management of older adults in the areas of incontinence, bone health and falls prevention.

Results

A heightened awareness among multidisciplinary healthcare staff and the general population on the importance of bone health, falls prevention and continence care has been achieved. Moreover, a 33% reduction in falls post implementation of the online learning has been recorded and a new data measurement tool has been created to capture interventions designed to reduce falls. An increased number of referrals for assessment of continence and the development of a nurse led continence clinic have ensued as well as the development of a new validated continence assessment tool.

Conclusions

This evidence indicates that adoption of e-learning programmes leads to improved levels of knowledge and acquisition of new skills(4) . In addition when this new knowledge is implemented into practice it has the potential to improve the quality of care delivery and health outcomes for older adults(5)

Comments

References 1. http://www.who.int/kobe_centre/ageing/en/ accessed online 17th December 2014 2. www.cso.ie/en/census/census2011_reports/. 3. An Bord Altranais (2009) Professional Guidance for Nurses working with older people. 4. Garrison D. (2013) E-learning in the 21st century. A framework for research and practice. 2nd edition. Routledge New York 5. Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R, Diomidous M, Kinnunen J, Kózka M, Lesaffre E, McHugh MD, Moreno-Casbas MT, Rafferty AM, Schwendimann R, Scott PA, Tishelman C, van Achterberg T, Sermeus W; for the RN4CAST consortium (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*. 2014 Feb 25.

Contact: DUNNE Fiona

St. Mary's Campus
Phoenix Park
20 Dublin 20, IRL
fionam.dunne@hse.ie

Method for tailoring information about dementia for elderly migrants and their families

RUUD Maria Indiana Alte, SPILKER Ragnhild Storstein

Introduction

Migrants in Norway constitute 12,4 % of the total population and originate from 221 countries. By 2050 it is estimated that over 300 000 will be aged 67 or older. With age, there is an increased risk of various types of dementia and consequently cognitive failure. Health information for elderly migrants and their families must be tailored to their needs. Various

professionals were invited in a workshop to assess available information about dementia by using the SAM method.

Purpose/Methods

The main purpose was both assessing available information and gaining more experience with the use of Suitability Assessment of Materials (SAM) method. SAM is developed to evaluate the suitability of health information materials by giving a score on factors assessing both readability and comprehension. The workshop participants assessed different dementia brochures and gave feedback: on the quality of the material, the experience of using SAM and suggestions for improvement.

Results

The SAM scores revealed that the information material about dementia had several weaknesses; unclear target group, low level of readability, lack of learning stimulation and motivation, as well as not being culturally adapted. The participants described the use of SAM as a very awareness raising process in terms of learning about all the factors that must be considered when developing information material. They found SAM easy to use. None of the participants had prior knowledge of SAM or similar tools.

Conclusions

Many aspects must be taken into account when tailoring health information material to elderly migrants and their families. Notably, the experience from the workshop demonstrated that having a concrete tool for systematically assessing factors affecting readability and comprehension of information materials is very important. SAM is a suitable tool for this purpose, but it should preferably be used in the initial stages of developing health information material. Nevertheless, it cannot replace user involvement from the target group.

Contact: ALTE RUUD Maria Indiana

NAKMI

Gullhaug Torg 1-3

0424 Oslo, NOR

maria.indiana.alte@nakmi.no

Session M1.6: Using new technologies for improving health promotion & quality of care

SmartCare: Joining up ICT and service processes for quality integrated care

**RADINI Donatella, STELLATO Kira,
MAGGIORE Adele, PELLIZZARI Mara,
PORDENON Marta, APUZZO Matteo, DI**

**LENARDA Andrea, DELLI QUADRI Nicola,
SANSON Sara**

Introduction

SmartCare Project's main goal is to develop and pilot integrated care services supported by a multifunctional ICT infrastructure. The services will be based on care pathways cutting across boundaries which typically separate health care from social care. These boundaries can be identified both at the level of service provision and technology. Third Sector organizations and informal carers may be included in the information loop, where meaningful, in order to facilitate self-care.

Purpose/Methods

Identification of cases: Before hospital discharge, after appropriate evaluation of health and social needs, multiprofessional hospital team together with district nurses select eligible care recipient (CR) for short-term home monitoring (>3mo). Inclusion criteria will include multiple admissions in the last year. At the end of the short-term pathway, transition to long-term care may be possible if deemed appropriate by multiprofessional team. Elderly individuals with chronic/stable unanswered health and/or social needs assessed at joint point of referral-reception by health and social staff are eligible for inclusion in Long-Term Pathway (≥6 mo).

Results

Health Authority n°1 Trieste is the project leader of integrated home care for Friuli-Venezia Giulia (FVG) region. A total of 200 users will be enrolled in SmartCare in FVG, from November 2014 to December 2015. Main innovations brought about by SmartCare are about care organisation and care recipient.

Conclusions

Teams of health and social workers, coordinated by district nurses will be able to further boost coordination, efficiency and effectiveness of services through an integrated model with shared electronic chart and "status" of CR updated by health and social providers. The ICT-based platform will provide integrated care plan and improve management processes. Systematic clinical risk stratification and possibility of: early discharge from hospitals, safe staying home under intensive monitoring allowing appropriate and prompt intervention, continuity of care from hospital to intermediate and/or home care with GP involvement.

Contact: SANSON Sara

Azienda per i Servizi Sanitari n.1 Triestina

via Sai

34100 Trieste, ITA

sanson67@hotmail.it

New technologies for personalized patient information in Lithuania

**IVANAUSKIENE Rugile, KUDREVICIUTE
Marija, JARUSEVICIENE Lina**



Introduction

Use of a patient portal is an effective way to boost patient engagement and accountability, achieve patient satisfaction and minimize the consequences associated with the lack of patient information. Positive patient behavior and economic benefit associated with personal health information provided via cyberspace has been proved. Online services are beneficial by reducing adverse events, improving health outcomes, offering increased patient choice of service delivery, and improving access to services for rural areas and home care.

Purpose/Methods

The aim of the ongoing web project at the hospital of Lithuanian University of Health Sciences is to improve quality and accessibility of health care services by transferring them into cyberspace and creating new web services. Patient portal consists of four main components: patient information, services for applicants, remote patient monitoring, patient education. The innovations to be introduced are remote patient monitoring and personal health education according to individual health condition, provided directly to patient through the portal.

Results

On December, 2014 most of the planned activities were finished. A special emphasis has been laid on the development of health education material, which requested substantial qualification and time from various specialists. Health information on diseases, diagnostic and treatment interventions, prevention programs and lifestyle issues has been prepared according to approved guidelines and standards. Recently the testing version of the portal has been launched and all cooperating partners are working in the testing and mistake correction phase.

Conclusions

The implementation of the project will enable to introduce a number of web services for patients and to deliver online data exchange system between the hospital and other national health care institutions.

Contact: IVANAUSKIENÉ Rugilė

Hospital of LUHS

Eivenių 2

LT-50162 Kaunas, LTU

rugile.ivanauskiene@kaunoklinikos.lt

A useful software system for a rural area lack of medical resource in Nepal

SHEN Meng-Shuo, HSU Shih Tien

Introduction

Since 2007, Taiwan Landseed group have launched 24 rounds of medical service to countryside Nepal. However, the projection of our service has hindered by many obstacles and limitations. We've devised a software system which could facilitated the

medical service workflow; record image even teleconsultation, manage pharmacy. The software development also lowers the cost to our low-budget NGO service. We expect the system effective in heavy-duty desolated area to work on an improvised natural disaster scene in the foreseeable future.

Purpose/Methods

Taiwan Landseed group have launched 24 rounds of free medical service to Jugedi, a poor village lack of medical resource in Nepal. However, the projection of our service has hindered by many obstacles including lack of official identity, illiteracy, and personal medical history which compromised the quality of care of international medical service. Besides, as an NGO platform, it had inherent limitation such as funding, insufficient specialist volunteers, which led to the deficiency of a steady long-term medical team work.

Results

We've devised bar-code scanning identification system integrated to the laptop computer for the team to establish the personal medical record system which greatly facilitated the medical service workflow; the system included webcam for image recording. This system provides a computer-based means for pharmacy management to alert the team and allocate required resources. On the long-term, we wish this system can help in the decision-making of resource distribution. The software development greatly lowers the cost to our low-budget NGO service.

Conclusions

Here we present this laptop computer based system works in international medical service and proven to be effective in heavy-duty desolated area lacking regular electric supply as well as language barrier. Tele-computing also allows teleconsultation to even-subspecialist to proved prompt medical decision-making. We've also expected this system to work on an improvised natural disaster scene in the foreseeable future.

Contact: SHEN Meng-Shuo

Landseed Hospital, TAIWAN

NO.77, Kwang-Tai Rd

32449 Ping-jen City, Tao-Yuan County, TWN

hsuke@landseed.com.tw

Session M1.7: Improving equity in healthcare

Health Equity Audit to improve equity of access to cancer screening

RIBOLDI Benedetta, CAMPARI Cinzia, PATERLINI Luisa, HOLYK Marina, CERULLO Loredana, PRANDI Laura, DALL'ASTA Ilaria, CHIARENZA Antonio, SASSATELLI Romano, WONG Ophelia

Introduction

Screening programmes are secondary prevention health procedures whose aim is to reduce mortality rates due to cancer. Oncology screening therefore guarantees the active and free provision of a first level test and any more in-depth investigations necessary for the entire resident and domiciled population, in age bands for which prevention could lead to a greater chance of early diagnosis and effective care. The data available on access to screening highlights how adherence among foreign people is lower than among Italians. In particular on a regional level, colorectal screening has a lower participation level among the male sex without any substantial differences in terms of educational level, whereas there are significant differences in adherence with respect to economic status with lower adherence among those who state that they have significant economic problems. Adherence in the foreign population is half the adherence among the Italian population. Specifically in Reggio Emilia there is a particularly large divide with respect to the two screening programmes for the female population only; in fact adherence to colorectal screening is 65.0% for Italians compared to 33.0% for non-Italians.

Purpose/Methods

Considering the nature of these obstacles the project aims to fight inequalities in access to breast, uterine and colorectal cancer screening among foreign women belonging to ethnic minority groups. The method used is the Health Equity Audit, i.e. a process which aims to help services narrow health inequalities by using evidence on inequalities to inform decisions on investment, service planning, commissioning and delivery and to review the impact of action on inequalities. Health equity audits identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need so as to guarantee equity (and not equality) in the provision of services. In particular it is based on one cycle (lasting 3 years) with 6 stages: 1) Defining priorities 2) Creating an equity profile 3) Identifying local contrast actions 4) Agreeing on objectives with partners 5) Producing changes in investments and services 6) Assessing results

Results

The first 2 stages were implemented in 2013 and 2014 through the following actions: - Collection and analysis of quantitative data - Analysis of the screening access programme and communication strategies in place to understand what is provided for users. - Collection and analysis of qualitative data (semi-structured interviews with users not adhering, focus groups with health operators) From these first stages of the HEA it emerged that there are 3 areas and levels on which it appears that equity improvement actions need to be put in place: 1) Communication area: review the strategies and existing information 2) Training area: training and development of a figure that acts as a go-between for the services and the communities and that can approach their needs without waiting for users to reach the service 3) Organisational area: review and modification of the type of services offered to users In these more "urgent" areas some different actions have been implemented.

Conclusions

The assessment stage is currently in progress through identification indicators such as: - % of foreign women split into ethnic groups mainly adhering to the screening programme (indicator calculated for all 3 screening programmes and collected pre and post improvement action) - Number of actions by the community educator - Level of satisfaction of the community educators - Level of satisfaction of the personnel in the screening centres involved Meetings will also be held with the communities themselves and the community educators to assess whether the objectives identified have been reached. This type of participative assessment focuses more on the ability achieved by the community to reflect and analyse itself, as well as developing a problem solving approach.

Comments

True innovation would be the systematic integration of the HEA in the "health process" i.e.: in the scheduling, planning, service provision and performance monitoring stage. In fact the Health Equity Audit is used to assess the equity of the services in accessibility and health results, in order to identify unexpressed and/or unmet needs so as to guarantee that fair actions are included in our policies as a whole. There is various evidence on the effects of social determining factors on health inequalities and inequity in terms of access to health services. The results of the research are of particular interest for policy makers, the main figures in the establishment of integrated policy decisions able to modify the trends which have greatest impact on health. In fact the HEA is a process that involved many figures as politicians, administrators, professionals, users, citizens. High involvement of all the figures is therefore necessary in order to guarantee the sustainability of the actions undertaken and the real effectiveness of the interventions implemented, since health is an inter-sectoral issue.

Contact: RIBOLDI BENEDETTA

LOCAL HEALTH UNIT
VIA AMENDOLA
REGGIO EMILIA, ITA
benedetta.riboldi@ausl.re.it

Using Simulation Workshops to Educate Healthcare Providers about Working Effectively with Interpreters

**SAPPLETON Karen, DODDS Alison,
TANCREDI Anita, LOUCA Emily, KARMALI
Karima**

Introduction

At the Hospital for Sick Children (SickKids), providing equitable, child and family-centred care requires a commitment to effective communication strategies and services for Limited English Proficient (LEP) patients and families. To further educate staff about working effectively with interpreters, three simulation workshops were created with the simulation team. The simulations were piloted and revised with support from family members and other healthcare providers, utilized within



our annual Child and Family-Centred Care Week, and will be available for hospital-wide education.

Purpose/Methods

The purpose of the simulation workshops was to provide training to healthcare professionals to enhance effective communication when providing care for limited English proficient patients and families with the support of a medical interpreter. The three scenarios created opportunities for engaged and reflective debriefing discussions about understanding the role of medical interpreters, working with interpreters for enhanced communication, working within the context of a challenging family situation, and recognizing the benefits of having a trained medical interpreter in the encounters.

Results

Evaluations of the simulation workshop indicate that the workshop was an effective method of engaging staff in providing a quality forum for learning about working with interpreters. The workshop participants expressed that the session met their expected outcomes of enhancing their understanding and comfort level of better communicating with limited English proficient families through the delivery of techniques addressed in the simulation. Participants wanted varied types of scenarios but valued the simulation as a way of enhancing their learning.

Conclusions

As a leading pediatric hospital in Canada, SickKids is committed to child and family-centred care that is grounded in equity and quality. Through innovative methods of education and training, healthcare providers can improve communication and provide quality care to patients and families of limited English proficiency with confidence and knowledge. Working effectively with interpreters requires practice, and the simulation workshops provide opportunities for learners to experience more hands-on scenarios while gaining the skills required to equitably support LEP populations.

Contact: SAPPLETON Karen

The Hospital for Sick Children
555 University Ave.

M4C5K9 Toronto, CAN

karen.sappleton@sickkids.ca

Translation and Cultural Mediation Services in Bambino Gesù Children's Hospital

RAPONI Massimiliano, CELESTI Lucia, CATENA Sara

Introduction

Bambino Gesù Children's Hospital guarantees through the International Patients Service a wide number of Cultural Mediation and Translation Services. An 'expert team' keeps in charge foreign patients and families needs: the first necessity

being a translator present during the conversations with our Physicians, in order to assist in the best way our foreign families and their children to create a quality and efficient system opened to the international needs.

Purpose/Methods

The International Office has translators in 40 different languages that come in Hospital on demande and in emergency and a call service by telephone in 100 different languages in real time. The cultural mediators do not offer only a translation but are sensible and opened to the needs of our little patients and help them in all no clinical aspects. The Service by telephone is structured to answer in real time to emergency situations.

Results

In the year 2011 the Cultural mediations accounted for 1069 calls, 1379 in year 2012 and 1352 in year 2013. The service of telephonic triage has offered 264 translations in the year 2011, 313 in the year 2012 and 288 calls in the year 2013.

Conclusions

Bambino Gesù Children's Hospital is a point of reference for many nations particularly for those nations that need the help of the occidental European Countries. The international Service office works for these patients, for their children, helps them to live the admission without traumatic experiences. The most important words are "here is your home": we too try to speak your language in order to create a world without differences.

Contact: CATENA sara

ospedale pediatrico bambino gesù

p.zza S.Onofrio

00165 rome, ITA

sara.catena@opbg.net

Equitable health service in the emergency department

STEIGEDAL Kristin, RAANAAS Ruth Kjørsti

Introduction

In recent years the Government has increased their focus on equality in health services and several reforms have been implemented to achieve greater collaboration and equality. One vulnerable group in frequent need of health care services are people with drug related problems. However, in the general emergency department there is lack of focus on the needs of this patient group, which may result in unequal treatment and increased rather than decreased health challenges for this group

Purpose/Methods

The aim of this study was to identify how nurses in the general emergency department encounter patients who are admitted with drug-related issues, the challenges nurses are faced with, as well as what they believe will ensure greater equality in health services for this group. A qualitative phenomenological approach was applied with seven nurses from one of Norway's largest emergency departments used as informants. Data was

collected through qualitative individual in-depth interviews and analysed according to systematic text condensation.

Results

Informants in this study feel that they have limited time to examine and explore the underlying causes of a patient's hospitalization. The staff feel they don't have the knowledge and expertise to accommodate the actual needs of this patient group, beyond general health issues. They also expressed that there is a lack of a treatment plan for this patient group and there's also a lack of collaboration between the general emergency department and other agencies, both internally and externally.

Conclusions

Although more research is needed, the present findings indicate that the general emergency department should focus on training their staff to ensure greater competence and knowledge in this patient group, and also implement systematic reflection among the staff to review the nurses and management's attitudes in dealing with this patient group. Cooperation with other agencies and authorities should be further developed, and a customized treatment plan for recipients and a procedure for staff should be prepared for this patient group.

Contact: STEIGEDAL Kristin

Akershus universitets sykehus
Ullersmovegen 37
2040 Kløfta, NOR
k.steigedal@gmail.com

Mare Nostrum a rainbow of colors

**MONICI Lucia, FORNACIARI Rossano,
CASONI Carmen, MOZZANICA Stefania,
SEVERI Carla, GRECI Marina, ABDULAYE
Conde, NNAEMEKA Noela**

Introduction

The Mare Nostrum project is about maritime rescue and surveillance, to provide first aid and assistance to refugees from North Africa. The regional health authority of Reggio Emilia has attempted to empower the refugees by offering not only the urgent first-line assistance required by national and regional laws, such as protecting pregnant women and children and providing vaccinations, but also by providing training sessions and STD testing. g

Purpose/Methods

After spending a short time at the large reception centres, asylum seekers are transferred to smaller centres around the country. Each of the 340 refugees arriving in our province was given medical assistance (initial examination, review of medical history and ongoing support). Currently, there are 252 asylum seekers in the region. From August to November 2014, the leaders of Mare Nostrum, a specialised team from the public health authority and the local Immigration Healthcare Centre organised various educational meetings for asylum seekers.

Results

A series of educational meetings was organised at the local health authority, in the presence of the cultural mediator. 11 medical information sessions were held in the first 4 months: - access to medical services - prevention of infectious diseases - accident prevention and safety in the workplace. Free HIV and syphilis tests, with appropriate counselling, have been offered over the past six weeks. There has been an excellent take-up rate, with 490 presences at meetings. 98 HIV/syphilis tests have been carried out, with 1 positive HIV result and 8 people testing positive for syphilis. 178 people have been vaccinated and have been administered 323 doses of DT, 153 doses of MMR, 359 doses of hepatitis B and 323 doses of polio.

Conclusions

Thanks to the excellent collaboration with the social workers who assist the asylum seekers, a common strategy has been developed to empower the refugees on health issues. The team not only encourage the refugees to attend the information sessions, it has also become a point of reference for ongoing assistance (vaccines, blood tests, counselling, TB screening etc).

Comments

For successful integration, the team need to work in collaboration with other local organisations who can act as intermediaries to help particularly vulnerable sectors of the population. The co-planning of the first-response network together with better knowledge of the refugees' personal circumstances and permanent access to healthcare services has helped to tailor the project to meet the needs of each individual.

Contact: RIBOLDI Benedetta

Local Health Unit
Via Amendola
Reggio Emilia, ITA
benedetta.riboldi@ausl.re.it

Session M1.8: Promoting health through physical activity

Never give up - Win youth discomfort through sports

**TRIFI F., REBECCHI D., DIANA S., LUPPI C.,
BERNAOLI L., ANDREOLI L., SAVINO G.,
PIETRANTONIO A.M., LOMBARDI A.,
ARCOLIN E., PERSI Y., STERNIERI S.,
ANSALONI M.**

Introduction

It is frequent for young people to grow up without objectives, unsatisfied, bored and lonely. Value failure make our youth, victims of a superficial and selfish system. Actually, sports can play an educational and social role. In 2012, the "NEVER GIVE UP" project was born: the goal is to promote sport activities for



young boys and girls. The working group is composed of Modena professional schools teachers, AUSL (NHS) Sports Medicine Department, psychologists and coaches of the "Fratellanza" sports club.

Purpose/Methods

Developing healthy habits and deep relationships, using sports to strengthen self-esteem, building and sharing growth paths and increasing collective awareness, inside a population suffering from discomfort and/or excluded from sports practices for social/economic/cultural reasons. School teachers, co-ordinated by psychologists, select people (in different schools) with difficulties, negative life experiences or personality disorders (potential "bullies"). They enroll them to the "Fratellanza" and invited to join their favorite athletic discipline, engaging competitions too. Here they are supported by professional coaches, psychologists, sports physicians, nutritionists.

Results

From November 2012 to June 2014, 150 boys and girls aged 14-18 have joined sport activities, from different ethnic groups and cultures; most of them have achieved significant results. The project has succeeded in developing group identity and self-esteem, so much that some subjects have started peer education in sport sponsorship, and in sexuality and affectivities affairs. They help by producing and distributing documentation to their schoolmates and friends. This sport experience has increased their skills in communication and relationship, and consolidated their self-confidence.

Conclusions

The collaboration between healthcare institutions and sports clubs can enable a favorable setting for self-esteem and self-efficacy in young people with clear difficulties, contributing to the development of a righteous and caregiving citizen, with a deep respect for common rules and for the society. Thanks to this project, young people with difficulties became peer educators, demonstrating the usefulness of this experience.

Contact: TRIPI Ferdinando

AUSL Modena
viale dello Sport
41122 Modena, ITA
f.tripi@ausl.mo.it

Promoting physical activity - an established part of the clinical practice?

EK Amanda, KALLINGS Lena, BÖRJESSON

Mats

Introduction

Insufficient physical activity is a considerable risk factor for mortality and premature death. The healthcare has a unique role in health promotion as they reach a large part of the population. The evidence based recommendation is that the healthcare sector should offer "counseling with the adjunct of exercise on prescription or a pedometer, as well as special follow-up" to promote patients physical activity. Despite this,

physical activity is underutilized in prevention and treatment of disease, for reasons not fully known.

Purpose/Methods

We aimed to study the attitudes of different healthcare professionals in the hospital setting, towards the importance of physical activity and its clinical use at different levels. The study comprised 264 (78% women) health care professionals at the cardiac department/outpatient cardiac center in Stockholm (response rate 91%). Data was obtained in 2013, by questionnaire. Containing 28 multiple choice questions on participants attitudes towards physical activity behavior change, the perceived importance of such measures, practical implementation and possible barriers for implementation.

Results

All participants stated importance of physical activity promotion within healthcare. Forty-seven percent reported that they promoted physical activity in clinical practice, however only a minority fulfilled the evidence based recommendations (n=65), as brief advice (n=165) or counseling (n=111) were most common. Sixty-one percent aimed to improve the use of physical activity promotion, factors hampering were inadequate knowledge, follow-up possibilities and length of patient visits. Less than half group reported insufficient routines (46%), goals (37%) and lack of management support (42%).

Conclusions

Although health professionals generally are positive towards promoting physical activity, just a small proportion actually use the evidence based methods in clinical practice. To improve the promotion of physical activity in patients there is need for further implementation strategies at all levels to create a well-functioning structure, clear goals and routines. Our study suggests, that implementation should focus at education, logistics for follow-up and increased amount of time with direct patient care.

Contact: EK Amanda

The Swedish school of sport and health science
Lidingövägen 1
Stockholm, SWE
amanda.ek@gih.se

The Disabled People and Sports project

CAREGNATO A.C. , BRUSCHI F., FACCHINI P., ILARI B., Y. PERSI, LUPPI C., BERNAROLI L., ANDREOLI L., GRIGNANI B., PAGANI M., TIRELLI G., PIETRANTONIO A.M., LOMBARDI A., ARCOLIN E., CHIOSSI M., TRIPI F.

Introduction

Physical inactivity is among the leading causes of illness and death in particular on the cardio-vascular system; determines reduction of residual abilities, compromises autonomy and health. The "Disabled People and Sports" project began at the Sports Medicine AUSL Modena Department, with the contribution of public and private entities in 2007. Since 2010, the project was extended to schools in Reggio Emilia. Since 2011 a collaboration with the Mental Health Department began, and more recently with the National Work Injuries Institute.

Purpose/Methods

Involved subjects were disabled people of any age and pathology. The goal is to encourage physical practice and healthy lifestyles by creating a regional network for people with disabilities, their families and sports clubs. A multidisciplinary team (sports physician, physical therapist, psychotherapist, dietitian, sports technician) analyzes the health of subjects and provides an indication to start or continue a particular motor activity with a specific personalized path.

Results

From November 2007 to June 2014 in Modena 1003 visits were carried out (364 first, 639 controls), mean age 26.3 years, 92 agonists, 196 non-agonists; 77 disabled sedentary people were started in sports. The main group was mentally disabled (216), followed by physically disabled (90), mixed (35) and sensory (23). On 12 cases it wasn't possible to define the disability type. In Reggio E. 157 students were evaluated; during 2013/2014, 45 students were placed in non-agonistic sports, 150 ones in agonistic.

Conclusions

People with disabilities should be directed towards a practice which should improve health status and residual abilities. On the local level, it is important to increase existing activities and develop new sports opportunities suitable for disabled people, creating an integration between promotion projects for health activity and physical activity. The project is making it possible to study the correlations between the exercise and the health status of disabled people who play sports, and the one practicing agonistic and non-agonistic sports.

Contact: TRIPI Ferdinando

AUSL Modena
viale dello Sport
41122 Modena, ITA
f.tripi@ausl.mo.it

Get on ya bike: Promoting active travel at Alfred Health

CORBEN Kirstan

Introduction

Alfred Health demonstrates a strong commitment to prevention, including a focus on the health of its workforce of almost 8000. "Get on ya bike" is a comprehensive approach to further developing cycling as a means of travel and physical

activity among employees. Active travel planning, facility audits, user counts and innovative consultation strategies have informed a major capital project to dramatically improve end of trip facilities and enhance the experiences of current and future riders.

Purpose/Methods

To strengthen Alfred Health's active travel culture and end of trip facilities to enhance the experiences of existing riders and engage new riders. In partnership with Bicycle Network, Alfred Health connected with more than 720 employees to identify enablers and barriers to cycling and prioritise potential improvements. An audit of existing facilities and measurement of utilisation added further depth in understanding existing cycling at Alfred Health. A capital project was commissioned as a result of the project recommendations.

Results

Improving health and fitness was the primary motivator (47%) for riding to Alfred Health sites. Both riders and non riders identified showers and change facilities (72% of riders and 47% of non riders), lockers and storage facilities (61% and 37%) and secure bike parking (52% and 32.5%) as the top three priorities for improvement. The building of more than 300 bike parks, 200 lockers, eight showers and four toilets is crucial to enhancing the active travel culture at Alfred Health.

Conclusions

Alfred Health is working towards a social norm which prioritises cycling and other forms of active and sustainable travel within the organisation. Effective planning and consultation techniques, combined with a tangible commitment to capital improvement are driving the increased engagement in active forms of travel among employees at Alfred Health. Supporting active forms of travel, will not only improve the staff health but will lead to reduced absenteeism and increased productivity contributing to higher quality of health care.

Contact: CORBEN Kirstan

Alfred Health
Commercial Road
3004 Melbourne, AUS
k.corben@cgmc.org

Session M1.9: Promoting the health of healthcare staff through lifestyles improvement & professional development

Factors Associated With Nurses' Eating Behavior by Using the Health Behavior Model -Take a Regional Teaching Hospital in Northern Taiwan as an Example



CHEN Yi-Chun, LI I-Ju, WU Jing-Hui**Introduction**

Ward nurses need to take care of more than 7 patients in a workday. They usually don't have enough time to eat in working time, and their whole health become worse because they're in a tense working environment. The loss of nurses is the international medical dilemma for all hospital, and nurses might want to stay on their work if hospitals provide better environment. Thus, hospitals might retain nurses if they consider that workplace health promotion issues are important.

Purpose/Methods

The study is a cross-sectional survey aims to analysis the eating behaviors of nurses who working on day time in general wards. The research period is November 2014 by self-report questionnaire, and the effective sample is 49, and the effective response rate is 98%.

Results

The results show that 65.3% nurses often forget to eat because of busy work, and 55.1% nurses considers that she cannot refuses to the allure of sugary drinks and snacks. In general, 71.5% nurses consider their healthy situation is worse because their work. The correlation analysis presents the positive correlation between age and service year for score of illness perceived susceptibility; while nurses who work on Medical Ward have less time to eat than Surgical Ward.

Conclusions

Medical staff is the most important asset for hospital, and the nurses is one third to three fifth of all medical staff, so nurses are the most important human resources in the hospital. According to this study, many nurses suffered on perceived susceptibility and perceived severity, and the hospital need to enhance the perceived benefits and reduce perceived barriers to help nurse have normal diet and improve their whole health.

Contact: CHEN Yi-chun

Taipei tzu chi hospital
5F, No.2, Ln. 550, Zhongzheng Rd., Xindian Dist., New Taipei
New Taipei, TWN
sprinkle1125@gmail.com

The Effective Strategies to Raise the Participation Rate of Physical Fitness Testing

YANG Yen-Yu, CHEN Yu-Shan, CHEN Ching-Yi, CHOU Chun-Chen, HUNG Ling-Yu, CHEN Yi-Chih, WU Chih-I, MA Hon-Kwong

Introduction

Health is important for everyone, especially for the medical staff. Only healthy medical staff could guard patients' health

better. Yonghe Cardinal Tien hospital holds "Employee Physical Fitness Testing" annually, it allows employees to understand their physical condition and remind colleagues in hospital to pay attention to self-health management. In 2013, in total 670 employees, only 22 people completed the testing. So, this year, we adopted a number of strategies to raise the completion rate.

Purpose/Methods

To raise completion rate, we designed four strategies for the employees from different departments can freely select convenient time slot and locations to conduct the test:(1)a banded time (8AM-5PM, non-stop at noon, 5 days a week, for 2 weeks) for conduct the test;(2) a fixed location for testing to easy remember and to go;(3) to provide individuals and group incentives, such as "Unity Award" cash prize US 100;and (4) periodic feedback contest results, which creates competition atmosphere.

Results

In 2014, after excluding staff not suitable for testing, 545 employees should complete the test, including 189 in medical department, 234 in nursing department and 122 in administration department, divided into 58 units. After intervention, 300 employees completed the test and completion rate was 55%, including 71(37.6%) in medical department, 155 (66.2%) in nursing department and 74(60%) in administration department. And 19 units were the candidates of the"Unity Award" There were 13.6 times increase people compared than last year.

Conclusions

Employee physical fitness testing can help our staff to understand their current physical status and as a reference of further exercise intervention for hospital. Due to busy work and less motivation, we had low completion rate before. This year, we used four strategies on the fitness testing, and we were glad to have 13.6 times benefits. But we are still not satisfied and will continue to identify and overcome the barriers of physical fitness testing.

Contact: CHUANG CHIN-RU

Yonghe Cardinal Tien Hospital
No.80, Zhongxing St., Yonghe Dist., New Taipei City
Taipei, TWN
jnrue80@gmail.com

Health care professional at the center: the Piedmontese system for continuous professional development in healthcare

COSOLA Alda, BONSIGNORE Nadia, NOVELLI Sandro, MERCANTE Gabriella, FORNERO Giulio

Introduction

The Piedmont Region has adopted its own system for continuous professional development in healthcare since

January 2008. The training is designed for all health workers. The focus of the training is the professional, then it must be placed at the center of the information flow so that all that concerns him is immediately linked to his profile. The system involving about 63,000 workers, rests on a platform that uniquely track the training of the individual operator.

Purpose/Methods

The continuous professional development in healthcare is the process that describes the steps to maintain and update health professional's skills. It was launched a participatory process with more than 150 professionals implemented this process. Training is the space in which there is a reflection on the practices of care and a time when the professionals are called to build and to improve new skills (cognitive, technical and relational) in relation to the health needs of the people.

Results

In the Piedmont Region was built a platform that identifies professionals uniquely and manages all information concerning them. It represents a place of dialogue between the professional and the different levels of regional and local training planning. The professional has an individual profile, through which can consult the regional courses and implement their own web dossier. Currently 30,000 are active individual profiles.

Conclusions

Currently the end users of the platform are: - More than 30 thousand professionals with an individual profile; - 66 public and private training providers, recognized by the regional system; - The Department of Health's profile, that monitors quantitative and qualitative aspects of regional continuous professional development in healthcare. The regional platform contributes to making equitable education, through an offer directed to professionals built with methods and standard criteria in the whole region.

Contact: FORNERO Giulio

A.O.U. Città della Salute
Corso Regio Parco
10152 Torino, ITA
gfornero@cittadellasalute.to.it

Session M1.10: Public health & quality strategies for better health

Population-based Approach for Salt Reduction

LIN Hsin-Ying, WENG Pei-Hsuan, LI Hsiang-Lin, CHIEN Pei-Li, TSENG Chi, LO Chia-Lin, CHEN Yi-Ching, HUANG Hui-Ting

Introduction

Excessive salt intake increases blood pressure and risk of stroke and coronary artery disease. WHO recommends adults to consume less than 2000mg sodium (5g salt) per day. The Nutrition and Health Survey in Taiwan found that the average salt intake of young men was 12 g per day. In order to promote healthier Taiwanese food with less salt, Taiwan Adventist Hospital developed an intervention program to educate people of different age groups.

Purpose/Methods

Two dietitians completed sodium survey of 10 food stalls at Raohe Street Night Market and designed low-sodium recipes for traditional Taiwanese food. Food labels were displayed and uploaded to a mobile app called "Food Tracer Taipei". For elderly, we held a series of lectures regarding salt intake and cardiovascular disease risk. For housewives, a sodium-reduction cooking contest was held. Children were taught how to read sodium content using the app and choose salt-reduction food at the night market.

Results

A total of six sodium-reduction lectures were held with 2163 participants. The cooking contest enrolled 862 participants. About 34% participants agreed that the health information increased their knowledge of appropriate salt consumption. About 86% participants agreed that the information had a positive impact on their food choice of salt reduction, which can help them prevent cardiovascular diseases.

Conclusions

We designed different salt-reduction strategies for different age groups. It is helpful to divide people in different population and give them information according to their knowledge background and needs. Long-term benefits on salt reduction such as blood pressure lowering in this community will be followed in the future.

Contact: LIN HSIN YING

TAIWAN ADVENTIST HOSPITAL
No.424, Sec. 2, Bade Rd., Songshan District
Taipei, TWN
hsinyinglin622@gmail.com

Advocacy strategies: in search for a "good" governance for public health in Friuli Venezia Giulia HPH network

AGUZZOLI Cristina, GIACOMINI Luisa, BERTOLI Marco, SANSON Sara, PELUSI Lucia, DUDINE Luisa, BEACCO Virginio, PORTOLAN Patrizia, ZORATTI Raffaele, MASCI Silvia, CICCONE Luciano, MICOSSI Simonetta

Introduction



Kickbusch(BMJ 2015)declares that "Public health professionals have long argued for health to be placed "higher on the political agenda" and for policies to be "evidence based."However, training has not equipped them well to analyse political context.Indeed, public health organisations have little political influence in most countries and their input is fragmented".Also in our reality this is true.The fragmentation of work lines and the overlap between prevention and health promotion creates misunderstandings about the organizational model of the Health Promotion's Management.

Purpose/Methods

In order to make stable the organization of health promoters, we decided to realize a document to promote our HPH expertise . This is a priority for the network, because of the regional reform underway in 2015 that is redesigning the organizational structure of the health agencies. The process consists in joining hospitals and health services to obtain a stronger continuity of the paths-care and a common point of planning with other settings of the community. Our network aim is to advocate the HPH strategy as governance model of quality health promotion.

Results

Our network has presented to the regional decision-makers the outcomes of ten years of programs through a newsletter. It reports the network skills to implement health promotion in paths-care and it includes a simple Job Description of the health promotion's coordinator able to manage the intersectoral programs through the Local HPH Committee. Among preliminary outcomes, our network has recently acquired 5 new members representing of health agencies private accredited. Now we are waiting for the future regional commitment.

Conclusions

The goal is to advocate health promotion paths and tools, acting through the connection between the most traditionally projects performed for citizens by Prevention Departments and the actions ongoing by the professionals of the primary care and of the hospital care. Once we are able to manage the whole health system in a logic of empowerment we can manage stable alliances with other settings in the community to fight chronic illness, stress related diseases and aging.

Comments

We are searching the best governance model of health promotion in the italian networks through the newly elected coordinator. We presented the HPH strategy to the stakeholders of the Regional Prevention Plan 2014-2018.In our experience, the HPH model based on self assessment forms, makes easier the global vision of salutogenesis.This could be the general framework for any intervention. Furthermore, if you make an effort to adapt the language,the analysis on 5 standards works in each setting.

Contact: AGUZZOLI cristina

Azienda Servizi Sanitari 2 Isontina
Via Vittorio Veneto
34170 Gorizia, ITA
cristina.aguzzoli@ass2.sanita.fvg.it

Implementation of person-centred care - professional's experiences

WALLENGREN Catarina, LINDSTRÖM KJELLBERG Irma

Introduction

This study describes the professionals' experiences of person centered care after participating in an implementation program. The aim of the program was to secure person centered care. To secure a sustainable program, we plan and design it in partnership with leaders and employees. This means that they were the owners of the program while our roles were to facilitate its process.

Purpose/Methods

The data were collected by a self-reported survey of four questions and notes produced by participants during the program in four medical units at one University hospital in Sweden. Totally 83 assistant nurses, nurses and physicians answer the survey and 48 were selected to participate in a six month long program. The data was analyzed with content analysis. The research questions were; how is person-centered care described and how describe the professionals its effects?

Results

After participating in the program, the professionals describe patients more like partners who actively were involved in the care/treatment. The concept involvement was described with words like empowerment, partnership and co-actors. The effects are described as following; professionals now listen better and had improved their arrival calls, the statuses of the patients' were also more valued and professionals said they collaborated better with other co-fellows, the qualities of care plans and recording had also increased and were conducted more systematically.

Conclusions

Based on the professionals' experiences of participating in an implementation program, it seems that our professionals better can describe the actions that promote person-centeredness than how they understand person-centered care. Their new actions have helped them to further develop their approach of delivering person-centred care as well as they have increased their collaboration with peers.

Contact: WALLENGREN catarina

Centre for person-centred care
Arvid wallgrens backe 1
Gothenburg, SWE
magnuscatarina@gmail.com

Session M2.1: Reaching out to promote the health of children and community citizens

Evaluation of the effectiveness of tobacco cessation in teenagers by social support network intervention

HUNG Ta-Chuan, HUANG Tsu-Hsueh, LU Shin-I

Introduction

According to reports, the percentage for students smoking was 14-15% in high school, and was 7-8% in middle school. In recent years, tobacco cessation in teenagers is the most important program implemented by Department of Ministry of Health and Welfare. The model of social support network was combined with medical resources and professional members in each department in our hospital, and cooperated with the teachers of school. The network will guide and encourage students to abstain from tobacco.

Purpose/Methods

The student tobacco cessation class is setup by hospital with three schools, one university and two high schools, from April to June, 2014. List of smoking students was provided by school. And then, those students were sent to the class of tobacco cessation in a regular period. There were four to six classes for tobacco cessation. Through the courses of tobacco cessation and sharing of group discussion, the students will gradually aware of the harmful effects of smoking.

Results

The 68 students were joined in the tobacco cessation class of the three schools. Each student will be followed up by their teacher. For students above 18 years old, they were encouraged to join tobacco withdrawal treatment. The anxiety and withdraw symptoms of students are reduced by the help of social worker. Of 68 students, 11, or 16.2%, students were completely tobacco cessation; 38 or 55.9%, students were less to smoke tobacco; 19, or 27.9%, students are usual smoking.

Conclusions

Through different professional workers, the intervention of social support network will help students to understand the situation and the skills during quitting smoking period. According to results, our model of network strengthened the effectiveness of abstinence smoking for low-degree tobacco addiction students. It was successful to help the students, who couldn't control by their own mind to avoid of smoking, with combined drug therapy. The cooperation model of schools and hospitals will get more benefit for students in tobacco cessation.

Contact: HUANG Tsu-Hsueh

Mackay Memorial Hospital Tamshui Branch

No 45, Mingsheng Road, Tamshui District
25160 New Taipei City, TWN
hwang46@mmh.org.tw

What's up : an integrated approach to well-being at school

PONTELLO Elisabetta, AGUZZOLI Cristina, DAMILANO Igor

Introduction

"What's Up?" is a network system which establishes partnership among schools, institutions and committees to favour young people's well-being, developing their emotional and social skills to prevent personal distress. This system focuses on the health protective factors of school social life for young people. In September 2014 a memorandum of understanding was signed by Health Service n.2, Gorizia's Cassa di Risparmio Foundation, the Province Educational Department (MIUR) and Gorizia's Provincial Council (Education councillor's office) to promote a project addressed to middle school and secondary school students.

Purpose/Methods

"What's Up?" is addressed to implement life-skills developing teaching strategies. To this purpose, teachers will be supported by a team of psychologists with specific training. What's Up focuses on adolescents' health and education and is promoted by means of: 1. posters and brochures 2. school / internal communication (teachers - students - families - school staff) 3. external communication (press - media - social networks - local/national/international websites) 4. life skills developing teaching strategies (decision-making, problem-solving - group work, emotional and personal ability awareness).

Results

The projects and activities proposed and approved of by the class teachers' boards have been developed according to the "life skills" guidelines provided by the Health Service during teacher training phase. The project has promoted students' well-being through problem-solving, group-work activities and students' projects: reports; power-point presentations; student self-managed performances and meetings; helping adolescents develop their emotional intelligence. These products are currently under evaluation by the Commission of the "What's up" competition then will become assets for the study of life skills.

Conclusions

"What's Up?" is implemented in all schools that apply to Local Bank Foundation and Health Service n.2 for Health Education school projects as well as through curricular and extra-curricular activities. Thanks to this project, based on "learning by doing", every school can develop student-centred educational projects such as student-managed meetings. As a consequence students can make decisions, develop new ideas and projects, being helped by teachers to express their creativity and personal skills



in various fields (making videos, setting up shows, choreographies, sport events)

Comments

The system has started in the current school year. Both the teachers and the psychologists involved attended special training sessions on September 7th and October 8th 2014. In February 2015 there will be a contest devoted to the students' video, drama, music and dance productions. The assessment of the project is carried out according to qualitative and numerical scientific criteria (questionnaires to students and teachers, focus group, statistics surveys) based on international standards. Monitoring is ongoing.

Contact: AGUZZOLI Cristina

ASS 2 Isontina, Via Vittorio Veneto, 34170 Gorizia, ITA

cristina.aguzzoli@ass2.sanita.fvg.it

A way with words – a digital tool for health professionals

ROMEDAL Signegun, BERGEM Anne Kristine, ØVERLAND Svein

Introduction

"A way with words" (Snakketøyet) is a digital tool developed for adults who wish to support children whose parents suffer from illness, addiction or injuries. The tool is aimed at health professional and other adults who meet children in their daily lives, at school or kindergarten and who can provide important support. The tool is developed by BarnsBeste - a national competence network (www.barnsbeste.no) and Superego (www.superego.as).

Purpose/Methods

Experiences from health professionals indicated that a lack of knowledge about how to talk with parents and children in challenging situations, can lead to a lack of important communication. The aim of this tool is to motivate adults to talk to parents and children by presenting recommendations and examples in a practical, easy and effective way.

Results

The tool was launched in Norwegian in May 2014 and will be evaluated during autumn 2015.

Conclusions

"A way with words" is translated into English and also planned to be translated into other languages. The tool is digital, free and easy to use regardless of context. By translating into other languages, the tool can be adjusted and made available to support adults who meet children whose parents suffer from illness, addiction or injuries in other countries as well.

Contact:

BarnsBeste

vibecke.vallesverd@sshf.no

An Improvement of Self-operated Healthcare System and A Standard Operation Procedure of Building Self-operated Healthcare system for Elementary School Children and in Ladakh

HUANG Yen-Ming, YANG Kuen-Cheh, LIANG Tzu-Hsuan, WU Tzu-Ling, WU Chia-Fang, HO Ming-Jung, LO Yi-Ting

Introduction

Global health is becoming an important issue in Taiwan. Ladakh, an area of Jammu and Kashmir State in northern India with height over 3000m, was lack of medical resources and subjected to inequitable medical distribution.. In 2012- 2013, we implemented a dispensary with basic medication and equipment in one elementary school, named Jamyang school. This time, on 4-18 August 2014, We aim to improve the system and make a standard operation procedure.

Purpose/Methods

Before the program, we received pre-service training about the background of Ladakh, program purpose, past result, etc., and made 2-months preparation. At there, our programs included evaluation the outcome of self-operated health care system, the new training program and recruitment of new health worker for system improvement and stability, the supply and localization of the medication and items, and the new design of a standard operation procedure of self-operated care system

Results

After years of our intervention, there was definite health improvement of the children in Jamyang school. Based on the experience and record, we upgraded our system, and made a standard operation procedure. It included how to evaluate a new school urgent problem, the estimated 1-year assumption volume, method of item supply, the buildup of the dispensary, and the recruit and education of health worker. Then, it was also successfully applied to extend model to two other school.

Conclusions

Conclusion: In Jamyang School, our 2-years health care promotion program was effective. Students growth more well; staffs had more ability and confidence to manage the common medical problem. Comparing previous year, it saved a lot of times to build a new dispensary by applying our standard operation procedure. In the future, we hope to further advance this model by building up a satellite healthcare network of the community, connecting the local schools and hospital in Ladakh

Contact: HUANG Yen-ming

National Taiwan University College of Medicine

No.25, Aly. 442, Sec. 1, Jingguo Rd., East Dist

Hischu, TWN

litpenguin730822@gmail.com

Integration with health motivators

WENNBERG Mona, TJÄRNSTRÖM Lina

Introduction

The differences in health within a population have increased worldwide. It's important with overall efforts to reduce health inequalities, suited to people's needs and opportunities. Västerbotten County Council has educated health motivators to promote health at their workplace. Through collaboration between the municipality, local folk high school and Västerbotten County council it has been possible to implement this concept for immigrants. 25 educated health motivators have in their turn inspired others to quit smoking, healthier eating habits and manage stress.

Purpose/Methods

Collaboration between the municipality, local folk high school and Västerbotten County council initiated to give immigrants a chance to improve their health. Three groups of about ten people in each group have met at eight education sessions. The first session focused on what it means to be a health motivator. Other topics were: everyday balance, dental health, physical activity, health motivation, tobacco, self-care and healthy food. Examination was made through performance and completed with diploma.

Results

Participants have, after completed examination, changed their way of perceiving health to a more holistic view. Before they described health such as: good food, watching TV and exercise. After the education: brushing teeth, thinking good thoughts, and need for sleep. 25 examined health motivators have practiced their knowledge in many ways. They have inspired their family and friends to change behaviors, one have started a facebookgroup in Arabic and five have been offered internship in different projects.

Conclusions

Educated health motivators are ambassadors and can reach population that the County Council can not reach through the health care system. Collaboration between authorities and non-profit organization makes it possible to accomplish a health motivator's education with high standard. An educated health motivator can inspire a person to quit smoking, healthier eating habits and the importance of social contacts for health. We have much to learn from each other and it can broaden the perspective on how we work with health promotion.

Contact: WENNBERG Mona

Västerbottens läns landsting
Köksvägen 11
90189 Umeå, SWE
mona.wennberg@vll.se

Session M2.2: Health promotion for patients with different types of chronic diseases

Job reintegration of the cardiac patient: first results of a collaboration between rehabilitation cardiologists and occupational physicians

GAVIOLI M, SERRA D, FERRARI D, PENNA M, TRIPI F., PIETRANTONIO A.M., LOMBARDI A., ARCOLIN E., BOTTARI S., GIOIA T.C., SALA D., GOBBA F.

Introduction

Cardiovascular diseases (CVD) are an important health problem affecting young people too. The return to work (RTW) of persons with CVD can be very hard because of physical impairment and difficulties in establishing fitness to work, and this can lead to a job loss. Currently, no consensus exists regarding adequate procedures at this regard. Our hospital rehabilitation cardiology team takes charge of patients with a heart condition with the aim of recovering a health status that also includes the return to work.

Purpose/Methods

A multidisciplinary team including rehabilitation cardiologists, physiotherapists, psychologists, dietician and occupational physicians develops a specific rehabilitation project. Cardiologists in a multidisciplinary team evaluate clinical conditions and make a prognostic stratification. Work history and work energy consumption are evaluated by occupational physicians. Then the team gives to the patient indications about physical activity and correct life style. The output is a report, illustrated to the patient, in which clinical conditions and fitness to work are reviewed and explained.

Results

During the 2012 - 2014 period the multidisciplinary team managed 25 heart patients to whom the report was presented. Six months later patients were asked about their job condition. 23 patients (92%) returned to work, doing jobs compatible with their clinical conditions. Job was adapted to the report indications. In other studies, the proportion of RTW in workers with CVDa was 65 -85%

Conclusions

A rehabilitation project developed by the rehabilitation cardiology multidisciplinary team, including the participation of the occupational physician, seems to be very useful in job reinsertion of the heart patient. A number of occupational groups are affected by cardiac diseases that lead to hospital admission. Specially targeted measures are required in relation to these occupational groups and this will be a reduction of social inequality in health.

Contact: TRIPI Ferdinando

AUSL Modena
viale dello Sport, 41122 Modena, ITA



f.tripi@ausl.mo.it

MyFoot, diabetes: an eHealth tool for the diabetic foot

ALNEMO John, HELLSTRAND TANG Ulla

Introduction

People with diabetes have an increased risk of foot complications and 3-10% of them have diabetic foot ulcers. Furthermore, 50 % -85% of amputations is preceded by diabetic foot ulcers. Prevention of ulcers with annual inspections, footcare, orthopedic treatment and education is cost effective and decreases the prevalence of foot ulcers and amputations by 50%. These intervention combined with multidisciplinary foot team is effective. In Sweden today, many people are not offered adequate prevention program due to weakness in screening routine.

Purpose/Methods

Myfoot diabetes was created for the patient, an eHealth tool, for self-screening and risk assessment of the feet. The web application is designed to deliver customize advice about their foot health with the aim to prevent foot complications. The risk factors was identified with easy-to-answer questions and illustrations. Risk factors such as neuropathy, angiopathy, foot deformities and more was identified. The risk assessment is based on Swedish national guidelines in diabetes together with long clinical and research experience.

Results

The app MyFoot, diabetes delivers: A risk assessment which identify if the patient have a high, medium, low or no risk to develop foot complications Information about the patients risk factors Customised advice about self-care of the feet and shoes Recommendation of referral to Podiatry or Department of Proshetics & Orthotics depending in precence of risk factors A report with a summary of the foot assessment A Search fuction to find nearest Primary Care Unit

Conclusions

MyFoot, diabetes have won the national contest "APPLICERA hälsa" and it shows that mobile technic can be integrated in health care in a way that highlights the importance of patients participation thus improving equal care. Our intention is to release the app free of charge to people with diabetes. Our vision is to build a network with national and international diabetes associations and together with caregivers work for the prevention of diabetic foot complications.

Contact: ALNEMO John

Sahlgrenska University Hospital, Gothenburg
Söderhöjdgatan 7
50450 Borås, SWE
jpmbackstrom@gmail.com

Introduction

Transverse myelitis (TM) - is a disease in which the immune process violates the spinal cord, causing paralysis of varying degrees, motor, sensory and autonomic disorders. The weakness occurs with quickly developing leg paresis, some times tetraparesis. The progress is best observed during the first 6months, but the recovery may take up to 2years. Physical factors of the patient and their integrity are important. Technologies of PT is essential key in recovery for patients with TM.

Purpose/Methods

The goal: to evaluate the functional condition of patient with TM when applying the complex PT and objective measure. Methodology: analysis of medical data, observation. Complex physiotherapy: passive and active PT, mobilization, taping, teaching to transfer the body weight and walk by using Gait - Trainer I, FES, water track. Tests: Motor Assessment Scale, FIM, Berg Balance Scale, FAC, Ashworth Scale, Lovett, dynamometry. Zebris FDM-T system was used to evaluate the static and dinamic balance.

Results

The effectiveness of complex physiotherapy in patients with TM is observed during the first stage of the treatment. The muscle strength, body control, standing up are improved after gait trainer and intensive exercise. Better shoulder function after kinesiotaping, specific physiotherapy technique and FES. Patient's autonomy has significantly improved after the use of FES during the second stage. Elbow crutches were applied after the waist and body movement control. Zebris FDM-T system indicates objective changes in walking and balance.

Conclusions

Technologies and PT allowed the patient to achieve maximum results and the improvement of his functional condition. The evaluation of tests suggest that complex and intensive PT during 12 weeks had a significant impact on improving the condition of patient with TM.

Contact: LEVINGER Vilma

Palanga rehabilitation hospital
Vytauto
LT-5720 Palanga, LTU
vlevinger@info.lt

Technologies in physiotherapy

LANKAUSKIENE Vaida

Session M2.3: Preventing and tackling non-communicable diseases

Greek HPH Network: Informational campaign and free preventive examinations for vulnerable groups in Athens, Greece

PETROULIA Ioanna, SCHORETSANITI Sotiria, GIANNOPOULOU Ekaterini, PAPACHRISTOU Efstathios, TOUNTAS Yannis

Introduction

According to WHO, NCDs cause more than 36.000.000 deaths annually. More than nine million of all deaths attributed to NCDs occur before the age of 60. Cardiovascular diseases account for most NCD deaths, or 17.3mn people annually, cancers for 7.6mn and diabetes for 1.3mn. Since these diseases are preventable, early diagnosis and treatment is crucial. Within this context, the Institute of Social and Preventive Medicine, funded by NSFR, implements a prevention program in Attica under the Greek HPH Network.

Purpose/Methods

One of the program's main goal is to raise awareness through an educational campaign concerning the primary and secondary prevention of diabetes, cardiovascular diseases, breast, cervical and colon cancer. Unemployed and uninsured individuals 25-65 years old were also offered the opportunity to undergo preventive examinations for the aforementioned diseases. The offered examinations, according to the participants' age and sex, are blood glucose measurement, cholesterol and blood pressure, mammogram, Pap smear test, mayer stool test.

Results

From October 2013 until December 2014, 40 health educational sessions were implemented in Attica in members of the Greek HPH Network and of the Municipalities National Network of Healthy Cities. Additionally, 650 individuals participated in the program and received a comprehensive health report according to the results of their examinations and the data collected using a structured health questionnaire. Some of the health issues that were evaluated were smoking habits, dietary habits, level of physical activity, quality of life, etc.

Conclusions

Until April 2015, when the program will be completed, an additional number of 350 uninsured/unemployed individuals will have the opportunity to undergo the screening examinations for the aforementioned NCDs and will receive a comprehensive health report, which will include individualized guidance for the modification of negative lifestyle habits and the adoption and reinforcement of healthy ones as well as

instructions concerning their medical examinations. The program will have managed to offer free preventive examinations to 1,000 individuals in total.

Contact: PETROULIA Ioanna

Center for Health Services Research
25 Alexandroupoleos Street
11527 Athens, GRC
ipetroul@med.uoa.gr

Screening for Type 2 Diabetes Risk Factors in a Greek Municipality towards health-literate Healthcare

BAKIDES Sofoclis, CHARAMIS Angelos, PETROULIA Ioanna, LIRIOTAKI Anastasia, VERVERELI Charilila-Loukia, KAPAGIANNIS Vasileios, OIKONOMOPOULOU Ilektra, THEOCHARI Maria, SAKELLARIADIS George

Introduction

Diabetes prevention is possible and we know a lot of prevention strategies which have been implemented worldwide. Unfortunately ,we lack systematic efforts of combined Type 2 Diabetes (T2D) risk factors screening with the emerging concept for patients knowledge, ability to interpret and evaluate health information . Only then we can support more effective salutogenic life processes This is even more true in semiurban Greek areas like our Municipality with many population groups stricken by the on going socioeconomy crisis.

Purpose/Methods

The need ,for the fist time ,to identify high-risk subjects for T2D combined with their evaluation on health risk factors. We used the FINDRISK questionnaire and a knowledge attitude and perceptions questionnaire for cardiovascular risk factors both validated in Greece .A score >15 categorizes a person at high risk for DM development. Totally 358 persons were recruited from July to November 2014.Young doctors, trainees of our Hospital, examined the patients and filled in the questionnaires after their fully informed consent.

Results

We have found 75 persons (20,95%) with score >15.Mean age:52,14 years and mean BMI: 27,43kg/m² Accordingly ,their knowledge about health risk factors: >90% knew the significance of high blood cholesterol, Diabetes, bad diet, exercise, smoking, obesity and hypertension, but over 60 % underestimated their exact mortality impact on cardiovascular events . Our findings: Risk score <7 :(42 and 48),7-11 :(61 and 68),12-14 : (21 and 43), 15-20: (16 and 42),>20 :(5 and 12) men and women repectively.



Conclusions

In our area pilot study, the burden of the problem for future development of T2D is probably heavy. Although public awareness and health risk factors knowledge is growing, there are gaps in the field of person oriented methodology approach for enhanced health literacy. We need the development of targeted intervention programmes which address the general population. In order to change the culture of hospital care towards interdisciplinary working, transparent decision-making and active health-literate involvement of patients.

Contact: BAKIDES Sofoclis
Molaoi General Hospital
Molaoi Hospital
23052 Molaoi, Lakonia, GRC
sofoclisbakides@yahoo.com

Session M2.4: Mental health promotion

Mental hospital's efforts on health promotion for patients with severe mental illness

SUN Hsiao-Ju

Introduction

Yuli Hospital is a public mental hospital located in rural area of Taiwan with good reputation in providing high quality long-term care for patients with severe mental illness (SMI). Through SWOT analysis, Yuli Hospital sets its management strategies each year. Using three-level prevention strategies of public health to promote general health of patients with SMI is the main focus in recent years. This report analyzes the health outcome indicators of patients with SMI after receiving health promotion services.

Purpose/Methods

Yuli Hospital launched a health promotion program five years ago which includes encouraging regular exercise, body weight control with healthy diet, seasonal screening for chronic illnesses, annual flu vaccination, annual routine and cancer screening, case management for chronic illnesses, individualized rehabilitation programs and hospice care for terminal cases. The demographic data and clinical characteristics are reviewed and the regular exercise rate, well-controlled DM rate, and average age at death before and after the launch of health promotion program are compared.

Results

Patients with SMI have a higher prevalence of physical illnesses and a shorter life expectancy (up to 15 years). More than 80% of patients have built regular exercise habit (< 20 % before the program); near 80% (about 50% eight years ago) of diabetic cases show well-controlled condition (HbA1C <7%). There were 201 and 206 mortalities during the four-year periods before and

after the launch of program respectively. The average age at death increases from 60.7 to 66.3 years old.

Conclusions

Yuli hospital implemented the health promotion program strategically by selecting measurable intermediate and final indicators for each level of health promotion activities and set annual goals and the regular monitoring mechanism. Through the strategic planning and systemic implementation of health promotion program, the health status and the life expectancy of patients with SMI in the mental institutes can be improved. Some indicators, such as well-controlled DM rate and regular exercise rate are even better than that of general population.

Comments

General health promotion is becoming more crucial for the holistic care of aging patients with SMI. Mental hospitals in Taiwan have played important roles in mental health services through strengthening infrastructure and improving capacity as well as quality of care in past decades. They can also address the general health promotion for this vulnerable group as well to fulfill the patients' need. More sophisticated planning and implementation of health promotion program is necessary in the nowadays practice of mental health.

Contact: SUN Hsiao-Ju

Yuli Hospital, MOHW, Taiwan
No.448, ChungHwa road, Yuli Township
981 Hwalian County, TWN
sunhj20@gmail.com

Efficacy of sound insulation and music therapy on the comfort of mechanically ventilated patients admitted to intensive care unit

MATEU-CAPELL Marina

Introduction

When physicians remove mechanical ventilation, first it is necessary to eliminate the effects of sedation. They want patients to make sensory contact with the environment in a calm way. Often, certain factors can make this process difficult. ICUs are subject to noise pollution because of clinical activities: working staff, alarms and other noises fill the patient's environment. Sometimes, noise levels can be up to 95dB, whereas the WHO recommends 35-40dB. Nurses need all possible tools to give comfort these patients.

Purpose/Methods

To assess the effect of sound isolation and music therapy on the comfort of mechanically ventilated patients admitted to intensive care unit measured by the Bispectral Index (BIS), the Ramsay and Behavior Pain Scale (BPS). Randomized crossover clinical trial. Group A: sound isolation (1h) followed music therapy (1h). Group B: music therapy (1h) followed sound isolation (1h). Statistical analysis of correlated data was performed using a Generalized Estimating Equations (GEE) model.

Interventions had been realized through noise cancelling headphones.

Results

Of 130 patients assessed for eligibility, 82 were randomized to the A (n=40) or B group (n=42). Mean age was 69 (SD=14) and 77.3% were men. In both groups, a mean decrease of 4 points was observed from baseline, although differences were not statistically significant. No differences were observed between isolation and music therapy, neutralizing by period effect. The average difference between the two treatments was 0.8 points (IC95: -1.2 to 2.7) No significant differences were observed in Ramsay and BPS.

Conclusions

The sound isolation and music therapy, through the headphones, have a slightly hypnotic effect by reducing the impact of environmental noise. For this reason, they can be considered in the nursing care to improve the comfort of patients with mechanical ventilation.

Comments

Clinical Trials. gov Identifier: NCT02040051.

Contact: MATEU CAPELL Marina

Universitat Girona
C/Callarís
08271 Artés, ESP
mmateu@fub.edu

Session M2.5: Improving quality of care for older patients

Application of the Chronic Care Model to Develop Health Care Service for Older Persons with Comorbidity: Case Study of a Primary Care Unit

**SRISAENPANG PRASOPSUK,
SRITANYARAT Wanapa, PREMGAMONE
Amorn**

Introduction

In this situation of aging society, comorbidity impacts older persons and their families by requiring a lot of time for self-management, lifestyle modifications and spending for multiple health services. The complexity of comorbidity is a challenge for the delivery of holistic care and services for older persons. The Chronic Care Model could provide a feasible solution to be applied to primary care unit in Khon-Kaen that have difficulty controlling chronic diseases to providing specific care for older people with comorbidity.

Purpose/Methods

This action research aimed at applying the Chronic Care Model of Wagner et al. (2005) to develop health care service for older persons with comorbidity who attended a primary care unit of a university hospital. The study was carried out from April 2009 to June 2011. Data were collected by using focus group discussions, informal conversations, observations, field note, in-depth interviews, and documents review. Content analysis was used to analyze qualitative data whilst quantitative data were analyzed by descriptive statistics.

Results

The results of three-phase study are: 1) The situational analysis: older persons have many problems from comorbidity. 2) The implementation: three methods were applied 1. case management 2. community strengthening 3. proactive home visits. 3) The evaluation: results are 1. the development of health care services for older persons with comorbidity. 2. improvement in older persons' functional abilities, physical, psychological and social health. 3. the guideline of care for older persons with comorbidity in primary care unit.

Conclusions

Findings from this study showed that the Chronic Care Model had been applied successfully to the studied primary care unit. It is suggested to be used as a guideline for further development of the model in all aspects, especially for specific development of health care services for older persons with comorbidity.

Contact: SRISAENPANG PRASOPSUK

Khon Kaen University
123 Mitraparp Highway, Mueang District
40002 Khon Kaen, THA
prasopsk@kku.ac.th

Investigation of effectiveness of "Safety Apron" for wheel chair bound patient to enhance quality of care of long term care

CHEN Ying Li, YEH Kuo Chi, WU Meng Pin

Introduction

Wheelchair bound elderly unable to sit upright and eat properly without spills or pour over, causing slide down or forward inclination and dirt all over their clothings. All these will end up with great discomfort and/or accidental injuries. We innovated and developed a practical and useful "SAFETY APRON" after thoroughly and carefully observed these disabled elderly daily activities so as to strengthen and enhance the quality of care of long term care.

Purpose/Methods

We provide the protocol "SAFETY APRON" to 20 wheelchair bound cases from LTC facilities and 20 similar cases from home health care to try out for 20 weeks during the period from December 2013 to April 2014. We collected questionnaires from those who tried out and their caregivers so as to improve



and renovate the protocol accordingly. We had improved the durability and safety, made it more easy to clean and operate by altering material and fixation mechanism.

Results

The satisfactory from protocol to end product improved dramatically are listed as following: Comfortability: 89.9% to 96.9%, Safety: 92.3% to 95.8%, Material satisfaction: 91.8% to 97.6%, Total satisfactory: 90.8% to 98.8%. The end product gave wheelchair bound patient more safety that matters the most. But the most rewarding was the feedbacks from caregivers, They are happy and welcome "Safety Apron" readily, because it is easy to operate and easier to clean up the mess and less chances to dirt patients' clothing.

Conclusions

Satisfactory feedbacks from both of the caregivers and those being cared were high enough to proof the new design is very practical and helpful to the care of LTC patients especially the safety of LTC patient being placed in a wheel chair. We are in great debt to above mentioned two groups of subjects, especially their involvement in naming this new design. This project enlighten us that endeavor and devotion makes great changes in quality of care of elderly.

Contact: CHEN Ying Li

Taipei City Hospital, ZhongZhing Branch
145, ChenZhou Road
103 Taipei, TWN
ali-0207@yahoo.com.tw

Individualised longitudinal digital systems for sustained autonomy and improved quality of life in elderly

BJELKE Börje, DAHLE Lars Christian

Introduction

An increasing number of people become older, healthier and both want and can remain their autonomy longer if given the access to individualized aids. One need to strike a balance between personal integrity and inviting others to monitor activities of daily life in order to detect negative incidents. There is a wave of new opportunities for people with impaired cognitive capability to be supported by digital systems in order to maintain autonomy and independent living.

Purpose/Methods

To use an "open source" platform to integrate with a variety of sensor-systems in order to build an invisible safety net for the cognitive impaired user. The system will notify carers or healthcare personell when a deviation from normal pattern of daily activities occur, so that the user can be contacted and supported. It also support basic vital signs monitors, like a body scale to detect malnutrition. System will change over time according to end users needs.

Results

In the present development stage of the system it can be used with people in the early phase of cognitive impairment with

both active and passive alarms. A mobile social alarm is supported, which will give an alert if user move outside the defined geo-fence. An electronic pill dispenser help the user get the right medicine at the right time and alert carer if medicine is not taken. Additional sensor systems are currently on trial.

Conclusions

Thus, we have a platform that compensates for the impossible task of always being physically present, while we are not weakening the role of human understanding and contact. If we can build a system that will always detect when the user needs help, but eliminate the need for redundant physical visits when everything is OK. That extra gained time can be invested in quality time and social interaction together with the patient resulting in a more content end users.

Comments

The system can presently be reviewed in action at both City of Oslo and Baerum Kommune.

Contact: BJELKE Börje

Dept of Neurol, University of Oslo, Norway
Sykehusveien 25
1474 Nordbyhagen, NOR
borje.bjelke@medisin.uio.no

Session M2.6: Addressing obesity

What does a higher body mass index (BMI) mean?

WONG Toh Yoon, MURATA Hirohiko

Introduction

Although some controversy still exists, obesity is define by an increase in body mass index (BMI). Analysis of the OECD-Health Statistics data for 2014 showed that obesity had a stronger impact on life expectancy when compared to tobacco and alcohol consumption, especially after adjusting for healthcare expenditure. We investigated the negative effect of a higher BMI and how physical activity promotion can help to counter this issue.

Purpose/Methods

Data from 356 patients (age 32 to 100) who received medical checkups at our satellite clinic during a four month period were analyzed to investigate the effect of BMI on other biomarkers and presence of chronic disease. Physical parameter changes in relation with BMI for 100 members of our medical fitness center were also analyzed.

Results

Approximately 29% of patients had a BMI of more than 25 and 4.5% had BMI of more than 30. After adjusting for age and gender, increase in BMI was significantly associated with an increase in HbA1c levels, mean arterial pressure and triglyceride levels as well as a decrease in high density cholesterol levels. A positive change in BMI also correlates with a positive change in body fat percentage and a negative change in muscle mass.

Conclusions

Increase in BMI has many negative outcomes on other health parameters and changing our lifestyle to include more physical activity may help to counter many of these detrimental effects.

Contact: WONG Toh Yoon

Hiroshima Kyoritsu Hospital
Hiroshima-shi Asaminami-ku Nakasu 2-19-6
Hiroshima, JPN
easybs@hotmail.com

Applying Telehealth to Weight Management

YANG Yu-Wen, HUANG Yu-Chin, HSIAO Nai-Yu, LI Nien-Ru

Introduction

Overweight/obesity had been proved to increase the risk of chronic disorders, such as hypertension, diabetes, hyperlipidemia and cardiovascular disease, and then may induce premature death. Lifestyle modification, especially healthy dieting and increasing physical activity can help people to control weight. However, it is very difficult to keep healthy lifestyle consistently with time. With the progress of technology, telephone and electronic devices are applied to assist people in modifying their health behaviors and lifestyle, and then improving their health status.

Purpose/Methods

We constructed the Weight Control Program to help people develop the knowledge and skills for weight management. The program comprises 8 weekly classes. Each class consists of 1-hour lecture and 1-hour exercise. Additionally, participants are encouraged to use an electronic platform for self-learning and self-monitoring. Feedback will be sent to participants as soon as possible via the platform. Telephone monitoring is performed for twice per week during the 8-week classes and then at 3-month, 6-month, 9-month and 12-month follow-up.

Results

During February 2012 to June 2014, 61 people participated in the Weight Control Program. At the end of the 8-week classes, 61 participants averagely reduce 4.9 Kgs of weight (78.0 vs. 82.9). Weight loss for 6.1 Kgs (76.8 vs. 82.9, N=61), 6.4 Kgs (74.3 vs. 80.6, N=53), 6.1 Kgs (74.6 vs. 80.6, N=53), and 6.2 Kgs (75.6 vs. 81.8, N=47) are noted at 3-month, 6-month, 9-month, and 12-month follow-up separately. All weight losses are statistically significant by paired-t test.

Conclusions

The Weight Control Program helps overweight/obese people reduce their weight effectively. Except the 8 weekly 2-hour classes, the electronic platform provides abundant information of weight management, especially focusing on healthy dieting, calorie counting and exercise demonstration. People can reach the platform at any time and get feedback timely. It improves

accessibility. By telephone contact, we can know the obstacles and demands of participants. Then we can develop individualized problem solving plans. Both telehealth tools are helpful greatly for weight management.

Contact: YANG YU-WEN

Changhua Christian Hospital
No. 135 Nanxiao St.
500 Changhua City, TWN
yuwen77@hotmail.com

A community-based program for obesity

HUANG Shu-Hua

Introduction

Obesity is a major public health concern worldwide. According to the report of "Nutrition and Health Survey in Taiwan", the prevalence of overweight and obesity among adults were 20.8% and 27.1% in 2013. Studies found that "environment" was the key influence factor. To prevent obesity, what we must do includes not only the improvement of environment but also the intervention of diet and sport. The purpose of this study was to develop a community-based program and evaluate its effectiveness.

Purpose/Methods

This was an Action Research. Residents in Toufen township participated in this study. Strategies of setting up Sport Map, increasing physical activity space, establishing sports clubs, promoting stores and restaurants to serve healthy meals and drinks, and building supportive networks by Volunteer Training were adopted. We also taught residents the skills of selecting foods right, calculating calories correctly, exercising regularly, and self-monitoring of weight and lifestyle periodically. Comparisons of weight, BMI, and waistline were made before and after the study.

Results

A total of 603 residents participated in this study, with 437 females (72.47%) and 166 males (27.53%). The subjects' ages were 19-64 (mean=51.81, SD=10.91). At the beginning and the end of the study, the mean of the subjects' weight decreased significantly from 65.11kg to 62.98kg, the mean of BMI from 25.49kg/m² to 24.46kg/m², and the mean of waistline from 84.88cm to 83.27cm. All the paired-t tests were significant at $\alpha=0.001$. Subjects were satisfied with results. Even they look forward to the similar activities.

Conclusions

The findings of our research revealed that the improvement of environment and the intervention of diet and exercise were indeed effective in controlling obesity. To enhance the effectiveness of community health promotion program in the future, the relevant persons have to set up more effective strategies to strengthen the residents' determination to resist the temptation of eating, to empower them to learn sports skills, and to help them establish the supportive networks.



Comments

The coordinate environment change and can the active control be obese truly by the diet and the movement education involvement, suggested the future will strengthen outside specially the resistance the food enticement determination, the movement skill study and the enhancement supporting network atmosphere.

Contact: SHU-HUA Huang

Toufen Township Health Station
No.72, Xianhui Rd.,Toufen Township, Miaoli County 351, Taiwan
351 miaoli, TWN
tof14@tmail.mohw.gov.tw

Session M2.7: Strategies to improve workplace health promotion

“Sunny Quarter” Activities in Catholic Cardinal Tien Hospital Way Caring for Healthcare Staff

STAWASZ Mariola**Introduction**

Catholic Cardinal Tien Hospital (CTH) in Taiwan is based on the following core values: “Love for God, Love for People, and Respect for Life,” which are the vision of this healthcare institution. The mission of CTH promotes these values by transmitting God’s love through medical care and health improvement established on the model of “Holistic Care” with four principles: care for the whole person, care for the whole journey [of a patient’s sickness], care for his/her whole family, and care from the whole team. The purpose of this study is to present a “sunny quarter” (yangguang shike 陽光時刻) activity provided by pastoral care team. This is a nurturing way to promote personal values of employees and raise the quality of their life and service.

Purpose/Methods

This study investigates the pastoral care department activities of “sunny quarter” among hospital’s employees, i.e., nurses, physicians, and administrative staff. The healthcare works may accept weekly, biweekly or monthly pastoral “sunny quarter” during their work. Each event of this activity takes about 15-20 minutes. Its themes and/or ways of cooperation need to be designed according to the CTH culture, Church liturgical events, and individual departments or teams work needs.

Results

The results clearly show that during 2013-2014, “sunny quarter” activities led by pastoral care department could effectively offer more personal care and helped the employees to be more self-aware. In 2013, there were over 1493 hospital employees,

including 950 medical staff (nurses and physicians), and 543 administrative staff who took part in those activities. In 2014, there were over 1572 employees who participated in those activities, including 1005 medical staff and 567 administrative staff members. According to surveys done in 2013 with help of 400 questionnaires, there were 82% of employees who expressed their satisfaction with “sunny quarter” events. In the years of 2013-2014, pastoral care team spent on the average 36 hours per month shepherding CTH healthcare workers.

Conclusions

“Sunny quarter” activities led by pastoral care team are significant events in CTH which nurture Christian culture within hospital personnel; they are also occasions of supporting, promoting, and spreading the values of professional ethics. Through these activities, the employees of CTH can better understand their own role and they are helped to grow into the one family of CTH in order to more integrate among many personnel members and to let them become one unity. In the future, CTH should even put more efforts to expand and encourage all its personnel of participating in those events. This is an excellent way to shepherd the personal lives, i.e., to improve the quality, of their employees who have a great mission to serve patients.

Contact: STAWASZ Mariola

Catholic Cardinal Tien Hospital
362, Chung Cheng Rd., Hsintien Taipei Hsien
23137 Tapei, TWN
mariolka2007@gmail.com

Developing resilience: organisational, team, individual perspectives

AGUZZOLI Cristina, GIACOMINI Luisa, RIVA Daniele, BERTOLI Marco

Introduction

In 2010, our network conceived a set of standards as a compendium of the manual HPH to expand the self-assessment on the resilience at workplace. The standards had guided in 2012 and 2013 the management line on internal climate. The aim was to find a simplified model to advocate managers of the services towards the organizational creativity, in a time when the performance demands are increasing and staff is aging. The strategy is called “top down - bottom up: resilience at workplace”.

Purpose/Methods

To guide managers in self-assessment of their working team, we were looking for a procedure able to activate self-tests on the organizational well-being and at the same time on the presence of protective factors against stress. Of course, if we get more compliance on the protection standards, we will find lower risks factors. The procedure on organizational well-being is synergistic with actions triggered by Legislative Decree 81/2008, which in Italy regulates the monitoring of risk in the workplace.

Results

The procedure identifies the working groups to be involved, the tools and assigns three different levels of responsibility to the top managers, the leaders of departments and professionals. The procedure includes three check lists on resilience, linked with the standard HPH. The checklists are part of the training of health promotion and risk assessment. The best improvement plans linked (more than 40) are available online. The strategy has been choosed as best practice in the National Conference of Ministry of Health.

Conclusions

The innovation began at Top level with sharing the vision between two services (Risks at Workplace and Health Promotion) through the HPH model. The path is went at the operational level by promoting the self-assessment of the departments, through counselling on standards on psychological well-being. The training has triggered skills on creative organization. The key concept that we are promoting regards co-responsibility in the process of change, to be actors instead of suffer it.

Comments

We are facing an Health Care Reform that is changing the organizational structure of the regional health agencies. It's clear that losing control of the situation is a source of stress, both in individuals and systems. Stress experts describe this situation as a cycle in which any stress generates a change that the system fight to get the new balance. Our procedure is a way to raise the system awareness and dissolve the resistance towards change by the structures that are joining.

Contact: AGUZZOLI cristina

Azienda Servizi Sanitari 2 Isontina
Via Vittorio Veneto
34170 Gorizia, ITA
cristina.aguzzoli@ass2.sanita.fvg.it

Measures to enhance the job satisfaction of nursing personnel Intravenous injection

**LI Chia-Ling, HO Tai-Cheng, FANG Yu-Hui,
CHANG Chih-Ming**

Introduction

Preschool children will experience nursing problems, such as separation anxiety, when they are exposed to unfamiliar people and environment during hospitalization. The pain caused by invasive treatments, such as intravenous injection, will be magnified. Nursing personnel tend to request family to stay out of the treatment room, and assist their colleagues to forcibly push children on the treatment bed to receive intravenous injection. As a result, more manpower is required to fix children, and the re-injection is required.

Purpose/Methods

The main purpose of this study is to improve nursing personnel' job satisfaction during intravenous injection, as well as to use structured questionnaire and one-on-one interviews to collect data from clinical nursing personnel at a regional teaching hospital in Hsinchu. The research tool was the self-administered structured questionnaire. The data were collected from a total of 12 nursing personnel who met the inclusion criteria.

Results

The questionnaire survey found that 31.0% of the nursing personnel were satisfied with their job of giving intravenous injection. Therefore, auxiliary fixed appliances for intravenous injection was designed and provided for clinical nursing personnel to use during intravenous injection of children. The satisfaction was increased to 86.8%, reaching the target value.

Conclusions

The study is a pediatric ward where many children tend to engage in the behaviors to refuse to receive intravenous injection. When nursing personnel find that children engage in uncooperative behaviors, they will be afraid that children's family accompanying them aside will more frequently interfere with medical practices and intend to complete the injection as soon as possible. The use of auxiliary fixed appliances can prevent children from twisting body more severely due to separation anxiety.

Contact: LI Chia-Ling

Hsinchu Mackay Memorial Hospital
No.554, Nanda Rd.
Hsinchu, TWN
applel32370@gmail.com

Session M2.8: Tobacco-free healthcare & cessation interventions

Smoke free hospital: Chioggia's Angels

**SBROGIO' Luca, BELTRAME Laura,
BOSCOLO BACHETTO Maria, FONTANOT
Serena, MARCOLINA Daniela, SALVAGNO
Lisa, SEGANTIN Graziano, MARGUTTI
Ermanno**

Introduction

In 2014, the Local Health Authority (LHA) of Chioggia (Venice, Italy) implemented the "Smoke free LHA" programme, part of the regional comprehensive strategy in prevention of tobacco-related diseases with the financial support of Veneto Region . The programme's aim is protecting patients, with particular attention to women and children, and health personnel banning smoking in all health premises and even in the outdoor spaces of the hospital (autopark, internal roads, green areas, etc.). The



LHA is therefore not only a place of diagnosis and treatment, but also a health promotion setting for staff, patients and their families

Purpose/Methods

The project provided: recruitment and training of 15 health employees as "inspectors" to inform people about the banning and to fine the infringers; a media strategy to inform the citizens of Chioggia about the smoking ban; ban cardboards representing angels, as "personal protection" symbols, played by some health employees; smoking cessation support for smokers (group therapy and tobacco cessation clinics).

Results

20 Angels' cardboard shapes, in full size, and about 100 in small size, played by the LHA health employees, with the phrase "we protect your health" and the international logo of "no smoking", are placed at strategic indoor and outdoor places in Hospital, administrative structures and social districts. The whole message is that all the LHA's health personnel treats illnesses but also protects and promotes the health of all. The programme started on December 1st 2014. The ban is respected and no fine committed in the first 50 days. The message and the cardboards are very liked.

Conclusions

In 2014, in Veneto region, 16 LHA take part to "Smoke free LHA" part of the health promotion activities of HPH network-Health Promoting Hospitals in order to protect health personnel, patients and non-smokers' health, but also to become an healthy behaviour example for community by developing synergies with local institutions and associations.

Contact: SBROGIÒ Luca

Azienda ULSS 14 Chioggia
Strada Madonna Marina
30015 Chioggia, ITA
lrbeltrame@gmail.com

Experience of Implementing ENSH Standards of Tobacco-Free Hospital in a New Local Community Hospital

TSAI Chung-Hung, LI Yu-Hsuan, CHIU Fang-Shan, TING Yi-Chun, CHENG Yu-Hsin, WU Hsi-Chin

Introduction

Tobacco smoking is the leading preventable cause of disease. Implementation of a tobacco-free policy changed the health care context for patients and supported abstinence. However, to establish a tobacco-free hospital is really a hard work for a new hospital. Taiwan joined the ENSH-Global Network since 2011 and then boasted 147 member hospitals at the end of 2013. Therefore, following the excellent performance of other members, we applied the ENSH standards to build up a tobacco-free health care service.

Purpose/Methods

Tainan Municipal An-Nan Hospital is a new local community hospital operating since February, 2013. There was no tobacco-free policy nor smoke-cessation services at the beginning. At first, the Director of hospital signed the application for membership of ENSH and organized a multidisciplinary committee of tobacco-free hospital to execute 10 international ENSH standards, included Commitment, Communication, Education and Training, Identification and Cessation Support, Tobacco Control, Environment, Environment, Healthy Workplace, Health promotion, Compliance Monitoring, and Implementation.

Results

Hospital supervisors led staff in pledging a commitment of the tobacco-free hospital. More than 400 no-smoking signs were posted and security guards patrol twice per day to keep the tobacco-free environment. A reminding system was set-up to document the smoking status of all outpatients. All-time smoke-cessation clinic was set up and 348 patients (691 visits) received pharmacologic therapy in 2014. A total of 52 tobacco-free activities with 1,825 participants were held, included 14 smoke-cessation classes of community, school, and workplace.

Conclusions

Tainan Municipal An-Nan Hospital applied the ENSH standards and scored 167 of 168 in 2014. Therefore, for a new health care service, the application of ENSH standards is an effective way to establish a tobacco-free hospital.

Contact: TSAI Chung-Hung

China Medical University - An Nan Hospital
No 66, Sec. 2, Changhe Rd., Annan Dist.,
709 Tainan City, TWN
chunghong.kuanyin@gmail.com

Enhancing employees' continuous quitting smoking – a case study of regional hospital in southern Taiwan

CHEN Chuan-Yu, CHEN Fang-I, CHEN I-Lin, YANG Ching-Chi

Introduction

Tobacco usage is one of the biggest threats for the public health. There are 28,000 people died from cigarette related diseases which accounted for 30 billions NTD (1000 million USD) of the medical resources. Tobacco cessation can reduce the cost of medical resources and the harm for patients' mortality and enhance their health. This project used correlational designs for the smoking employees of a case hospital to study the effects of tobacco cessation intervention.

Purpose/Methods

The case hospital conducted a health fitness program for its employee in 2013 and obtained subjects with the CO testing value larger than 6. A structure questionnaire was sent out to collect the basic information of the subjects. A weekly telephone interview was conducted to follow the tobacco cessation behavior. Education courses including exercising and

stress relief were provided to help subjects continue to quit smoking. Meanwhile, solid visualized results were used as positive reinforcement of cessation.

Results

1028 employees participated the health fitness program and 44 smokers were invited as subjects of the project. Among them 34 were male (77.3%), 10 were female (22.7%), aged from 21 to 70, with mean of 37.03 and standard deviation of ± 9.525 years old. Married accounted for 72.73%. Each education level accounted for similar proportion. After the tobacco cessation program, 3 (3%) were successfully quitting smoking, 35 (79.55%) continued to quit, and 6 (13.64%) resigned from the program.

Conclusions

The statistics showed that age and smoking behavior were significant correlated. The young smoker had sufficient knowledge of cessation and higher self-efficacy. Number of cigarettes taking per day also influenced the quitting behavior. Through systematic cessation program, education, activities, speech, courses, and other intervention, the case hospital created a comfortable and smoking friendly environment to improve employee's self-efficacy in quitting smoke.

Contact: CHEN Fang-I

St. Martin De Porres Hospital
No.565, Sec. 2, Daya Rd., East Dist
600 Chia-Yi County, TWN
chen.kiki@gmail.com

Adequate duration of 2G smoking cessation program is inversely associated with relapse: a prospective study at a non-smoking hospital in Taiwan

**CHEN Guan-Ju, CHIANG Chien-Hsieh,
HUNG Shou-Hung, WU Mei-Yu**

Introduction

Smokers aged 18 and older, who smoke ≥ 10 cigarettes per day or who score ≥ 4 on the Fagerström Test for Nicotine Dependence (FTND), are eligible for the Second-Generation (2G) Smoking Cessation Program in Taiwan since March of 2012. Smokers can receive individualized counseling and reimbursed cessation medications for a maximum of 16 weeks. The program has substantially alleviated the economical and geographical gaps. However, the clinical factors for relapse prevention are of limited investigation.

Purpose/Methods

This study aimed to investigate the clinical factors associated with carbon monoxide-confirmed continued abstinence at 24 weeks after reaching continued abstinence. We analyzed a prospective cohort of 147 successful quitters having completed

smoking cessation courses at a non-smoking hospital in central Taiwan from March of 2012 to June of 2014. Multivariate logistic regression analyses were utilized to estimate the adjusted odds ratios (ORs) and 95% confidence intervals (CIs) of the selected clinical factors.

Results

There were 132 (89.8%) quitters remained lapse-free at 24 weeks after reaching continued abstinence. The duration of smoking cessation course (≥ 8 weeks vs < 8 weeks) was positively associated with no relapse at 24 weeks (OR, 1.66; 95% CI, 1.08 to 2.55) after adjusting for age, gender, FTND, cigarette per day, and smoking duration. Baseline daily cigarettes and female gender were also associated with relapse-free status at 24 weeks.

Conclusions

The duration of individualized counseling and cessation medications in 2G Smoking Cessation Program should be 12 weeks and longer to reach higher continued abstinence. More large-scale prospective trials elucidating the effectiveness of inter-professional smoking cessation program on continued abstinence and relapse prevention are warranted. Future programs should further address the health inequality beyond economical and geographical gaps.

Contact: CHEN Guan-Ju

National Taiwan University Hospital Yun-Lin Branch
No.579, Sec. 2, Yunlin Rd.
640 Douliou City, Yunlin County, TWN
circlechen1982@gmail.com

Session M2.9: Promoting patient health through better healthcare quality & safety

Expand patient engagement to improve patient safety

WEI Fang-Chun, KO Tung-Wen

Introduction

Promoting patient safety to encourage patient participating is important subject in Medical Care This project is build up partner relationship between medical employee, patients and their family to participate in the medical care process for patient safety improvement.

Purpose/Methods

The project will be carried out separated as external participation and internal propagation. External participations included two activities of Community Health Supply Station and two activities of Home Care Worker training. Internal propagation will focus on education of patient, their family and hospital workers. Besides, provided tools and resources to hospital workers to promote patient safety.



Results

The seven most important issues was selected that through continuous iTV broadcasting system, the concept of patient safety could be implanted. According to satisfaction investigation, the feeling of these people involved within these activities were all located above four stars and mostly agreed that it could increase the chance to communicate with hospital. After introduced, the ratio of "high risk patient fall due to insistently getting off the bed" to "patient physiology and behavior factor", decreased from 75% to 16.7%.

Conclusions

This project provided useful tool for hospital workers, invited patient and their family to be patient safety's advocate to strengthen the guidance, reorganized and redesigned software and hardware according to patient and their family's suggestion. To improve medical care quality and enhance patient safety.

Comments

To continuously improve medical care quality and enhance patient safety, this hospital will keep tracing and improving the effectiveness, monitoring abnormality and customer complaint accident, conducting customer satisfactory survey. It is anticipated to build up a good relationship between patient and hospital as a partnership and together working for an environment spinning around patients. To inpatient hurting accident, it went down to zero from 2014.

Contact: WEI fangchun

Cathay General Hospital
No.280,Sec.4,Ren Ai Road,Taipei,Taiwan,R.O.C
103 Taipei, TWN
273118@cgh.org.tw

Improvement Project of Discharge Planning Services for Liver-Transplantation Postoperative Patients in Taiwan Medical Center

CHEN Hsiao-Ling, WU Yu-Ting, CHEN Hui**Introduction**

The clinical works found that the liver-transplantation postoperative patients still have many worries and do not quite understand about caring after discharge. The investigation found that: the referral rate of the discharge planning services was only 25%, the integrity rate of the nursing instruction was only 68.5%, and the intervention of individual medical teams was only 18.8%. Therefore in order to promote the caring quality of liver-transplantation postoperative patients, it initiated the motivation of this project.

Purpose/Methods

In order to enhance the caring quality of liver transplantation, it has built up a health education manual of integrated liver transplantation, quality control audits of liver-transplantation

postoperative nursing and discharge planning services, as well as a team consultation information system through discharge planning service training courses, in July 2014.

Results

Through educational training courses, the referral rate of the discharge planning services for liver-transplantation postoperative patients was promoted to 100% from 25%. And through the quality control audits to the integrity rate of nursing instruction of liver-transplantation nursing, the integrity rate of the nursing instruction was promoted to 100% from 68.5%. And through the use of information systems team note, the success of the liver transplant patients of various medical team intervention rate increased from 18.8% to 100%.

Conclusions

Through the promotion of this project, the integrity rate of nursing instruction of liver-transplantation nursing, the referral rate of discharge planning services for liver-transplantation postoperative patients, and the intervention ratio of individual medical teams after liver transplantation were all promoted to 100%, therefore the patients were guaranteed to have the best caring of medical team after the discharge, to obtain the good self-caring abilities, and to reduce the occurrences of complications.

Comments

Accordingly, we recommend that the institution can recruit additionally one Case Management Personnel of liver transplantation, and makes a mutual coordination of cross-field medical team members by utilization of case management mode, thereby allowing the patients to obtain a more comprehensive and sustainable caring and providing the liver-transplantation patients with a better caring quality.

Contact: CHEN Hsiao-Ling

Far Eastern Memorial Hospital
No.21, Sec. 2, Nanya S. Rd., Banciao Dist.
220 New Taipei City, TWN
sholing@ms94.url.com.tw

Session M2.10: Health Promoting Hospitals & Environment-friendly Healthcare: Organizational strategies

Makkah Medical City**SEBAI Zohair****Introduction**

Makkah Medical City (MMC) is a health complex to be established in Makkah City, Saudi Arabia. It will encompass a 240 bed hospital, a college of medicine and health sciences, a rehab center, an extended care unit, PHC unit and home care. MMC will serve Makkah Region (about six million) as well as the yearly visitors to the holy city Makkah (about 15 million including Haj and Omra from the Islamic World). The project is expected to be launched 2017.

Purpose/Methods

The purpose is to establish a Health Promoting Hospital which will serve the attendees as well as the surrounding community. The College of Medicine and Health Science will train members of the health team, who are readily prepared to provide comprehensive health care to people.

Results

The Hospital, we believe, will be the first hospital in the Arab World to be established with the theme of providing comprehensive health care to people. Besides taking care of the sick it will help people to adapt a healthy life style and to know how to avoid sickness. We hope that the hospital will be a role model for other hospitals to be established in the Region.

Conclusions

The project represents a great challenge. It follows a different path from traditional hospitals caring of people only after they become sick. The success of such a project depends, to a great extent, on skilled health manpower. Those who are prepared to practice their role as health promoters. From here comes the importance of creating a new medical school with a different approach. We are looking forwards to exchange ideas with the attendees of the forthcoming HPH conference in Oslo.

Contact: SEBAI Zohair

Sebai Institute
Fatima Al Zahra St. Dahiat Al Basatin
Jeddah, SAU
zsebai@sebai.edu.sa

Implementation Environment-Friendly and Analysis carbon emission management in hospital— case study from Taiwan

CHEN Fan-Lun, HSU Chen-Yang

Introduction

Data from 136 Taiwanese hospitals which are members of HPH Task Force were used in this study; we analyzed their energy usages, water consumptions and waste generations from year 2007 to 2013. Results showed a 9.93% reduction in electricity consumptions in 2013 compared to 2007, and a 19.77% reduction in water consumptions in 2013 compared to 2007. There was 3361.39 ton carbon emissions on water consumption. Due to the counsel with Taiwanese department of national health, overall hospitals have reached 13% reduction on water consumption for 2020 target. Stratified by hospital types, there is a great reduction in carbon emissions in

each category; a 14,961.33 ton less carbon emission in 2013 compared to 2007 was found for district hospitals; a 4,732.29 ton carbon reduction in 2013 compared to 2007 for regional hospitals. However for medical centers, total carbon emission were 609,972.11 ton and 628,471.56 ton, 2007 and 2013, respectively; an increase of 18499.45 ton carbon emission was found. One explanation for this upward trend is people in Taiwan tend to go to the medical centers for their medical needs, thus most of medical centers have undergone rapid expansion including extension of the buildings, addition of the medical equipment to fulfill the increasing demands, and these activities have contributed to growing carbon emissions. Nevertheless, when adjusting the emissions by floor area in square meter (m²) among medical centers, a downward trend was found; a 6.96% reduction in carbon emission rate was reported in 2013 compared to 2007. Medical center has exceeded expected progress for 0.96% according to expected target of 1% carbon reduction per year, which was calculated by the goal of 13% reduction from 2007 to 2020.

Purpose/Methods

Data on yearly changes (consumption or generation) in electricity, water, fuel (gasoline, diesel, heating oil), gas (natural gas, propane gas), general waste, and hazardous waste were collected and validated from 136 Taiwanese hospitals. Analyses were conducted separately after stratifying hospitals into three categories: medical centers, regional hospitals, and district hospitals. Total carbon emissions from all 136 hospitals from 2007 to 2013 was computed by first multiplying a carbon generating factor based on hospital type and summed them up afterward. To take into account additional energy consumptions due to an increasing demand on hospital services and expansion of hospital buildings in those surveyed hospitals, an adjustment was applied by dividing the total carbon emission from each hospital to its building floor square footage and the number of hospital admissions.

Results

According to the energy consumption distribution analysis from hospitals, electricity consumption comprised 80% of the overall energy usage, and this power consumption was the major carbon emission source. The following results described electricity usage in details from 2007 to 2013. Figure 1 depicted total electricity consumption (EUI) and consumption percentage changes from 2007 to 2013. The yearly percentage change was computed using 2007 data as baseline since we only collected data from year 2007, thus the change in 2007 is denoted as zero. A gradual decreasing trend was noticed on the percentage changes from 2007 to 2013. Using the 2010, which the year hospitals have participated in reducing carbon emission campaign, as cut point; an average of 0.75% decrement per year was found from 2007 to 2010, while an average of 2.56% decrement per year was found from 2010 to 2013. This finding suggests that after hospitals joining the campaign, much effort was applied on reducing electricity usage and this action has resulted great progress on overall electricity conservation. There was a 9.95% conservation on electricity consumption in 2013 compared to 2007, which is on track to the 13% reduction for 2020 target. According to 13% reduction for 2020 target which is expected for 1% carbon reduction per year, hospitals has exceeded expected progress for 3.95%.



Conclusions

Our study has shown that overall effectiveness of reducing carbon emission measures among hospitals over the year has leveled off. After hospitals have participated in campaign to lower carbon emission since 2010, a 2.32% and a 2.42% reduction for 2011 and 2012, respectively, have been reported. The effectiveness diminished slightly to 1.97% reduction rate for 2013 after two years campaign. This finding suggests that it would be more and more challenging to further reduce carbon emissions for hospitals in the future although there is only 2.34% reduction unaccomplished toward target. One area hospitals can emphasize on is to collect detail information on inventories regarding carbon generating equipments and analyzing how much energy were consumed. This approach can identify and remediate the most carbon demanding sources; this and couple with efficient detection tools, hospitals can thus reach the target, a 13% carbon reduction by 2020.

Contact: FAN LUN Chen

Industrial Technology Research Institute
Rm.106B, Bldg.64, 195, Sec. 4, Chung Hsing Rd, Chutung.
Hsinchu, TWN
van@itri.org.tw

have also increased their satisfaction by 5%. In-patient orders have increased 5%.

Conclusions

There is still room for improvement, including expanding service area and meal quality. We hope to reduce the amount of CO₂ production from animal consumption by replacing traditional meals with vegetarian meals.

Contact: CHANG Pin Yi

Buddhist Tzu Chi General Hospital, Taichung Branch
No.88, Sec. 1, Fengxing Rd., Tanzi Dist.,
744 Taichung, TWN
evon727@gmail.com

The operation of hospital-owned vegetarian restaurant to reduce CO₂ emission – example at Taichung local hospital

**YANG Ghung-Wei, CHAN Kai-Young,
CHIEN Sou-Hsin, CHUANG Shu-Ting**

Introduction

Hospital patients often rely on their satisfaction of hospital meals to determine the quality of service. In the past, Taichung local hospital outsourced their meal services to local businesses. However, to increase revenue, businesses often sacrifice meal quality to cut down cost. Over the years, customer's satisfaction and number of meal orders have decreased. Subsequently, customers started ordering meat-containing meals from nearby businesses, and it became harder to cut down CO₂ emission through hospital vegetarian meals.

Purpose/Methods

To satisfy diverse tastes and medical needs of customers as well as elevating the quality of vegetarian meals, Taichung local hospital ceased outsourcing soon after the contract expired and began operating the restaurant on its own.

Results

Since Taichung local hospital started running the restaurant, it received "Food Safety" recognition in 2014 and is periodically screened through ISO-22000/HACCP. The hospital has more control over meal quality through using local produce and reusable kitchenware. In addition, the hospital hosts activities to promote vegetarian lifestyles and vegetarian culture. It has been estimated that employees increased orders for vegetarian meals by 22.8%, an equivalent of 1,365 tons of CO₂. Employees

Session P1.1: Health promotion during pregnancy and birth & for children and adolescents

A health promotion centre of excellence in perinatal: process and realisations

OURABAH Sabrina

Introduction

A Centre for Excellence in Health Promotion was born at the Montreal University Health Centre (CHUM) Birthing Centre in 2008. This project is particularly relevant because pregnancy and parenthood are incentives events for behavior change. Moreover, the hospital visit is a time for improvement and acquisition of health knowledge and behaviors. Thus it remains appropriate to support health promotion in hospitals, especially in perinatal care.

Purpose/Methods

Our goals are to better support and inform patients and their families, and enable them to increase control over their health. The development of the Centre of Excellence is based and aims the implementation of standards « health promoting hospital ». A literature review and various studies have been conducted to better understand the population and predict trends and obstacles in the implementation of the program: portrait of patients (somatic and psychosocial dimensions of health), needs assessments studies (patients and health care professionals).

Results

Several areas of intervention have been developed in collaboration with an interdisciplinary HP-committee in, which included health care professionals and patients, optimisation of information in the hospital and for the return home, developing written and audiovisual health education tools as television vignettes in the waiting room, web site, videos, sheets, posters, organisation of health promotion interventions: reorganisation of clinic first visit (optimisation of health education), implementing lifestyle counselling, support ongoing training.

Conclusions

The concern to evaluate the implementation process and the impact to target populations is constantly present. Several measures have been carried out to make the necessary adjustments and assess the effectiveness of actions. Various benefits were estimated such as the satisfaction and use of information resources, the mobilisation of the team around concepts like health literacy and patient resources. Through this program, we want to offer good modeling practices in the health network in Quebec.

Contact: OURABAH Sabrina

CHUM

1058, rue Saint-Denis, porte 5120, H3W 2H5 Montreal, CAN

sabourabah@hotmail.com

Improvement of Satisfaction Level of Admission Nursing in Obstetrics and Gynecology Ward

LIN Hsiao-Chuan, LEE Wei-Ching, CHU Hsin-Pei, FANG Yu-Hui, KUNG Wen-Chuan, CHANG Chih-Ming

Introduction

The purposes of admission nursing are to help the patients adapt themselves to the environment and ease their worries. According to questionnaires collected from 105 new patients, the satisfaction score of the contents of admission nursing was 3.9, the satisfaction score of waiting for admission nursing was 3.8, and evaluation of the performance of admission nursing was 65.6%. The average score of nurses' satisfaction was 3.2, and the frequency of overtime was 40%, collected from 16 nurses.

Purpose/Methods

According to questionnaires and interviews, reasons of dissatisfaction include: the long time required to do the admission nursing guide, lack of assistant tools, and insufficient time for notification due to work overload. Based on the results of the initial survey, we designed assistant tools (orientation CD, a brochure and floor map for the patients and their families, and facility instructions), established a standard procedure for giving the orientation and admission nursing, and trained the nurses how to do it.

Results

After implementation of the standard procedure, the survey was carried out again by means of questionnaires. The average satisfaction score of admission nursing increased from 4.2 to 4.6. The admission nursing completion rate increased from 65.6% to 99.7%. The average waiting time reduced from 42 minutes to 16 minutes. The time of performance of admission nursing decreased from 29.3 minutes to 21.8 minutes. Furthermore, the nurses' satisfaction score increased to 4.2, and the frequency of overtime decreased to 6.7%.

Conclusions

There are significant improvements in the completion rate and satisfaction rate, and the patients' waiting time and nurses' performance time were also shortened. The major reasons for overtime were heavy loading of work and high patient turnover rate. By implement of standard procedure, especially CDs about orientation and preoperative nursing instruction, nurses can perform admission nursing more efficiently and come off work on time. Therefore, there is improvement of nurses' satisfaction score.

Contact: LIN Hsiao-Chuan

Mackay Memorial Hospital, Hsinchu
No.690, Sec. 2, Guangfu Rd, East Dist
30071 Hsinchu City, TWN

a6996@ms7.mmh.org.tw



Life Experiences of Women with Vaginal Birth After Cesarean Section

KUO Chih-Jung, HUANG Hui-Ting, CHUO Ying-Hsiang, LIN Hsin-Ying

Introduction

Vaginal birth after Cesarean section (VBAC) was once considered an effective method to reduce the rate of Cesarean deliveries. It is an option for pregnant women that decreases nonmedically-necessary Cesarean sections. Current literature primarily focuses on VBAC success rates, complications such as uterine rupture, and the morbidity and mortality of mother and infant. Few studies have investigated women's perspective on child birth or VBAC. Examining their experiences of childbirth and identifying the medical care needed are essential for promoting VBAC and for reducing nonmedically-necessary Cesarean deliveries. Therefore, the delivery experience of and care needed by women having VBAC require further investigation.

Purpose/Methods

In-depth oral history interviews were conducted with 10 participants. Narrative analysis was conducted on the data collected from the oral history interviews. The interviews primarily examined the life experiences of women who had VBAC, the process of for deciding to attempt VBAC, medical care received, and social implications. The purpose was to identify the similarities and differences in life histories and map out the life experiences of the participants.

Results

1. The reasons that the women in this study attempted VBAC included: a) maintaining bodily integrity; b) anticipation for the sense of accomplishment associated with vaginal birth; c) having another child at home to care for; and d) encouragement by successful cases of well-known persons in the media. 2. Women's experiences after successful VBAC were: a) the challenge of labor; b) the dilemma of whether to endure labor or to accept a Cesarean section; c) the joy of successful vaginal delivery; d) instant mother-infant bonding; e) rapid recovery of physical strength; f) breast feeding after natural birth; and g) providing care to more than one child.

Conclusions

Successful VBACs are positive life experiences for women; they help to redefine a woman's ability. The participants in this study successfully underwent VBACs, and thus experienced the differences between the two forms of birthing, reporting more advantages for vaginal delivery than for Cesarean section. Furthermore, this study identified the perceptions of and implications for women who chose to have a VBAC, allowing medical practitioners to provide appropriate consultation and nursing instruction, improve clinical care, provide patient-centered services, and create a birthing environment that is friendly and comfortable.

Contact: KUO CHIH-JUNG

Taiwan Adventist Hospital
No.424,Sec.2,Bade Rd
105 Taipei, TWN
144797@tahsda.org.tw

Reducing the stress in caring newborn with a novel mobile bath tub system

SU Wenhsiang, HSIAO Shiuantzu, WU Chaochih, LIN Jingwan

Introduction

The society of Taiwan is facing a great challenge of reduced birth rate. Taking a bath for newborns is one of the toughest jobs that might worsen the situation. The records of the SOS calls from the discharged parents and the reclaimed check-lists of difficulties in taking care of newborn from discharging couples at our obstetric ward were collected and analyzes to validate a novel mobile bath tub system for cleaning newborns as a good solution worth sharing.

Purpose/Methods

Instead of using a stainless tub on the floor of bathroom with limited space, a tub with draining system set on a stainless baby bed at a table height was fabricated for bedside teaching. A video was made to standardize the process of newborn cleaning and umbilicus care. Various related records before and six months after initiation of this project were traced and analyzed for three months. A student's t test was used to assess the statistical significance.

Results

Five mobile bathing tubs were built and two versions of video in Chinese and Vietnamese were made. More flexible tutoring time was available till 10pm. The assistance calls for baby bathing problem dropped significantly from 55 to 20 in 100 calls. ($p < 0.01$) The baby bathing and umbilical care were no longer the most difficult problems (from 85.71% to 25.70% respectively, $p < 0.01$) on the reclaimed lists about caring newborn. And the satisfactory score was raised from 87.29% to 93.14%.

Conclusions

Such a novel project using mobile bath tub and teaching video was proved to be an effective method to resolve new parents' main difficulties in taking care of newborn and ease the tension of both the families and the nursing staff. This process of quality improvement activity not only promoted the health for mothers and newborn but also united the members of our department as a team of honor with more abilities and passion in health promotion.

Comments

The problem lists and satisfactory scores were actually from two groups of different people since this study was designed at a cross-sectional basis. Therefore a bigger study population will make the statistical results more convincible. To save the

declining birth rate in Taiwan, insurance coverage for all the basic hospital expense and ordinary clinical service seemed not good enough. More projects for the newborn care like ours might be a useful tool worth more thorough study.

Contact: SU Wenhsiang

Dachieng Hospital, Miaoli, Taiwan
36, Gong-Jing Road
36049 Miaoli city, Miaoli county, TWN
solson888@gmail.com

The effectiveness of weight management using the empowerment model in postpartum women

LEE Shu-Chen, HWANG Lee-Ching, CHEN Yu-Hua, HU Nai-Fang, CHANG Chia-Mei, LIN Wei-Chen

Introduction

The current medical system is more focused on prenatal care and delivery safety, but less emphasizes on postpartum care in women and neglects their weight retention. In this study, postpartum women have articulated a model of health food and exercise education for weight management that encourages their empowerment by goal-oriented, demand-oriented, community-oriented and evaluation-oriented model. We assessed the effectiveness of weight management education on weight reduction and related factors.

Purpose/Methods

We enrolled 284 postpartum women in a health promotion hospital. Offer weight management education classes and telephone interviews to track their lifestyle modification. Structural health education content included healthy diet and exercise guidance, including daily three servings of vegetables, two servings of fruits and exercise three times a week. Data collection time was March 1, 2014 to October 31, 2014.

Results

Goal-oriented model enhanced health behavior changes. Demand-oriented model guided to diet and exercise for health education interventions. Community-oriented model offered healthy weight management classes in postpartum women. Health education and health advisory services enhance the awareness and skills. Mean weight reduction was 5.79kg and waist circumference reduction was 14.50cm. The indicators of health behavior change were significant positive correlation with weight or waist circumference reduction ($r = .346, p < .01$).

Conclusions

The applications of empowerment model to weight management education in postpartum women lead to health behavior change and effectively reduce weight and waist circumference. Recommends systematic postpartum women's health needs assessment, health education classes and

continued to handle case management skills for postpartum women's health promotion.

Contact: LIN Wei-Chen

Taiwan Foundation for Geriatric Emergency and Crit
Rm. 3, 7F., No.42, Sec. 1, Minsheng E. Rd., Zhongshan Dist.,
Taipei, TWN
thphrdc@gmail.com

Breastfeeding experiences of women with Grade 3 inverted nipples

LEE Mei-Yu, KAO Chien-Huei, CHANG Te-Hsin, HSING Hui-Fen, FANG Chun-Kai

Introduction

Nipple inversion rate of about 3.26%, bilateral Nipple inversion women accounted 86.79%. Nipple inversion is caused by adhesions at the base of the nipple that bind the skin to the underlying tissue. Nipple inversion that make it difficult for women to nurse successfully. In order for a baby to nurse effectively, he must be able to grasp the nipple and stretch it forward and upward against the roof of his mouth.

Purpose/Methods

The aim of study was to understand the breastfeeding experiences of primiparous women with Grade 3 inverted nipples. This study adopted a Heideggerian phenomenological approach utilising in-depth interviews. The participants were four primiparous women who had inverted nipples and continued breastfeeding for 1 month after delivery. They were recruited from a medical centre in Northern Taiwan between July 2011 and February 2013. Semistructured interview guidelines were used to conduct face-to-face in-depth interview to guide each participant to describe her experiences. The interviews were recorded using a voice recorder. Subsequently, the interview data were transcribed, and a Colaizzi analysis was performed to analyse and summarise the data. Four primiparous women with Grade 3 inverted nipples who were aged between 28 and 38 years were recruited through purposive sampling. The participants consented to participate in this study before being discharged. During the interviews, the researchers confirmed that the participants continued breastfeeding for 1 month after delivery.

Results

Three themes comprising nine subthemes were identified: (1) breastfeeding is not easy; (2) difficulties can be overcome; and (3) the key skill can be learned. Although women with inverted nipples experienced many frustrations while breastfeeding, such as objection by medical staff, family disapproval, infant dissatisfaction, and sore nipples, the participants were motivated to continue breastfeeding their infant through their consistent self-belief and support and encouragement from others. Moreover, by maintaining a positive learning attitude of constant practice, the participants developed suitable breastfeeding skills.

Conclusions



Through the in-depth interview in this study, nurses can identify the failures experienced by women with inverted nipples. Health care professionals and family members can accompany, support, and assist women with this condition by showing a positive attitude toward breastfeeding. These actions can offer strong encouragement for primiparous women with inverted nipples to continue breastfeeding their infant. Implications for practice Health care professionals can teach women to develop breastfeeding skills and allow adequate time for them to develop their breastfeeding skills. By showing a positive and supportive attitude and providing constant company and assistance, health care professionals can guide the mother's family to assist with breastfeeding, which can encourage primiparous women with inverted nipples to continue breastfeeding their infant.

Contact: HSING HUI, FEN
Mackay Memorial Hospital
Minsheng Rd
251 Taipei, TWN
shingyanrong@gmail.com

Factors Associating with Exclusive Breastfeeding among Patients in a Private Hospital

ANG Yen, PONG Kwai Meng, SAYER ABDUL CADER Thameem Ansari, ANTHONY Mary, TAY Pai Lim, CH'NG Keat Hui, CHOO Yong Chek

Introduction

The World Health Organization recommends exclusive breastfeeding (EBF) of at least 6 months based on strong and consistent evidence demonstrating the benefits of such duration on the baby's health. However such extended practice poses problems for some mothers especially in urban setting. A lactation clinic was set up in 2013 in our hospital to promote exclusive breastfeeding among its patients. Though the hospital has been a Baby-Friendly hospital for more than 10 years, we have never collected data relating to breastfeeding.

Purpose/Methods

Therefore the purpose of this study was to identify factors influencing EBF. A purposive sampling was performed. Inclusion criteria were mothers who delivered their baby in the hospital from July 2013 to March 2014. A telephone interview was conducted with the mothers between September to November 2014 by nurses with a standardized survey questions to find out the duration of EBF, and the reasons the mother stopped EBF or introduced mixed feeding.

Results

A total of 407 mothers were contacted. 190 (46.7%) were found to breastfeed their baby exclusively for 6 months. A total of 8 reasons were cited for discontinuing EBF, with low milk production as the reason quoted by the highest number of mothers (40.8%) who stopped EBF. There is a linear increase in

EBF frequencies with higher education: high school (26%), pre-university/junior college (44%), university (61%), but the correlation between education and EBF is not statistically significant. Notably, for mothers who attended antenatal class or counseling, they are 2 times more likely to exclusively breastfeed for at least 6 months, compared to mothers who did not attend (adjusted OR 2.06, P=0.0002).

Conclusions

Our finding underscores the importance of antenatal classes and counseling in promoting EBF. Mothers who have had additional contact with our lactation nurse are more likely to breast feed their baby exclusively for up to 6 months. It is our plan to promote the services of lactation clinic to all mothers who deliver at our hospital.

Comments

Most of our patients are Chinese (79%), Buddhist (71%), and employed (76%). In such a population, we did not find any statistical correlation between EBF and a number of well established socio-demographic factors such as race, religion or employment.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

Promoting Pride in breastfeeding through Selfie

ANG Yen, PONG Kwai Meng, TAY Pai Lim, CH'NG Keat Hui, CHUN Teik Lan

Introduction

Asia has the highest number of smart phone users in the world. People spend plenty of time interacting with each other in cyberspace through various social networking using their smart phones. Face book, instagrams or twitter are now used as platforms to share news, stories or promote anything. Health promotion approach needs to also change to appeal to this social media obsessed world.

Purpose/Methods

Though many believe in the benefit of breastfeeding, nursing in public is still not a common practice in the conservative society such as Malaysia. Our purpose is to educate the public that breastfeeding is not something to hide; but rather it is natural, to be respected and can even be flattering. Mothers should be so proud of it that they could do a selfie while nursing her baby. In conjunction with the hospital 10 years anniversary of being a baby friendly hospital, we created a breastfeeding selfie contest. A breastfeeding support group Face book page was created. Any interested contestant was given one week to submit their breastfeeding selfie through the Face book page. Voting was open for 2 weeks. The only restriction imposed on the eligibility was that the winner must be present at the award

ceremony which would be held in our hospital in order to claim the prize.

Results

We received 775 likes on our Face book. There were 32 submissions of selfies, 29 of them are Chinese. The “Most Liked” winner went to the entry which received the most “likes”. The “Best Picture” went to the mother who wore the t-shirt bearing the word “supply” while her baby wore a t-shirt “demand”. Each winner was awarded with a cash prize and either a hamper or hotel buffet dinner voucher.

Conclusions

We had a modest response to our selfie competition, but it was within our expectation. No organization had ever held selfie breastfeeding competition in Malaysia at that time of our event, and we were actually worried we might get backlash from some conservative moms or mother-in-laws. However we believe that with younger generation and interconnectedness of the cyber world, certain cultural taboos would be shattered. It is our hope that our selfie competition will help promote pride in breastfeeding in this digital world.

Comments

Breastfeeding in Asia especially among the Chinese is still not a widely accepted practice. Through the selfie competition, we wanted to convey the message that woman should know it is her right to breast feed her baby and she should take pride in it.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown, 10350 Pulau Pinang, MYS
yenang@pah.com.my

Advances in human milk fatty acids compositions: may explain why breastfed infants have a lower risk of being overweight in later life

YEUNG Chun-Yan, HUNG Ta-Chuan, CHAN Hsin-Lung, CHUANG Chih-Kuang, LIN Shuan-Pei, JIM Wai-Tim

Introduction

The Baby-Friendly Hospital Initiative (BFHI) was developed by the WHO and launched by UNICEF to promote quality breastfeeding care and to increase breastfeeding rates worldwide since 1991. Knowledge of advances in human milk composition will definitely increase breast-feeding initiation and duration. Few studies on the free fatty acid (FFA) content of milk from non-Caucasian mothers have been published. Here, we compared the FFA concentrations in human milk (HM) from Taiwanese mothers of preterm (PTHM) and full-term infants (FTHM). We also compare our results to those of the commercial infant formulae.

Purpose/Methods

Thirty-eight HM samples were collected from 23 healthy lactating mothers and 15 mothers who gave birth prematurely (range 29e35 weeks, mean 33 weeks). The regular formula and preterm infant formula (PTIF) for three brands of powdered IF were also evaluated. Milk samples were extracted and methylated for analysis by gas chromatography/mass spectrometry (GC/MS).

Results

Reference values for individual FFAs in breast milk from Taiwanese mothers were determined. The mean total FFAs were significantly higher in IF (21,554 mmol/L) and PTIF (19,836 mmol/L) than in FTHM (8540 mmol/L) and PTHM (9259 mmol/L) ($p < 0.05$). Saturated FAs were predominant in all types of milk (43.1% for FTHM, 42.8% for PTHM, 45.5% for IF and 45.3% for PTIF). Monounsaturated FAs were significantly higher in IF and PTIF (42.6% and 43.9%) than in FTHM and PTHM (37.7% and 39.5%), and polyunsaturated FAs in FTHM and PTHM (20% and 18.2%) were higher than in IF and PTIF (11.9% and 10.9%). HM had a more desirable linoleic acid/a-linolenic acid ratio than IF. No significant differences in individual FFAs in FTHM were observed among three lactating periods.

Conclusions

FFA levels in HM from Taiwanese mothers are in agreement with results for different geographically distinct populations. Nevertheless, the FFA content in IF did not meet well with HM, particularly, the excess additives of saturated and monounsaturated FAs, and the shortage of polyunsaturated FAs. The fatty acids compositions in human milk might explain why breastfed infants have a lower risk of being overweight in later life. The effect of variations in FFA content in IF on future unfavorable outcomes such as obesity, atopic syndrome, and less optimal infant neurodevelopment should be further investigated.

Comments

The FFA content was higher in IF than in HM, but short or no additive of several LCPUFAs, like ALA, GLA, and EPA. Whether the significantly higher saturated FA and lower LCPUFA content in IF and PTIF leads to future unfavorable outcomes such as obesity, atopic syndrome, and less optimal neurodevelopment in mature and premature infants should be further investigated. Breast milk is an essential and natural nutrient source for normal growth and development of infants. The nutrient content of breast milk is recognized as the gold standard for IF manufacture.

Contact: YEUNG Chun-Yan

Mackay Memorial Hospital
No. 92, Sec.2, Chung Shan N. Road, 104 Taipei, TWN
cyyeung@ms2.mmh.org.tw

The effect of parent-child joint group therapy for improving parent-child interaction

HSIEH Ya-Chi



Introduction

Children with ADHD and Autism often have poor parent-child relationship due to their poor emotional regulation ability and lack of compliance toward their parents' discipline. Because of the past unpleasant experience of parent-child interaction, parents often get angry easily and lose patience to deal with children's behavior. By observing the appropriate ways to communicate and deal with children's maladaptive behavior, parents may gain the parenting skills more quickly and improve parent-child relationship.

Purpose/Methods

One child with diagnosis of ADHD (7y, female) and the other with diagnosis of Autism (8y, male) were included in a 12-session group therapy. The goal of the therapy is to enhance impulse control and emotional regulation. Parents had the opportunities to engage in the process by listening to the feedback of the therapist right after each session or directly observed the usage of the therapeutic skills in the session.

Results

Before and after the intervention, parental stress was assessed by the Chinese version of Parenting Stress Index: Short Form (2011), in which higher score indicated higher stress. For both mothers, the scoring of "Parent-Child Dysfunctional Interaction" domain fell from 90+ to 80+ percentile, which showed improvement in parent-child interaction. Both mothers mentioned that "I learned more about how to communicate" and "children became more willing to obey orders." The scoring of "Difficult Child" domain showed slight improvement.

Conclusions

By observing and discussing the "here and now" interaction, parents may gain parenting skills more easily, and became more confident to deal with children's maladaptive behavior. Although a short-term intervention seems hard to significantly improve children's innate difficulties to a comparable level as normal children, such intervention may help the parents to have better understanding of their children, and how to interact with them, hence improve parent-child relationship.

Contact: HSIEH Ya-Chi

National Taiwan University Hospital
Chung Shan S. Rd. (Zhongshan S. Rd.)
Taipei, TWN
yachi1222@gmail.com

Risk factors and physical signs of child abuse in hospitalized children in Taiwan

FENG Jui-Ying, WU Min-Fung

Introduction

Early identification and reporting of child abuse is crucial to prevent children from further harm. An easy-to-use screening tool could be very beneficial for clinicians to effectively diagnose child abuse. Research on the medical diagnostic

process and detection rate of child abuse in Taiwan is scant. Given the cultural context, in which family integrity is highly valued and child abuse is stigmatized, under-detection and -diagnosis of child abuse is likely prevalent in Taiwan.

Purpose/Methods

This study aimed to retrospectively examine children aged 0-3 who were hospitalized due to injury in southern Taiwan. Injury was defined by the International Classification of Disease, Ninth Revision, Clinical Modification nature of injury codes and external cause of injury codes. "Criteria for Distinguishing Abuse from Accidents Chinese version" was used to diagnose child abuse, undetermined intent, and unintentional injury cases. Risk factors and injury profiles among these groups were compared. Charts with records and notes were reviewed and analyzed.

Results

Among 157 pediatric hospitalizations, 13 were classified as child abuse (8 newly diagnosed), 127 as unintentional injury, and 17 as unknown intent. Abused children, compared to children with unintentional injury were more likely to be younger, born premature and had a younger mother. Abused children experienced more femoral fractures and traumatic brain injuries than children in the other group. Eighty-five percent in child abuse had a missed diagnosis in the previous visit. The longest delay in diagnosis was 870 days.

Conclusions

This study is the first study in Taiwan that has used a standardized tool to scrutinize intent of pediatric injury, using hospital chart reviews. The results highlight the under-diagnosis of child abuse in Taiwan. This standardized tool can be further developed to create an easy-to-use screening tool for clinicians to ascertain the intent of pediatric injury. Children who are at risk for child abuse can then be identified easier and protected from further injury, or even death.

Contact: CHANG Yi-Ting

National Cheng Kung University
1 University Road
Tainan City, TWN
damonu@mail.ccy.twbbs.org

Preliminary Study of Health Needs Assessment on Health Promotion Planning for the Primary School Students in Children's Home

TSAI Ming-Tsu, WU Tsung-Yen, LIEN Hsin-Yi, KO Ming-Chung, YEN Chang-Keng, WOUNG Lin-Chung

Introduction

According to the policy, regulations and laws, the children's home accommodates and protects the children who are

neglected, abused or his (her) family has the misfortune. Health promotion plan for those children is one of the main tasks of institutional staff. But most professional staffs of these institutions are social workers in Taiwan; it is difficult for social workers to provide complete health promotion services required for them. A key challenge for the delivery of healthcare to those children caring in institutions is how to coordinate or integrate different disciplines and sectors with these health promotion services.

Purpose/Methods

The aim of this study was to identify the health needs of the primary school students in children's home, in order to implement health promotion plan in this setting. Taiwan Care for All Association (non-government organization, hereafter referred to TCFA) established a planning group and conducted the needs assessment using the PRECEDE model to analyze health problems. A cross-sectional study was employed; we collected a qualitative interview survey (9 participants) was conducted to identify the health needs of this group in institution and become sources of needs-assessment data.

Results

Most interview survey participants stated that picky about food, gender relations problem, bullying problem, mental problems (included depression) and infectious diseases often bothered the primary school students and their caregivers in children's home. TCFA planning group provided health promoting courses (nutrition education; mental health activities; gender education; prevention of infectious diseases). Although the results illustrated that the interventions were not significant effectively to the indicators in the study period, the method and process of the interventions have a positive impact on the attitude and behavior toward daily living of those children.

Conclusions

From the above findings, the 'mental health and health behavior' issue, was the urgent important issue among children living in an institution. Based on the health needs assessment, there will be a number of projects will be conducted to deal with their health problems in the future. We suggest that the planning group should keep implementing health promotion activity to improve the quality of life for children in institution.

Contact: LIEN Hsin Yi

Taipei City Hospital

No.145, Cheng Chou Road., 10341 Taipei City, TWN

ella@tpech.gov.tw

The Quality of Life and Parenting Stress of Parents of Children with Developmental Delays: Impact of Hospital-based Early Intervention

LEE Chia-Yi, LEE Kuo-Feng, CHIANG Fu-Mei, CHIANG Yi-Chen, HUANG Ya-Ling

Introduction

Children with developmental delays (DD) exhibit various levels of delays in developmental milestones. Studies have shown increased parenting stress and lower quality of life (QOL) in parents caring for children with specific diagnosis. In Taiwan, there is a public health system for children with disabilities, but most services are child-centered. Although many studies focus on the effectiveness of early intervention on children's development, there is a lack of researches on the impact of early intervention on parenting stress and QOL.

Purpose/Methods

The purpose of this study was to explore the impact of hospital-based early intervention for children with DD on parenting stress and parents' QOL. Study design was single group pre-posttest design. The main instruments were Parenting Stress Index and World Health Organization Quality of Life Assessment. The supplementary questionnaire was Child Behavior Checklist (CBCL). Parents completed the instruments at the time of children being diagnosed and after 6-month intervention. Paired-sample t test was conducted to analyze the changes after intervention.

Results

Parents of children with DD had a higher parenting stress but QOL were similar with norm. After intervention, DSM-orientated scale in CBCL showed children's condition was significantly improved in ADHD and oppositional defiant problem. The impact of early intervention on parents had a trend of decreased parenting stress and the rate reaching a clinically significant level of total parenting stress was decreased from 22.2% to 11.1% after intervention. But social relationships domain of QOL were significantly lower after intervention.

Conclusions

This preliminary study has presented the early intervention might have positive effect on parenting stress but negative on QOL. Therefore, practitioners need to pay more attention not only on children but also parents, and provide more family-centered approaches. The clinicians should provide more medical, educational, and social welfare information to parents, teach parenting skills, and give more spiritual support to decrease caregiver's parenting stress and improve QOL. Further studies with large sample size, different approaches, and long-term follow-up are needed.

Contact: LEE CHIA YI

cathay general hospital

5F., No.15, Ln. 14, Siwei Rd., Da'an Dist., TAIPEI, TWN

chiayilee7@gmail.com

Creating a Home Away from Home in Hospital Setting



**SAPPLETON Karen, HOLMES Deborah,
DEGAGNE Sitara, MARCO Jane, KARMALI
Karima**

Introduction

The Ronald McDonald House Toronto Family Room was built in partnership with families by Ronald McDonald House Toronto and The Hospital for Sick Children (SickKids). The Family Room is a home away from home, a place to rest and find respite and comfort in a non-clinical atmosphere for families of children who are critically ill. The Family Room, which opened in July 2014, features innovative design and amenities that reflect families' needs and preferences.

Purpose/Methods

A needs assessment of families, focus groups with frontline staff and discussions with other stakeholders indicated that families need a place of respite that is close to their seriously ill child in the hospital. This led to a design that includes a lounge with televisions, large kitchen, computer stations and laundry facilities. A sleep room, as well as a respite area with seven uniquely designed sleeping pods, was also incorporated. Accessible washrooms and showers are located across the hall.

Results

Since its opening, families have made 12,070 visits to the Family Room. More than 370 unique families have registered to use the Family Room in five months. The largest user group is the NICU. The sleep room, allocated to two individuals daily, has supported 130 families to date. The sleeping pods in the respite area have been used 1,154 times. More than 1,800 loads of laundry have been done and the showers are used an average of 30 times daily.

Conclusions

Families have said that the Family Room is a place to "connect and recharge." It provides an opportunity for families to seek comfort and rest while just steps away from their very sick child. As one parent stated, "This is amazing – such a wonderful and caring staff. This truly made the night easier and helped me feel better and feel a bit more normal. Amazing what a shower, cup of tea and a comfy couch will do."

Contact: SAPPLETON Karen

The Hospital for Sick Children
555 University Ave., M4C5K9 Toronto, CAN
karen.sappleton@sickkids.ca

**Parents' attitudes toward
bedwetting and their influence on
management**

CHANG Yu-Jun, TAI Thomson, TAI Brent

Introduction

Primary nocturnal enuresis (PNE), although a common problem, has a stressful impact on both children and parents. Persistent wetting may lead to parent's anxiety, guilty, and eventually experiencing loss of confidence and difficulties in the

relationship between parents and children. Finally, they will feel helpless. Parental attitudes towards PNE will influence the children's behavior and the success of treatment. Therefore, to understand the parents' perceived stress and attitudes on bedwetting is important.

Purpose/Methods

To investigate the parents' attitudes toward enuresis and their thinking and decision to solve the problem, 93 children aged 9.5±2.2 years (48 boys, 45 girls) with PNE were recruited from a hospital in Taiwan. Parents were interviewed and completed a structured questionnaire with predetermined choices. To detect influence by the frequency of bedwetting. Severity of bedwetting was classified as more than once per week versus less than once per week. The parents' attitudes and management were analyzed.

Results

Majority of parents thought that PNE was caused by deep sleep(45.2%), drinking before sleep(33.3%), and genital-urinary disease(26.9%). Parents felt worry(84.9%), troublesome(36.6%), tolerable(2%), angry(12.9%), and guilty(9.7%) about their children's wetting. Various remedies includes lifting at night(62.4%), fluid restriction before sleep(61.3%), wearing diapers(39.8%) and medicine(17.2%). Response to bedwetting includes blame(51.6%), punishment(11.8%), encouragement(28.0%). If children have severe enuresis (>1/per week), the parents will have more guilty conscience (p<0.05) and choose medicine and diaper-wearing management (p<0.05).

Conclusions

This study provides us an understanding of the parents' perceived stress about PME which influence their attitudes to solve the problem. More parents choose punishment and blame attitude. It can have a negative effect on the outcome of children's behavioural treatments. The severity of bedwetting also influence parents' perception and attitude. Parents' attitudes towards PNE can be predictive of bedwetter's behavior, including their willing to engage and adhere to treatment.

Contact: CHANG Yu-Jun

Changhua Christian Hospital
135 Nanhsiao Street
50006 Changhua, TWN
june@cch.org.tw

**Preliminary application of Chinese
version of the Alabama Parenting
Questionnaire-Preschool Revision
for caregivers of ADHD-preschoolers
in Taitung**

**YANG Meng-Ju, CHANG HUANG Chien-
Fen, HUANG Chien-Ling, TSENG Hsin-Yi,
HSIEH Ya-Chi**

Introduction

The Joint Evaluation Center for Child Development of Mackay Memorial Hospital, Taitung Branch has devoted to promote health for preschoolers for decades. Taitung is the remotest county with the highest numbers of aboriginal residents in Taiwan, yet with extremely scarce medical resources. With a high percentage of young people's emigration and the prevalence of grandparenting, parenting quality is often poor. This study applies an evaluation tool unpublished in Taiwan to understand parenting practices of caregivers of ADHD-preschoolers in Taitung.

Purpose/Methods

The Alabama Parenting Questionnaire-Preschool Revision (Clerkin, Marks, Policaro & Halperihn, 2007; APQ-PR) was translated into a Chinese version. APQ-PR assesses five domains of parenting practices: Involvement, Positive Parenting, Poor Monitor/Supervision, Inconsistent Discipline, and Corporal Punishment. The caregivers of ADHD-preschoolers completed the Chinese version of APQ-PR and of the Swanson, Nolan, and Pelham, version IV (SNAP-IV). Children with mental retardation are excluded from the sample based on an assessment of Wechsler Preschool and Primary Scale of Intelligence, Revised Edition.

Results

Twenty-nine caregivers of ADHD-preschoolers completed the survey. The average score of APQ-PR is 106.04 (SD = 11.90). The difference of scores between domains is significant ($F = 168.36$, $p < 0.01$). Pairwise comparisons indicates that the highest scored domain is Positive Parenting, then Involvement, Inconsistent Discipline, Poor Monitor/Supervision and Corporeal Punishment, suggesting that caregivers of ADHD-preschoolers interact with their children with positive attitude and avoid corporal punishment. However, caregivers may lack appropriate monitor and discipline skills.

Conclusions

The study finds that caregivers in Taitung need opportunities to learn appropriate skills and knowledge when interacting with their children with ADHD. Parenting consultation/training in individual and/or group therapy will help them learn and practice parenting skills suitable for their children. However, only one clinical psychologist served in Mackay Memorial Hospital, Taitung Branch and less than five in the whole Taitung County. Mental health for children in remote areas requires significant attention and adequate resources to promote their psychological well-being.

Contact: YANG Meng-Ju

National Taiwan University Hospital
No.1, Changde St., Zhongzheng Dist.
100 Taipei City, TWN
mjyang@ntuh.gov.tw

Psychological problems in children with primary nocturnal enuresis

TAI Thomson, TAI Brent, CHANG Yu-Jun

Introduction

Enuresis often leads to anxiety and distress on the individual and the family, and therefore influences the individual's school performance and social interactions. Although the prevalence decreases as age increases, there is still 2% at 12 years old. These children may possibly suffer from secondary emotional and social problems when entering adolescence. Therefore, healthcare providers should not only treat enuresis through medication and behavior modification but also emphasize upon the psychological response of the enuretic children and their parents

Purpose/Methods

To investigate the psychological problems of bedwetting children 6 to 15 years old, in this case-control study, we enrolled 93 primary nocturnal enuresis children from the enuresis clinics and 98 normal children from the local community. Every parent completed the Behavioral and Emotional Rating Scale (BERS) to evaluate their children. The children completed the Teenage Self-Concept Scale (TSCS) to evaluate themselves. T-scores were used for the statistical comparison, and high scores signal good performance or high self-concept.

Results

On the BERS, the bedwetting group had lower mean T-scores ($p < 0.05$). On the TSCS, the bedwetting group also had lower overall T-scores, however, there were no differences ($p > 0.05$). The severity of enuresis was statistically correlated with children's Interpersonal ($r = -0.214$, $p = 0.009$), Intrapersonal ($r = -0.198$, $p < 0.016$), Family Involvement ($r = -0.341$, $p < 0.001$), School Functioning ($r = -0.205$, $p = 0.012$), and Affective Strength ($r = -0.251$, $p = 0.002$) in BERS. In enuretic group, age (< 11 vs. ≥ 11) did not show different scores in BERS, but in TSCS, the older children had lower scores ($p < 0.05$).

Conclusions

Our studies investigated the effect of bedwetting on attachment psychological and dissociated behavior. There were more behavioral and emotional problems in enuretic children and were proportional to the severity of enuresis. These problems were especially prevalent in older enuretic children whom were more dissatisfied with their performance. The problems that the children face will affect their behavior and disrupt their social activities when they are near adolescence.

Comments

Consequently, healthcare providers should pay attention to the psychological well-being of enuretic children and monitor their psychological responses along with those of their parents. Simple medication and treatment plans to manage the symptoms of enuresis are not enough; part of the well-being of enuretic children includes their psychology. Thus hospitals and physicians should also focus on these individual's psychological well-being.

Contact: TAI huilung

Shih-Ren clinic. Chanhua city.
82 Cihsiou Rd.,
50059 Changhua City,, TWN
tailiu88@gmail.com



The nutrition status survey of pediatric asthma

KO Shu-Chen

Introduction

Asthma and overweight/obesity prevalence are both increasing worldwide. Obese children and adolescents have an increased risk for asthma. In recent decades, children's diet quality has changed and asthma prevalence has increased, although it remains unclear if these events are associated. Some report also indicated that low vegetable intake was associated with allergic asthma and moderate-to-severe airway hyper responsiveness. The nutrition status survey of pediatric asthma patients will be helpful to understand the disease cause.

Purpose/Methods

The pediatric asthma patients were screened in Changhua Christian Hospital since May 2013 to December 2014. They were joined to the CCPC-childhood asthma program. The inclusion criteria were between 2 to 18 years of age. Every patient consulted the dietitian for nutrition assessment. Collected food intake used 24 hours dietary record. Body height and weight were measured for BMI calculation.

Results

There were 46 male and 33 female joined this CCPC-childhood asthma program. The obesity and overweight are 16% (13/79) and 13% (10/79), respectively. The nutritional analysis showed that 20 out of 79 children (25.3%) were lower dietary fiber intake (lower vegetable and fruit intake); 18 out of 79 children (22.8%) were calorie and fat over intake. The assessment of nutrition education told us that they were not well understood the relationship between asthma and obesity.

Conclusions

Obesity problem is an important factor to affect the asthma prevalence. Nutrition knowledge learning and weight control program providing are helpful to reduce the occurrence rate of asthma in children.

Comments

Keywords: Asthma, nutrition, obesity

Contact: KO shu-chen

Changhua Christian Hospital
No.135,Nan-Hsiao street, Changhua 500 ,Taiwan
Changhua, TWN
46619@cch.org.tw

The Analysis of Physician Liaison Model for Adolescent Health Promotion

SHIEH Ying-Hua, CHAN Hsiao-Wen, LEE Hsiang-Wei, CHU Bo-Yu

Introduction

Adolescence is a period of multidimensional transition, which can bring on many physiological and psychological pressures. Executive Yuan survey revealed 35.1% of adolescent are affected by this transitional pressure and has turn to smoking. Taiwan 2012 "Youth Smoking Behavior Survey" showed that middle and high school students smoking rates were 6.7% and 14.1% respectively. Wan Fang Hospital's Family Medicine Department has been active in health promotion and education among schools especially in the areas of adolescents' physiological and psychological health.

Purpose/Methods

Since the undertaken of "Adolescent Health Promotion Project" in 2011, our department has set up adolescent clinic, phone/email consultation services, and "Physician Liaison Service" with 3 schools (in new Taipei city, Ping-Lin county). In 2014, 20 adolescents' health promotion seminars including tobacco addiction prevention, gender education and weight management were conducted. 6 smoking cessation classes were held in 2 schools, with smoking cessation success rate followed and a short film on "Adolescent smoking cessation" were also distributed among schools.

Results

In 2014, 234 adolescents visited our adolescent clinic with majority of the concerns regarding physiological changes (body image, menstrual disorder) followed by interpersonal relationship and emotional issues and substance abuse/addiction (tobacco, alcohol). 225 subjects (55% were adolescents) used phone/email consultation services and 75 adolescents used "Physician Liaison Service" due to similar concerns/issues. 28 adolescents attended smoking cessation classes conducted at 2 schools. Smoking cessation success rate at one-month were 10% and 13% and at three-months were 40% and 53% respectively

Conclusions

Adolescence is a period of physical and psychological transitions, making them not only easily susceptible to social and peer influence, but has also generated many behavioral and emotional issues that should be brought to every parents', teachers' and medical professions' attention. In addition, adolescents also have low smoking cessation success rate, hence greater effort and cooperation is needed between schools and hospitals, especially in providing information about harmful effect of smoking, quit smoking resources and better psychosocial and behavioral support.

Contact: LANGELY Sephi

Taipei Municipal Wan Fang Hospital
No.111, Sec. 3, Xinglong Rd., Wenshan Dist., Taipei City 116
Taipei, TWN
obaz.chen@gmail.com

Adolecents' participation in health promotion and quality improvement in hospital

SUURORG Lagle

Introduction

During the past decade, there has been growing attention to adolescents health and health sector contribution to adolescent health. In children's hospital we are used to ask parents' /caregivers' satisfaction with child care regardless of child age. In few studies among children and parents have seen that parents' satisfaction was higher than adolescents' one. According to HPH children's and adolescents' HP Task Force ideology in Tallinn Children's Hospital has been involved in international studies on children's health care process and outcomes in 2009-2012.

Purpose/Methods

The purpose of this study was to measure children's perceptions of inpatient health care and to capture children's unique perceptions for quality improvement. Method: The tool for Children's Perceptions of Healthcare Survey elaborated by Lindeke L et al (2009) was adapted and used in adolescents ≥ 12 years old in psychiatric department (n=51) and for comparison in adolescents from pediatric and surgical departments (n=68) in 2014. The tool was administered altogether to 119 adolescents. Responses were analyzed and compared.

Results

Among studied adolescents there were boys older than girls in overall sample but without age difference by compared groups. Patients with somatic or surgical diseases rated statistically higher communication with staff, who help to feel themselves more comfortable and secure in hospital. Pediatric patients were introduced care plan prior the activities. More pediatric patients would recommend the hospital to their friends, they like more often how they were taken care in hospital and that family members stayed with them in the hospital.

Conclusions

The preliminary data of the study shows that children recognized the personal communication with them and their families and they feel themselves safe in the hospital. In the health care process the information to children about care and decision making could be better. By adolescents' opinion in the department for psychiatric patients the physical environment should be improved and the regime relieved. Adolescents with mental health problems perceived differently some aspects of the healthcare.

Comments

The survey was done within the project Establishing Children's Mental Health Centre in Tallinn Children's Hospital as regional centre par excellence and for coordination and training supervision the network of mental health centres in North-Estonia. Project supported by Norway Grant.

Contact: SUURORG Lagle

Tallinn Children's Hospital

Tervise 28

13419 Tallinn, EST

lagle.suurorg@lastehaigla.ee

Application of Sandplay Therapy for an 8-year-old girl with learning disability and emotional problems

YANG Meng-Ju, TSENG Hsin-Yi, HSIEH Ya-Chi

Introduction

Children with emotional problems often have difficulties discussing their issues verbally. Kalfian model of Sandplay Therapy as derived from Jungian theory (Kalff, 2003) is a suitable psychotherapeutic paradigm, because it is a nonverbal, symbolic means that facilitates psychological healing and transformation. Clients can create three-dimensional scenes, pictures or abstract designs in a tray of specific size, using sand, water and a large number of miniature realistic figures. This process enables a tangible and three-dimensional expression of inchoate, unconscious contents.

Purpose/Methods

The patient is an 8-year-old girl with learning disabilities in reading and writing, along with adaptive and emotional problems. With substantial difficulties finishing homework, her teacher scolded her in front of a class due to having misinterpreted her behaviors and learning disabilities as being lazy. Consequently, the girl refused to do homework or go to school, and she cried alone frequently. She received Sandplay Therapy every two weeks. The Child Behavior Checklist (CBCL) was administered at pre- and post-treatment.

Results

The patient received Sandplay Therapy for one year and ten months, attended 49 sessions, and improvement in target areas was noted. Her score in the "Anxious/Depressed" domain of CBCL was at clinical level at pre-treatment, and it was reduced to borderline level at post-treatment. She had more self-confidence and self-awareness. She stopped refusing to go to school and joined various activities with classmates. Furthermore, she learned to notice the pros and cons when encountering new events.

Conclusions

Sandplay Therapy provided a protected and free space for healing. In the first year, the 8-year-old girl was immersed totally in Sandplay such that she completed two sand-pictures spontaneously in each session without discussing any issue in her life. The successive sand-pictures revealed the process of therapeutic relationship building, inner encountering and transformation in vivid way. In the last ten months of her treatment, she engaged in active verbal discussion and did not use the sandtray in sessions.



Comments

Sandplay Therapy is an emerging therapeutic method that is not familiar to Taiwanese clinical community. Nevertheless, it is a powerful method when dealing with non-verbal emotional problems. Fundamental process themes emerge with Sandplay to create a new worldview and promote a process of individuation for clients. We hope that Sandplay Therapy will be practiced more in Taiwan to fit various needs of clients.

Contact: YANG Meng-Ju

National Taiwan University Hospital
No.1, Changde St., Zhongzheng Dist.
100 Taipei City, TWN
mjyang@ntuh.gov.tw

Case Report: Application of ICF-CY Model in Analyzing Developmental Problems of a Girl with Autism Spectrum Disorders

CHIANG Fu-Mei, LEE Chia-Yi, FU Chung-Pei, CHEN Yu-Lan

Introduction

World Health Organization (WHO) have published "International Classification of Functioning, Disability, and Health for Children and Youth (ICF-CY)" to provide a common and universal language for medical profession to describe health and health-related state of the client in 2007. When applying it, the user needs to consider the limitation and potential of body function, body structures, activities, participation and environmental factors in physical, social, and psychological development.

Purpose/Methods

We reported a four-year old girl with autism spectrum disorders by using the model of ICF-CY. The client studied in the kindergarten, and had little problem in learning. Her caregiver complained of her clumsy motor performance, liable emotion, and poor interpersonal skills with her classmates. Data was collected by direct clinical assessment, observation and caregiver report. After using the ICF diagram to analyze her functioning status, the biopsychosocial approach was adopted in the occupational therapy sessions.

Results

We used ICF-CY model as a framework to collect code, and analyze. In the concept of ICF-CY model, we took client's body function (b122.1, b1263.1, b1266.1, b1400.1, b2351.2, b1643.2 and b7300.1), her participation (d1551.2, d1750.1, d2101.2, d2302.1, d2401.2, d7504.2, and d7602.2), the environment factors (e310.1, e315+1, and e355+1) and their interaction into consideration. After intervention, her performance had been obviously improved. She could participate well in the school and community.

Conclusions

The visualization of the clinical reasoning process can help clinicians provide a summary of assessment findings and have better communication with caregivers and the other disciplines. It helps users to collect data on the important constructs independently and explore associations and causal links between the important factors. Leading the clinician to know where to start with. The ICF-CY model is worthy of more study and application.

Contact: CHIANG Fu-mei

National Taiwan University Hospital
F6 N57 Yi-An Rd
235 ChungHo-Taipei, TWN
smilingchiang1@gmail.com

Comparison of suicidal ideation, behavioral and psychological health between juvenile inmates and nationally representative adolescents in South Korea

KIM Suyoung, NAH Eun-Hee, KIM Hyekyeong, SEO Dong-Chul, LEE Dong Hwan, YOON Cheong-Ha, KIM Sungdae, CHO Han-Ik

Introduction

Suicide acts as a serious public health problem. South Korea showed the highest suicide rate among the 30 OECD countries in 2011. Especially, it has been the first leading cause of death among Korean adolescents and young adults aged 15-24 years since 2002. Suicidal ideation is considered to be one of the strong indicators of future suicidal attempts. Studies have shown that adolescent exposure to delinquency is more dangerous in terms of suicidal ideation risk.

Purpose/Methods

The purpose of this study was to identify the differences in suicidal ideation, health behaviors, and health perceptions between juvenile delinquents and general adolescents. Data were collected through a self-administered questionnaire in 1682 juvenile offenders aged between 15 and 18 years in 2012. Data of general adolescents were also collected from the 8th Korea Youth Risk Behavior Web-based Survey (KYRBWS) in 2012. Standardized event ratios (SERs) were calculated for the comparison between two groups of adolescents.

Results

The prevalence of suicidal ideation in juvenile delinquents was 15.2%, which was not significantly different from 18.4% of general adolescents. Juvenile inmates were more likely to perceive them as very fat (SER = 1.16, $p < 0.001$) and very unhealthy (SER = 1.23, $p < 0.05$). They also showed higher rates of smoking (SER = 2.52, $p < 0.0001$), problem drinking (SER = 1.72, $p < 0.0001$) and psychedelic drug use (SER = 19.02, $p < 0.0001$) experiences than general adolescents.

Conclusions

Exposure to correctional environments may provide a chance to learn and practice healthy behaviors. Therefore, the education system and environmental support need to be present to take care of health risk behaviors of adolescent inmates.

Contact: KIM Suyoung

Korea Association of Health Promotion
350 Hwagokro, Gangseo-gu
157-705 Seoul, KOR
sy.kahp@gmail.com

The project on Developing Vegetarianism: Experience shared in the summer camp of Tzu-Chi Hospital, Taiwan Hualien

CHI Kai-Yun, LIU Shi-Yu, TONG Li-Xia, WANG Wen-Li

Introduction

Since the obesity of Taiwanese children is ranked first in Asia, the elementary school time will be the most important period to base children's healthy eating habits. The government carries out the school lunch, the meatless project and the involvement of the nutritionists in order to decreasing the carbon footprint and establishing the thinking of health.

Purpose/Methods

We have a high acceptability among our colleagues in our hospital since we are consisting wholly of vegetables in our dishes. Therefore, the Camp of meatless with parents for children was conducted by our professional nutritionists to lead the kids learning the benefits of vegetables, nutrition facts, cookies and DIY activities. We hope to enhance the interests and the knowledge of vegetable for children by having different fun games. Lastly, we analyze the knowledge and the opinions from children.

Results

41 people joined the campaign with the average age of 9. The correctness of children's performance was 83% in a Q&A activity. In the quantitative analysis (five points for full mark), the points of the feedback are 4.7, interested in vegetarian foods 4.7 and will be more alerted 4.6.

Conclusions

Soon after the teaching of nutritious knowledge by the nutritionists, children achieved the expectation level on their vegetarianism knowledge and satisfaction. We hope to boost our environment and bodies by constructing the low-carbon eating behavior.

Contact: WEN-LI Wang

BUDDHIST TZU CHI GENERAL HOSPITAL

Central Office\707, Sec 3, Chung-Yang Rd., Hualien, Taiwan
Hualien, TWN

ooss47tina@gmail.com

Child Weight Control – Chubby Bear's Weight Management Program

CHEN Mei-Chih, LO Yu-Tai, YANG Yi-Hua, LIOU Wen-Chin

Introduction

Researches and data suggest 30% of children in Taiwan's elementary and middle schools are overweight, over half of whom will grow up to become obese adults. It directly increases the national risk of cardiovascular disease, diabetes, and other chronic diseases. In single-parent or low-income families, parents have fewer resources and time to pay enough attention to their children's diet. They tend to purchase food that causes childhood obesity. This program aims to improve these disadvantaged children's eating and exercising habits.

Purpose/Methods

The main purpose is to assist disadvantaged children understand the risks of obesity, and adopt healthy eating and exercising habits. A six-week Children's Weight Management Program was held weekly to the public for free, with the following classes: 1. Medical professionals teach the relationship between obesity and chronic diseases. 2. Nutritionists teach how to choose a balanced, healthier diet. 3. Specially designed aerobic courses that promote lively movement in children. 4. Each course ends with a healthy diet meal.

Results

1. 72 disadvantaged children attended the program
2. The six courses of the program successfully assisted the attendants improve their eating habits.
3. The goal of getting children to exercise at least three times per week was met. Attendees reacted positively to the aerobic exercises offered.
4. After completing the above steps and methods, the six-week weight management class of 72 students was able to produce 19 students with a BMI > 20 and 6 students lost 5kg.

Conclusions

By combining medical, nutritional, and exercise advice all into one single program, we found that after six courses the children were able to understand the importance of regular exercise, be more aware of obesity risk, and actively change their dietary behavior. This program has successfully helped disadvantaged children learn the proper eating habits of a healthy lifestyle and has educated not only individuals but the entire families.

Contact: LIU Shu-Ling

St. Joseph Hospital
Lingya Dist., Jianguo 1st Rd.
80288 Kaohsiung, TWN
sliu@mail.joseph.org.tw



Personalized approach in child obesity management

SUURORG Lagle, KRAMER Inna

Introduction

The prevalence of obesity among children and adolescents in Estonia almost tripled during 1988-2007. Population-oriented interventions and traditional medical care have not had results, therefore to test personalised approach and more intense family-based multiprofessional weight management project was initiated by Tallinn Children's Hospital Foundation (TCHF), and financed by National Foundation of Civic Society (NFCS) and Swiss NGO Fund. In child obesity treatments, it is the parents who must be motivated to manage treatment participation. No measures are currently available for evaluating parent motivation in obesity treatment in Estonia.

Purpose/Methods

Purpose of the study – The primary purpose of our study was to measure parent motivation and readiness to change their child nutritional and physical activity habits. Two methods were used: self-reported questionnaire (Nock MK et al, 2006) which contained 24 single components and LINE tool -simple visual analogue scale (VAS) from zero to ten (WHO, 2012) where parent responds verbally to the physician's questions: how concerned, how ready and confident are you to start making changes in nutrition and physical activity of your child?

Results

By questionnaires parents endorsed equally high level of two subcomponents: desire for change, willingness to change. Parents perceived ability to change child's lifestyle was rated in lower score. By VAS the highest score was found in the readiness to change child's nutrition habits. The concern about nutrition and physical activity and the confidence to make changes in child's life had rated in lower score. Children of parents who did not participate in motivational study, left the project soon.

Conclusions

With self-reported questionnaire the parents' motivation was rated in higher level than by VAS scale completed in discussion with physician. It is known that different processes may be involved in parents' motivation to start the participation in program, to continue participating and to adhere in program activities. Assessment of children participation and impact of multiprofessional and multisectorial intervention combined with parents' motivation will be investigated further due to the project course.

Comments

The Tallinn Children's Hospital Foundation is a charity foundation - the aim of which is to contribute to a child-friendly hospital and to provide the best possible medical care at the Tallinn Children's Hospital. The purpose of this project is to develop and reinforce cooperation between the third and the public sector in improving the access and quality of public

services that contribute to the enhancement of social cohesion and create a healthy living environment for local residents.

Contact: SUURORG Lagle

Tallinn Children's Hospital

Tervise 28, 13419 Tallinn, EST

lagle.suurorg@lastehaigla.ee

Relationship Between Feeding Patterns and Weight Changes in Metropolitan Infants

HSUEH Huei-Chen, LEE Tzu-Ying, JOU Hei-Jen, CHUO Ying-Hsiang, HUANG Hui-Ting, LIN Hsin-Ying

Introduction

Breast milk is the most suitable, healthiest, and natural food for infants. The World Health Organization and American Academy of Pediatric infant feeding regulations recommend approximately six months of exclusive breastfeeding. Research has shown that infancy is a critical period in preventing child obesity. Because infants rely on parents' feeding, providing appropriate diets for infants is vital for growth, development, and foundation of future health.

Purpose/Methods

This study aimed to investigate the effect of metropolitan infant feeding patterns on child obesity. Using the retrospective and longitudinal study method, we investigated 27-month-old children born in a local teaching hospital in the Taipei metropolitan area. We compared the children's heights and weights measured at time of birth, and 2 months, 6 months, 12 months, and 27 months after birth with data from the WHO 2006 body mass index (BMI) for age, determining overweight (BMI percentile ≥ 85) children. Using SPSS for Windows Version 19.0 and the latent class analysis of SAS Version 9.3, we acquired a decentralized structure model, analyzing the relationship between the feeding patterns of the 1- and 2-month-old infants and the BMIs of the 27-month-old children.

Results

We investigated a total of 1,565 children. Children with overweight and constantly increasing BMIs were given mixed breastfeeding when they were one month old; their BMIs were significantly lower (by .75 percentile) than those fed through formula feeding (SD = .34593, $t = -2.170$, $p < .05$). Given exclusive breastfeeding when they were two months old also has significantly lower .70 percentile BMIs (SD = .35487, $t = -1.980$, $p < .05$). This indicated that breastfeeding can significantly reduce the growth percentile of children with increasing BMIs.

Conclusions

This study found that breastfeeding effectively lowered BMI, albeit only slightly. After this preliminary finding, further studies are required to determine other factors related to feeding patterns and growth percentiles and understand the factors

that influence the future growth of children. Promoting breastfeeding is recommended for preventing infant obesity. This study showed that breastfeeding infants in the first two months can lower the risk of obesity.

Comments

According to the statistics on the breastfeeding status reported by the Health Promotion Administration in Taiwan, the rate of exclusive breastfeeding during 2008 to 2010 was 62.7%–65.7% for one-month-olds and 54.4%–60.0% for two-month-olds. The rate of exclusive breastfeeding in this study was 47.87% for one-month-olds and 44.07% for two-month-olds, both lower than those reported in the statistics. Therefore, promoting breastfeeding is recommended to promote infant health and reduce the occurrence of child obesity.

Contact: HSUEH Huei-Chen

Taiwan Adventist Hospital (Seven Day Adventists)
Taiwan Adventist Hospital No.424,Sec.2,Bade Rd
105 TAIPEI, TWN
144091@tahsda.org.tw

Session P1.2: Health promotion for chronic diseases 1 - cancer, heart and vascular diseases

A Study on Enhancement of Cancer Patients'

LIN Ya-Wen

Introduction

Pain is one of the common and frequent symptoms experienced by cancer patients, and the problem with pain is also a complex and multi-faceted phenomenon involving subjective sensations. In recent years, pain has been listed as the fifth vital sign; it is proposed that pain should be regularly measured like blood pressure, pulse, respiration and body temperature, so that it can be taken good care of. Pain not only causes the patient to suffer physically, but also affects the quality of his/her life. If the pain in cancer cannot be effectively controlled, the patient will feel helpless and hopeless, which becomes a psychological and emotional burden to him/her and prevents him/her from playing his/her role adequately in the family and in society. In the hematology oncology ward where the authors work, pain medications are used to control the pain that is present in 61 percent of the patients. According to the monitoring of care quality conducted by the hospital in 2012, 50 percent of the patients staying in this ward were satisfied with the control of their pain. However, the remaining 50 percent were unsatisfied with the pain control because their pain had not been relieved, which led them to think and feel negatively and affected their perception of the pain. Therefore, the authors were motivated to explore the factors related to cancer patients' satisfaction with pain control.

Purpose/Methods

Methods: There are totally 49 beds in this hematology oncology ward. The standard procedure for assessing the pain of a cancer patient is that as soon as the patient is admitted to hospital, his/her pain should be assessed. Each shift of nurses will continue to assess his/her pain according to the frequency required for measuring the vital signs and then record the results in the pain assessment form for inspection. On the part of the patients: A questionnaire concerning knowledge of pain control was given to totally thirty cancer patients. Among them, 83.3% (25 patients) were willing to tell the nurses when they felt pain. Then, 86.7% (26 patients) wished to take pain medication while 13.3% (4 patients) did not want to do so. 40% (12 patients) worried that the occurrence of pain indicated their diseases were getting worse. 33.3% (10 patients) thought it was not good to take too much pain medication, so they had better not take it until they felt pain. And 23.3% (7 patients) were afraid that they would become addicted to pain medication whether it was taken orally or injected. As for those fifteen patients who were dissatisfied with the pain control, 40% (6 patients) who had had acute pain thought the current dosage of pain medication was unable to solve the problems with their pain because the dosage prescribed by the doctors was not enough to relieve the pain. Among them, 33% (5 patients) were afraid of addiction to analgesics, drowsiness or respiratory depression while 13.3% (2 patients) said that the doctors/nurses did not believe it when they were in pain. On the part of the nurses: As a result of a survey of the three shifts of nurses, 12 in total, it was found that they did not have a complete set of tools or a consistent standard for assessing the pain of a patient, thus missing the best time for treating such pain. Interventions:

1. Educational training in knowledge of pain was given to patients and nurses.
2. Team resource management (TRM) discussions were held for cases who were dissatisfied with the pain control.
3. Procedures were formulated to treat an acute pain.
4. Health education tools were revised to enable the nurses to assess the conditions of a patient rapidly.

Results

The satisfaction of the cancer patients staying in this ward with pain control has been raised to 92.3%.

Conclusions

Patients' satisfaction with pain control and the quality of nursing care have been enhanced by formulating the schedule and contents of on-the-job training for nurses, teaching them the completeness of pain assessment, giving the patients health education at the time of admission, using faces and numbers to correspond with the rating scale, formulating the procedures for treating an acute pain, and regularly offering health education to different groups of patients and family members and holding TRM discussions.

Contact: LIN ya-wen

Far Eastern Memorial Hospital
12F NO 2 LN 177 JUGUANG RD
23543 NEW TAIPEI CITY, TWN
wen6774@yahoo.com.tw



Cancer Patient Experience Survey: An Example from an Acute Ward of a Regional Teaching Hospital

WU Pei-Tzu, KANG Ya-Ting, CHANG Ting-Yu, LIN Hsiao-Wen, HUANG Hsiu-Yun, LI Yu-Pei

Introduction

As the professionalization of medicine, the difference of unmet needs among patients with different diseases has been gradually notified. Currently, patient experience surveys are mostly about the general experience in the delivery of outpatient, emergent department and inpatient service. The study evaluates hospital stays satisfaction of cancer patients and their families in a regional teaching hospital. The result is expected to provide reference for better cancer care in the future.

Purpose/Methods

A modified SERVQUAL questionnaire was revised to become applicable in our hospital setting. Survey had been conducted in the last week of July in 2014. On each day, the researcher visited the hospitalized patients with diagnosis of malignant tumors and stay for more than 2 days, and asked for agreement to complete the questionnaire. 33 out of 41 questionnaires were collected. The return rate was 80%. SPSS statistical software was used to analyze cancer patient experience and satisfaction.

Results

Characteristics of participants include internal medicine patients, female, the average age of 62. The majority scored the self perception of health condition as regular. Half of participants had support from families and friends. 50% mentioned the issue of pain control. Most participants did not join any support group, felt uncertainty of future, but had positive expectation on disease development. "The comfort level of the ward" and "The accessibility of sufficient information about disease within the ward" had the lowest mean score.

Conclusions

The result points out the unmet needs of cancer patient in the studied hospital. The comfort level of the ward and the provision of comprehensive information about disease and care become current issue to improve cancer patient hospital stay experience. The continuous monitoring on inpatient experience survey is necessary to guide the direction of service quality enhancement for the hospital management.

Contact: WU Pei-Tzu

Kaohsiung Municipal Ta-Tung Hospital
9F., No.68, Zhonghua 3rd Rd., Qianjin Dist., Kaohsiung City
Kaohsiung, TWN
cos43kimo@gmail.com

The assessment of dietary intakes status in hospitalized cancer patients-A Local Teaching Hospital Example

LI Yu-Chi, SHIEH Jiunn-I, LIN Yih-Jeng, LI Hsin-Pei, HUANG Kuan-Kai

Introduction

Taiwan's Ministry of Health and Welfare announced the 10 leading causes of death in Taiwan 2014. A malignant tumor was the first leading cause of death for the 33rd consecutive year. Also according to the Journal "Nutrition" in USA, it was above 40 percent of cancer patients died from the effects of malnutrition rather than from the cancer itself. Therefore, good nutrition can improve treatment effectiveness.

Purpose/Methods

We conducted an analysis of hospitalized cancer patients within 48 hours of hospitalization in a teaching hospital. Also, asking the patient or the patient's family to tell the amount of daily dietary intake and performing a professional assessment of the amount of their actual nutritional intake (including total calories and protein intake), we check whether they are up to the recommended daily requirement. Finally, the collected data was analyzed by statistical methods.

Results

The total enrollment in this study is 443 cases. There are 74 people, 48 people, 74 people, and 247 people with the actual demand of the recommended daily caloric intake accounted for 0-25%, 25-50%, 50-75%, and > 75%, respectively; there are 83 people, 46 people, 66 people, and 248 people with the actual demand of the recommended daily protein intake accounted for 0-25%, 25-50%, 50-75%, and > 75%, respectively.

Conclusions

The results showed that there were 196 people (45%) that calorie intake is not greater than 75%. Nevertheless, there were 247 people (55%) calorie intake is greater than 75%; there were 195 people (45%) protein intake is not greater than 75%. Nevertheless, there were 248 people (55%) protein intake is greater than 75%. This study shows that about 40 percent of cancer patients had the problem of inadequate nutritional intake. Therefore, nutritional intervention for patients is very important.

Comments

Finally, a second visit of patients was conducted. The result shows that the situation of dietary intake of patients had significant improvement. The numbers of inpatients with the actual demands for the recommended daily caloric intake accounted for > 75% and for the recommended daily protein intake accounts for > 75% are 278 and 276, respectively. Therefore, this study suggests that dietary intake for patients with inadequate diet should be given timely intervention for improving the situation of malnutrition.

Contact: CHERN Meei-Ling

Chang Bing Show Chwan Memorial Hospital
No.6,Lugong Rd.,Lugang Township
Changhua, TWN
kkmimi0507@hotmail.com

Hospice palliative care of a psychiatric patient with terminal colon cancer

CHEN Yimin, CHEN Qiao-Long

Introduction

30 percent of psychiatric patient's death is due to cancer. There is significantly higher proportion of terminal cancer is diagnosed. The underlying reasons may be their cancer is discovered too late to treatment and less resources. Therefore, psychiatric patients often bear longer physical and emotional suffering than in the general population.

Purpose/Methods

The purpose of this study was to describe the nursing experience of a psychiatric patient with end stage colon cancer. The author presented a case study of a middle-aged male with newly diagnosed terminal cancer. Data was collected and assessed from physical, psychological, social and spiritual aspects.

Results

A psychiatric patient with terminal colon cancer suffered from three issues. It included abdominal pain and abdominal bloating led by abdominal tumor and bowel obstruction, more depressive and anxiety symptoms, fear of death, and life was uncertainly. Applying palliative care to improve physical symptoms as well as emotional distress, strengthen the inner power, build self-worth, and offer compassionate care to the highest quality of life as possible during end-of-life.

Conclusions

By sharing the experience of care, it provided important information that healthcare professionals must be strongly trust psychiatric patients' physical uncomfortable symptoms and sensitive psycho-spiritual needs. On the other hand, psychosocial and spiritual support to cancer patients and their families is the central part of palliative care.

Contact: CHEN Yimin

Changhua Christian Hospital
135 Nanxio St., Changhua City
Changhua County, TWN
108110@cch.org.tw

The Effectiveness of e-Book Education Programs on Knowledge, Anxiety Status and Illness

Uncertainty among Colonrectal Cancer Patients

WU Li-Yueh

Introduction

Cancer is the first ranking at 10 major mortality factors, on the recent report in 2013 by Department of Health, Taiwan

Purpose/Methods

The purpose of this study was explored the effects of E-book education programs on knowledge, anxiety status and illness uncertainty among colonrectal cancer patients. In surgical ward for the convenience of sampling, sixty patients were collected and divided into the experimental group and contrast group, thirty patients and thirty patients individually.

Results

The results of the study indicated that two groups had no difference in demographic data. There were significant difference between the experimental group and control group in the scales of the knowledge, anxiety status and illness uncertainty. The results reveal significant in our study including increased knowledge ($p < 0.001$), decreased anxiety status ($p < 0.001$), decreased illness uncertainty ($p < 0.001$). The protocol of health education for colonrectal cancer patients with knowledge patients was performed by multidimensional teaching methods in combining the individual health education, a e-Book education programs, and discussion to directly promote patients' knowledge related anxiety, illness uncertainty and maintain the effect of the health education.

Conclusions

This study will be a helpful reference to develop a local health education protocol in the future.

Contact: LI-YUEH WU

Hualien Tzu Chi Hospital
707, Sec.3, Chung-Yang Rd, Hualien
hualien, TWN
liyuewu@tzuchi.com.tw

Efficacy of individual health education on health related quality of life in adults with oral cancer after reconstruction surgery

CHEN Yi-Wei

Introduction

For the last few years, the incidence and mortality of oral cancer has been raised gradually in Taiwan. Surgery is the main treatment. Patients usually suffer from distress after the reconstructive surgery. The purposes of this study were to test the efficacy of an individual tailored health education program



for improving health related quality of life of oral cancer patients after oral reconstruction surgery.

Purpose/Methods

This study was a quasi-experimental research design. There were thirty participants in each group completed the study. The experimental group received twice individual tailored health education which were given before the reconstruction surgery and prior discharge, whereas the control group did not received an additional help form the study. Data was collected before the reconstruction surgery, before discharge and one month after the surgery by using the study questionnaires which included EORTC QLQ-C30, and EORTC QLQ-H&N35.

Results

The study results showed that there was significant difference were found between the group in the quality of life after the reconstruction surgery in the following domains: dyspnea(SD=12.81-26.48,p<0.05), nausea (SD=11.97-19.44, p<0.05), pain(SD=23.47-27.42, p<0.05),diarrhea (SD=15.28-26.74, p<0.05), cough(SD=24.89-29.47,p<0.05) prior discharge, one month after the surgery.

Conclusions

The study results indicated that the individual tailored health education can significantly improve the quality of life for oral cancer patients after oral reconstruction surgery.

Contact: CHEN yi-wei

hospital

No.11, Aly. 13, Ln. 166, Qingfeng 12th St., Ji'an Township
973 Hualien, TWN

weiwei6161@gmail.com

Validation of the Korean version of the Thyroid-cancer-specific Quality of Life Questionnaire (THYCA-QoL)

JEONG Youjin

Introduction

As the incidence of thyroid cancer is rising worldwide, it draws attention to the need to assess and manage the health-related quality of life (HRQoL) of thyroid cancer survivors. The aim of this study was to validate the Korean version of the Thyroid-cancer-specific Quality of Life questionnaire (THYCA-QoL).

Purpose/Methods

After the translation of the THYCA-QoL into Korean, it was pilot-tested on 18 thyroid cancer survivors according to the established EORTC guideline. Standard validity and reliability analyses were performed on a sample of thyroid cancer survivors (n=227) by testing the internal consistency and by performing existing relevant measure comparison between THYCA-QoL and five other validated questionnaires: EORTC QLQ-C30, Brief Fatigue Inventory (BFI-K), Brief Encounter Psychosocial Instrument (BEPsi-K), Goldberg's short screening scale for Anxiety and Depression, and Patient Health Questionnaires (PHQ-9).

Results

The reliability was assessed by determining Cronbach's α coefficients for multiple-item scales, ranging from 0.54 (sensory) to 0.82 (psychological). Validity was shown by the correlation observed between the previously validated questionnaires and all the scales of THYCA-QoL, with the exception of a single item (sexual interest).

Conclusions

The Korean version of THYCA-QoL was shown to be a reliable and valid measure and can be used alongside the EORTC core measure to assess the HRQoL of thyroid cancer survivors in Korea.

Contact: JEONG Youjin

Konkuk University Medical Center

4-12 Hwayang Gwangjin-gu

143-729 Seoul, KOR

20130073@kuh.ac.kr

Obesity and Thyroid cancer survivors

AHN Ahleum, CHOI Jaekyung, JEONG Youjin

Introduction

The incidence of thyroid cancer has been rising over the past few decades along with a parallel increase in obesity. The aim of this study was to find out the clinical factors which affect to obesity in thyroid cancer survivors.

Purpose/Methods

This trial was an observational study of 227 outpatients who had received a thyroidectomy for thyroid cancer at Konkuk university medical center. The patients were divided into the obese group (n=137) and the non-obese group (n=90) according to body mass index (BMI, Kg/m²) after thyroidectomy. General characteristics of the obese and the non-obese group were compared. The factors which affect to obesity were assessed by multivariate logistic regression analysis.

Results

The obese group was older (mean 47.9 years) and male dominant. There were more obese patients before surgery in the obese group than the non-obese group. There were no significant differences in physical activity, operative extent, postoperative TSH level, and postoperative period. The obesity-related factor determined by multivariate logistic regression analysis was preoperative BMI (odd ratio 4.05, 95% confidence interval 2.61-6.30).

Conclusions

Obesity in thyroid cancer survivors is associated with preoperative BMI. The interrelationships between obesity and thyroid cancer are complex. Further studies are needed to reveal association with obesity and thyroid cancer survivors.

Contact: AHN Ahleum

Konkuk university medical center

Neudong-Ro, Hwayang-Dong, Gwangjin-Gu
Seoul, KOR
20130332@kuh.ac.kr

Who delayed treatment for cervical cancer under a universal health insurance program?

SHEN Szu-Ching, HUNG Yao-Ching, KUNG Pei-Tseng, YANG Wen-Hui, WANG Yueh-Hsin, TSAI Wen-Chen

Introduction

Cervical cancer ranks as the fourth leading cause of cancer death in women worldwide. In Taiwan, although the universal health insurance system has achieved 99.6% coverage and ensured easy access to medical care, a proportion of cervical cancer patients delayed their treatment. This study focused on cervical cancer patients who delayed treatment for at least 4 months, and examined the characteristics, related factors, and survival in these patients.

Purpose/Methods

Data on patients with a new confirmed diagnosis of cervical cancer during 2004–2008 were obtained from the National Health Insurance Research Database and the Taiwan Cancer Registry. Logistic regression using the generalized estimating equation model was performed to analyze the association of various factors with treatment delay. The Cox proportional hazards model was used to analyze the effects of various factors on mortality risk.

Results

The rate of treatment delay for cervical cancer decreased steadily from 11.57% in 2004 to 6.45% in 2008. Higher rates of treatment delay were observed among patients who were aged ≥ 75 years (18.41%); resided in urbanization level 5 areas, or aging towns (13.16%); had severe comorbidity; or had stage III (6.59%) or IV (13.18%) cancer. Factors that correlated with treatment delay were age ≥ 75 years (odds ratio [OR] =2.08), higher comorbidity (OR=1.77–2.07), cancer stage III or IV (OR=1.43–2.54), and the diagnosing hospital being a regional or district hospital (OR=3.33–5.56) or a private hospital (OR=0.64)—but not income. Those who delayed treatment had 2.15 times the mortality risk of those who underwent timely treatment.

Conclusions

Delayed cervical cancer treatment in Taiwan was associated with the patient characteristics of advanced age, high comorbidity, and advanced cancer stage; and with the diagnosing hospital being other than a medical center. Delaying treatment for ≥ 4 months substantially raised mortality risk in cervical cancer patients.

Contact: SHEN Szu-Ching

Buddhist Dalin Tzu Chi Hospital
No. 2, Min-Sheng Rd. Dalin Township
62247 Chia-Yi, TWN
uscshen0501@gmail.com

Investigate of breast cancer patients undergoing chemotherapy Healthy lifestyle implementation status

ZHAN Shu-Ping, LIN Mei-Na, CHEN Pin-His, KU Yan-Chiou, JEANG Shioh-Rong, CHENG Jin-Shiung

Introduction

The side effects caused by chemotherapy affect patients psychological, emotional and social activities, affect the quality of life of patients and with the degree of chemotherapy. Appropriate exercise can enhance immunity and slows everyone side effects of chemotherapy, according to a new England study shows that take a walk as long as one mile per day (about 1.6 km) with cancer can be reduced by 50 percent the risk of death.

Purpose/Methods

To analysis a medical center in southern, which in oncology (2014) guidelines for diagnosis and treatment of cancer patients and establish a common side effect of chemotherapy record single basis NCCN clinical practice Guidelines, before chemotherapy assessment by a physician fill out online login, statistics since March 2013 to 2014 June

Results

Total collected 273 patients with breast cancer undergoing chemotherapy, all female, mean age 54 years, 65.7% did not continue to work, non smoking, drinking or chewing betel nut cases, 57.1% of patients without exercise habits, 28.6% weekly timed execution 2-7 bout, each exercise takes about 30 minutes to 2 hours, the most common sports to walking up to 44.4%.

Conclusions

Side effects of chemotherapy for many patients physically and mentally fatigued, lead their daily lives and wishes of the patient affect health promotion, and mental exercise can reduce depression and anxiety, and enhance the ability of the immune system to detect and avoid the risk of certain types of cancer, maintaining physical activity is to improve and maintain the health of critical factor.

Comments

Nurses caring for patients can be assessed during the patient's condition, provide individual health education and encourage families to support and cooperation in the promotion of moderate exercise habits, in addition to help improve patient immunity and relieve side effects of chemotherapy, but also can



enhance the uniqueness of Nursing functional and professional roles.

Contact: LIN MEINA

University of Bachelor
386 Ta-Chugh 1st Rd.,Kaohsiung,Taiwan 81362
81362 Kaohsiung, TWN
mnlin@vghks.gov.tw

Mental health of Cancer patients the correlation between Demoralization and Depression - A Systematic Review and Meta-analysis

TANG Pei-Ling, WANG Hsiu-Hung, CHOU Fan-Hao, CHENG Jin-Shiung

Introduction

Demoralization is a psychological response that is frequently observed in patients with cancer or chronic critical illnesses. Depression and demoralization syndrome in patients with cancer are closely related to suicidal behavior. The purpose of this study was to explore the factors affecting cancer patients' demoralization from a depression perspective, in order to assist with distinguishing patient emotions and provide appropriate intervention as early as possible, thereby enabling patients to receive proper care.

Purpose/Methods

A systematic review and meta-analysis were employed in this study. The databases included CINAHL, Cochrane, Pubmed/MEDLINE, PsycINFO and CEPS and reference lists of articles. Experts in this field also were contacted. Two investigators selected the research based on inclusion criteria and reviewed each study's quality according to the Newcastle-Ottawa Scale (NOS). Five correlational studies with 1306 subjects were identified in the meta-analysis.

Results

The countries of studies included Taiwan, Australia, Germany, and United States. There was a statistically significant difference in depression between cancer patients of high demoralization group and those of low-demoralization group (OR=9.65, 95% CI 6.99-13.33, Z=15.002, P<.0001). Four studies regarded demoralization and depression as distinguishable.

Conclusions

The demoralization of patients with cancer was highly correlated with depression. Therefore, the suicide risk of demoralized patients without depression must also be assessed to prevent patients with high suicide risk from being neglected. If medical staff can perceive demoralization issues in patients earlier, they can effectively prevent patient depression from occurring, thereby preventing suicides.

Comments

We suggest that integrated care involving interdisciplines, early discovery, increasing sensitivity to demoralization, screening

high-risk patients with cancer for demoralization, and identifying various types of psychological distress can further prevent demoralization and depression, thereby facilitating the provision of suitable intervention.

Contact: TANG Pei-Ling

Department of Nursing, Kaohsiung Veterans General
386 Ta-Chung 1st Rd.
Kaohsiung, TWN
pltang728@gmail.com

The experience of cancer stigma in Taiwan: A qualitative study of female cancer patients

TANG Pei-Ling, MAYER Deborah K., CHOU Fan-Hao, CHENG Jin-Shiung

Introduction

Cancer is the leading cause of death in Taiwan. Since the cause of the cancer and reason any one develops cancer is often difficult to identify, it is sometimes attributed to karma and the concept of stigma. Such feelings lead to a life predicament, and the influence of stigma exists.

Purpose/Methods

This study intends to understand how stigma is formed in the disease-related experiences of women with cancer. Ten participants were interviewed at the time of diagnosis and every subject has received 2-3 interviews. The number of interviews conducted was determined by data saturation. A content analysis method was used.

Results

The stigma of cancer was surrounded by imagining the concepts of "Cancer Equals Death", including the feeling of death approaching and an awareness of disease severity. "Cancer Equals Menace to Social Life", their social life is menaced, including other people's uncomfortable attitudes toward cancer (shame, sympathy, pity, suffering, and over-cautiousness) and external physical changes. And "Cancer equals cancer-ridden life", including being sensitive to the topics of death and calculating the number of survival days remaining.

Conclusions

During the overall disease process, patients' expectations are significantly correlated to medical personnel's provision of information and service. When the diagnosis is confirmed, the stigma of diagnosis has a significant effect on patients. During the early diagnosis period, patients hope that medical treatment is not only limited to professional ability, but should also include transparent, safe, and continuous care, further embracing the power of interaction between patients and medical personnel.

Comments

Cancer has become a major cause of death around the world, and it is pitiful to have to accept the idea that suffering from cancer equals death. During the conversion of cancer knowledge, it is necessary to pay special attention to social and public information conveyance for women. Psychological oncology should provide counseling to help patients dealing with cancer. Regarding social stereotypes, it is necessary to popularize public health and knowledge education in order to resolve people's negative responses to cancer.

Contact: TANG Pei-Ling

Department of Nursing, Kaohsiung Veterans General
386 Ta-Chung 1st Rd.
Kaohsiung, TWN
pltang728@gmail.com

Use of team-based collaborations in systemically organizing suicide prevention procedures in cancer patients

LEE Yu-San

Introduction

Suicide risk for cancer patients is 2~4 times more than individuals from general populations. During 2002 to 2004, the suicide mortality rate for cancer patients in Taiwan is 288.9/100,000, and therefore suicide assessment and diagnosis are very crucial. Early screening of potential group of individuals with high risk suicidal thoughts and drives could have avoided the subsequent high lethality rate of suicidal actions, which is imperative to establish a standardized suicide prevention program.

Purpose/Methods

In October 2013, implementations are according to "Suicide Prevention Gatekeeper Concept – Inquire, Respond, Referral" principals and using the team-based suicide prevention system, for example: preliminary suicide risk assessment table for cancer patients, constructing high risk groups management database, develop suicide prevention care procedures, organizing suicide prevention nursing training programs, and creating consultation flow chart reminder cards, etc.

Results

A total of 255 cases were enrolled during January 2014 to June 2014, the average age of 61.3-year-old (with mode age between 50~59 years old, 28%); Distribution of BSRS scores with less than 5 points is 85%, scores between 6~14 points accounted for 15%; Suicidal thoughts score with 1 point is 4%, greater or equal to 2 points is 4%; Consultations requests: 15.5% for Social worker; 3.5% for Psychiatrist; Consultation completion rates: 44.4% for Social worker; 100% for Psychiatrist.

Conclusions

When cancer patient committed suicide, whether the outcome be rescued or deceased, would inevitably be a major impact to

both patient's family and society. Designing feasible protocol to improve in identifying potential cases with high suicidal risks, provide early medical interventions and monitoring. Active treatment and prevention are the best ways to prevent suicide.

Contact: YU SAN Lee

Sijhih Cathay General Hospital
No.2,Lane 59,Jiancheng Rd.,Sijhih Dist.,New Taipei City
New Taipei City, TWN
smallsan@cgh.org.tw

A Social-Psychological Approach inside Cancer Patients' Health Needs

YEN Pei-Tzu, LIU Ching-Ping, SU Nyu-Yin, CHANG Yi-Fang

Introduction

Because of the activity location was limited, the hospitalized cancer patients who have being undergoing chemo will derive some needs such as psycho-emotion, interpersonal interaction and social support. Therefore, this evaluation of study was collected with the result from a series of handicraft activities in different festival events within medical wards. These activities were expected that enhances patients' interpersonal interaction and raises their positive belief.

Purpose/Methods

The objects of study were chosen the patients who diagnosed with cancer and be hospitalized for chemotherapy. The total 8 handicraft activities had been hold from Jan. 2013 to Dec. 2014. Each handicraft activity takes two hours per time. All participants followed the guide from the leader to accomplish their works such as Christmas card. After handicraft activities, each participant has to fill out satisfaction questionnaire. The total number of participants is 52 and the number of questionnaires is 39.

Results

This research discovered that: 1. The inpatients will feel self-achievement when they accomplished their works after the handicraft activity. 2. The inpatients feel quite happy in the process of handicraft activity. 3. The inpatients would have liked to share with their families the joy what they felt and what they had made after the handicraft activity. Furthermore, the other inpatients also realized these activities brought them felt warm and forgetting the disease how uncomfortable they had.

Conclusions

The handicraft activities within medical wards had shown significant results. Thus, we'd like to invite more patients to join the handicraft activity within medical wards. The social-psychological patients who are taking the treatment of chemotherapy in our hospital will be invited in the future. Therefore, we have modified our work contents including the annual working program in the future below. 1.Increasing wards to hold more handicraft activities. 2.Inviting more patients not only inpatients but outpatients who have chemotherapy for the cancer.



Contact: YEN Pei-Tzu

MacKay Memorial Hospital
No.92, Sec. 2, Jhongshan N. Rd., Jhongshan Dist
10449 Taipei City, TWN
franziska0114@gmail.com

Creating a Supportive and Healthy Body–Mind Environment: Use of MBSR Breathing Skills and Bending and Stretching Exercises for Hospitalized Cancer Patients

CHIANG Chia-Wei, FANG Hsin-Ni, LAW Kim-Seng

Introduction

Cancer patients often experience sadness as an emotion, which is a normal reaction to the many fears, anxiety, and uncertainties they go through. We also hear of hospitalized cancer patients complain about feeling bored and losing their sense of control and freedom at the hospital. Therefore, counseling psychologists and registered nurses are cooperating to hold Body–Mind health activities, for 50 minutes per month, to help hospitalized cancer patients. We invited 10–12 volunteers who were hospitalized cancer patients and their families to participate in the activity, after a short interview and survey. Different professionals cooperate and offer a more equal and supportive environment to the patients, as well as promote healthy awareness for cancer patients.

Purpose/Methods

The activity is divided into two sections—the counseling psychologist guides patients to go through MBSR (mindfulness-based stress reduction) breathing and body scan practice in the first section. The psychologist encourages patients to be aware of their inner relaxation level and meditate for 20 minutes. The registered nurse plays a bending and stretching exercises DVD, which has been produced by the Taiwan Hope Foundation Cancer Care. During the activities, the counseling psychologist and the registered nurse perform the exercises together with the cancer patients. At the end of the activity, the counseling psychologist invites the patients to fill a Satisfaction Questionnaire and conducts a short interview to understand their thoughts, emotions, and feelings after participating in the activities.

Results

We interviewed the patients and their families after the activities, and the results show that they are satisfied with and appreciate this type of activity. In the interview, the patients disclose their honest feelings and thoughts, including that they did not feel labeled as a “cancer patient” during these activities, and that they have a chance to have more interactions with their family; they also felt a greater sense of control, peace, and love. Most importantly, they felt well-cared and respected,

achieved a higher sense of value in them, and some said that they always felt that they could regain their human spirit.”

Conclusions

We have held Body–Mind health activities for a year, and we have found that cancer patients take on a more positive attitude by learning how to meditate and would like to perform the exercises during the activity sessions. As for their mental health, they were able to acquire a sense of control at the hospital. We could see the importance of different professionals after every session—when we know how to respect different professionals, we have the ability to create a more supportive environment at the hospital. For instance, when psychologists observe the patients’ distress during the activity, they could share the psychological aspects pertaining to the patient. In the case of the registered nurse, they also share the professional physical assessment with the psychologist; after professional discussion, they then develop a deep empathy with cancer patients.

Contact: CHIANG chia wei

Cancer center
3F., No.26, Sec. 2, Muzha Rd., Wenshan Dist., Taipei City 11
11645 Taipei City, TWN
codomo520@yahoo.com.tw

Exploring the Experience of Grief in Bereaved Adults after a Cancer Death in the Family

CHENG Su-Fen, HSIEH Hsiu-Fang, HU Wen-Yu, KU Yan-Chiou, CHENG Jin-Shiung

Introduction

When a family member dies from cancer, the bereaved family is confronted with grief as the result of loss.

Purpose/Methods

The purpose of this study was to explore the experience of adults with a family member who had died from cancer in Taiwan. Purposive and snowball sampling was used to recruit potential participants. A total of 12 bereaved adults with a first-degree relative who had died from cancer were interviewed one-to-one, guided by a semi-structured interview questionnaire. Data were analyzed with qualitative content analysis, the length of time since the bereaved adults lost their family members was 1 to 10 years with a mean of 4.2 years (SD=3.1).

Results

We found that death could not cut the bond between the bereaved adults and their deceased family members, while the form and nature of the relationship were found to be changing. Under this core theme, we identified 4 themes: (1) existing relationship, (2) relationship not over, (3) relationship maintained, and (4) relationship in next life.

Conclusions

These results reflect new cultural insights into the changed relationships between the bereaved adults and their dead family members in Taiwan. In addition to the necessary medical care for caregivers of cancer patients, we must continue to take care of the health needs of the caregivers, taking into account and addressing the psychological dimension of bereavement in order to promote the health of their bodies and souls alike.

Comments

The results reflect new cultural insights into these changed relationships of the bereaved adults whose family died from cancer in Taiwan.

Contact: CHENG Su-Fen

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist
813 Kaohsiung, TWN
ssfcheng@vghks.gov.tw

To Promote the Signing Rate of DNR Consent among Terminal Cancer Patients Who Have Decided Not to Receive Resuscitation

CHENG Su-Fen, TING Chao-Tzu, KUO Tsai-Yun, CHENG Jin-Shiung

Introduction

In Taiwan, more than thirty thousand people died from cancer every year. By signing Do not resuscitate (DNR), patients can avoid facing the physical pain caused by the emergency procedure, but also to avoid the face of a loved family member to accept the aid and cancer invasion and double pain, promote spiritual health of the body with cancer family, but the signing rate reached only 62.7% in Non-Hospice Ward in our hospital.

Purpose/Methods

Therefore, the purpose of the project is to increase the signing rate of the advanced cancer patients who decide not to receive resuscitation.

Results

The results of the investigation are "Lacking suitable assessment tools when signing DNR," the roles and functions of the nurses of non-hospice ward were not definite, and those were not included in the signing procedure" and "the skills in indicating DNR of the doctors were insufficient." Organized by the medical staff in-service education, capacity use eased graded assessment form (Palliative Performance Scale, PPS) as the timing of the signing of assessment tools and develop terminal cancer patients signed DNR guidelines to improve the medical staff to provide the family with cancer of the physical and spiritual health professional capacity and production of health education films and Q and A consulting to provide patients and their families exam related information sources, making the signing rate increased to 80.82%, and thus enhance health care staff skill and quality of life of the terminal cancer family.

Conclusions

After the implementation of measures to significantly reduce the families when faced with a choice of critical pressure and regret, but also enhance the quality of life of the patient before death, and make health care through the use of tools of the proposed agreement has been signed between the timing of DNR, also in the process of implementing the nursing staff in the roles and functions, improve patient care at the end of the hospital's cancer quality.

Contact: CHENG Su-Fen

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist
813 Kaohsiung, TWN
ssfcheng@vghks.gov.tw

The effect of core exercise on dipyridamole-induced adverse reaction in patients receiving myocardial perfusion scintigraphy

HUNG Jui-Lan, WU Li-Chu, HUANG Wei-Chun, PENG Nan-Jing, LEE Sin-Di, HUANG Meei-Jyhi, CHENG Jin-Shiung

Introduction

Myocardial perfusion scintigraphy (MPS) is an important tool for diagnosis of coronary artery disease (CAD). Intravenous dipyridamole is a commonly used stress method for MPS. However, the adverse reaction of dipyridamole including flushing, chest pain, headache, dizziness, low blood pressure, abdominal pain and diarrhea occurred in 60-70% of the patients. Some patients hesitate or refuse this examination due to these adverse reactions, and lead to delayed treatment of CAD. Aminophylline was routinely used to relieve these adverse reactions caused by dipyridamole in most centers. We designed a protocol of exercise, Core exercise, to reverse symptoms caused by intravenous injection dipyridamole, and expected to increase patient satisfaction for MPS.

Purpose/Methods

Purpose: The aim of this study was to evaluate the protocol of exercise (Core exercise), modified from Pingshuai Gong, to reverse symptoms caused by intravenous injection dipyridamole. The symptoms of adverse reaction include dizziness, chest pain, headache, abdominal pain, nausea, neck stiffness and weakness. We expected to increase patient satisfaction for MPS and the quality of our medical services. Method: Patients undergoing MPS in our department were divided into two groups: control group and experiment group. In the experiment group, patients were arranged to watch the MPS education TV first, and did the Core exercise 3 minutes after injection of dipyridamole under the help of technicians. The incidence of adverse reaction after intravenous dipyridamole, the rate of aminophylline use and time of patients required to care were recorded in each group.



Results

One hundred and ten patients from January, 2014 to April, 2014 were enrolled as control group. The incidence of adverse reaction after dipyridamole injection was in 40.6% patients. The rate of aminophylline use was 13%. The mean time of patients required to care was 35.7 minutes. Another 110 patients from May, 2014 to August, 2014 were enrolled as experiment group. The incidence of adverse reaction after dipyridamole injection was in 17.1% patients. The rate of aminophylline use was 1.8%. The mean time of patients required to care was 20.7 minutes. Results from patients' questionnaire showed the Core exercise obvious improved the symptoms induced by dipyridamole. The positive feedback score was 4.6 (total score was 5).

Conclusions

Dipyridamole-induced adverse reaction is a common troublesome problem in clinical practice of MPS. We offered a simple and non-invasive exercise procedure, Core exercise, with patient-centered attitudes, and found it effectively reverse symptoms induced by dipyridamole and increase patient satisfaction. It is easily performed by patients in daily health activity, and increase the quality of our medical services.

Contact: HUNG Jui-Lan

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist.
Kaohsiung City 81362, TWN
jlhung@vghks.gov.tw

Improvements in prehospital care of acute myocardial infarction through the Regional Cardio-Cerebrovascular Centers in Korea

KIM Hee-Sook, SHIN Ji-Young Shin, SHIN Jae-Deok, SEONG Chang Hyun, LEE Kun-Sei, EUN Sang Jun

Introduction

The Korean Regional Cardio-Cerebrovascular Centers (RCCVCs) take the second type of organizational HPH approaches to prevent and manage AMI and stroke. Eleven RCCVCs were designated from 2008 to 2012 as tertiary prevention strategies of National Action Plan for Cardio-cerebrovascular disease. RCCVCs aim to provide comprehensive hospital-based disease management: prehospital care (e.g., emergency medical technician education, improving public recognition for early symptoms), hospital care (e.g., timely reperfusion, patient education), posthospital care (e.g., regular follow-up care, establishing rehabilitation service delivery system).

Purpose/Methods

The purpose of this study was to evaluate effects of education programs for EMT and publics on prehospital care of AMI. The Education programs included rapid transport to appropriate

facilities for EMT, and the necessity of ambulance use after symptom onset for publics. 11,256 AMI patients were analyzed using data from National Emergency Department Information System (2008-2012). Changes in transportation methods (self-transportation, ambulance use and transfer) and prehospital time (onset-to-door time) between 11 RCCVCs and 11 similar-sized hospitals were compared.

Results

AMI patients admitted to RCCVCs, which provided definitive care, were increased 2.4 times more than those of control hospitals between 2008 and 2012 (from 509 to 1,408 vs. from 781 to 915, respectively). Ambulance use and transfer-in patients were also increased in RCCVCs 2.6 and 3.0 times, respectively, more than control hospitals. Prehospital time (minutes) decreased slightly only in ambulance use, but it was not prominent (from 272.8 to 263.8 in RCCVCs vs. from 262.7 to 215.2 in control hospitals).

Conclusions

This study shows a good example of connection between hospitals and other institutions, that is cooperation between healthcare services and emergency medical services (EMS). As the result of the study, though there were increase in use of the acute care hospital (RCCVCs) and ambulance, prehospital time was not sufficiently shortened. RCCVCs provide patients-centered, integrated and continuous care through pre/in/post-hospital interventions, but it calls for more coordinated service delivery in prehospital care, especially EMS system (including transfer of patients between hospitals).

Contact: KIM Hee-Sook

Korea Centers for Disease Control & Prevention
187, Osongsaengmyeong 2-ro, Osong-eup, Heungdeok-gu
361-951 Cheongju-si, KOR
elizabethnikita@daum.net

Regional differences in heart failure hospitalization rates between 2004 and 2012 in Slovenia

LAINSCAK Mitja, OMERSA Daniel, ERZEN Ivan, FARKAS Jerneja

Introduction

Hospitalization rate for heart failure (HF) in Western Europe is decreasing, while little is known about trends in Central and Eastern Europe. In this study, we evaluated HF hospitalization rates in Slovenia and searched for potential interregional differences.

Purpose/Methods

Slovenian National Hospital Discharge Registry was used for information about HF hospitalizations (coded as any or main cause) between 2004 and 2012. Annual HF hospitalization rate (per 100,000 population) was calculated for main, any and first HF hospitalization for each region. First HF hospitalization was defined as the first recorded HF hospitalization of an individual

after 2008. HF hospitalization rate trends were evaluated using analysis of variance (ANOVA).

Results

We identified 157,695 HF hospitalizations in 80,180 individuals. Over time there were 24%, 25% increase and 7% decrease in any, main, and first HF hospitalization rates ($p < 0.001$). In all regions, an increase was recorded for any (from 3% in Spodnje Posavska to 41% in Pomurska region) and main (from 3% in Jugovzhodna to 73% in Koroska region) HF hospitalization rates. For first HF hospitalizations, a decrease in all regions was observed (from 2% in Gorenjska to 30% in Posavska region).

Conclusions

National based study demonstrated constant increase and high regional variations in HF hospitalization rates, mainly due to re-hospitalizations.

Contact: FARKAS Jerneja

Faculty of Medicine, University of Ljubljana

Zaloska cesta 4

SI-1000 Ljubljana, SVN

jerneja.farkas@mf.uni-lj.si

The Relationship of Fatigue on Walk Capacity and Quality of Life in Stroke Patients

LEE Yi-Ching, WU Shen-Chang, LEE Yen-Jung, CHEN Yi-Jen, CHENG Bor-Wen

Introduction

Fatigue is a common symptom after stroke. It does not only affect the movement performance, but also the adaptation to daily activity for stroke patients. The effects of fatigue after stroke on functional recovery and personal factors are not well understood.

Purpose/Methods

The aim of this study is to assess the relationships among fatigue severity, walking capacity, and quality of life in stroke patients. In this cross-sectional study, we recruited 50 patients who could ambulate independently and without impaired cognition and used structured questionnaires to evaluate the poststroke fatigue and quality of life (SF-36). A six-minute walking test was used to evaluate patients' walking ability.

Results

The result showed significant differences in fatigue between different education, upper and lower limb motor stages. There are significant differences between walking ability and physical function (SF-36) in different Brunnstrom stages of lower limbs ($p < 0.05$). Fatigue total score and "bodily pain", "vitality" and "social functioning" in SF-36, showed a significant negative correlation ($p < 0.05$). Patients' walking ability was not significantly correlated with fatigue.

Conclusions

This research informed us that the motor performance of lower limbs influenced fatigue, walking capacity and quality of life. Although there is no clear treatment protocol in treating poststroke fatigue, the fatigue assessment still can be used to understand if the fatigue influences the quality of life in stroke patients, in order to develop a more appropriate therapeutic goal, to accelerate the recovery of patients and to provide a patient-centered care.

Contact: LEE Yi-Ching

Kaohsiung Municipal Ta-Tung Hospital

3F., No.36, Xinchang St., Nanzi Dist.

81141 Kaohsiung, TWN

imellenn@gmail.com

The Perceived Exercise Barriers, Exercise Behavior and Quality of Life for Stroke Patients

WU Shen-Chang, LEE Yi-Ching, LEE Yen-Jung, CHENG Bor-Wen

Introduction

According to World Health Organization statistics, stroke has become the third cause of death in developed countries. According to these studies, stroke patients could restore their physiological and psychological functions through rehabilitation therapy. Therefore, exercise therapy and participation after stroke are more important for the patients who want to recover their body function and improve quality of life.

Purpose/Methods

The purpose of this study was to explore the relationship of stroke patients' perceived exercise barriers, exercise behavior and quality of the daily-life. We will use a structural questionnaire entitled "The perceived exercise barriers, exercise behavior and quality of the daily-life for stroke patients" to evaluate perceived exercise barriers and exercise behavior of stroke patients. There were 50 stroke patients were included in this study. We used SF-36 to assess the quality of life for these patients.

Results

The significant differences of perceived exercise barriers presented in different age ($p = .035$) and marriage status ($p = .031$). Exercise behaviors showed significant differences in different motor function in lower extremities ($p = .048$) and types of disability ($p = .022$). Negative correlation were presented among perceived exercise barriers, exercise behaviors and the quality of life for stroke patients.

Conclusions

There are some impact of exercise perceived barriers, exercise behaviors and quality of life for stroke patients during their rehabilitation and exercise. This study provides the physicians and clinical staff to focus on patients' perceived of their behaviors or life more than their physical impairment.



Contact: LEE Yi-Ching
Kaohsiung Municipal Ta-Tung Hospital
3F., No.36, Xinchang St., Nanzi Dist.
81141 Kaohsiung, TWN
imellenn@gmail.com

Continuous and Integrated care: Post-Acute Stroke Care

LIU Wen-Chin, HSIEN Hong-His, YEH Li-Hsien

Introduction

Strokes have become a major threat to an aging Taiwanese society. Statistical data shows there are over 20,000 hospitalized stroke patients annually in southern Taiwan, with 17% 14-day readmission rate and 8% long-term hospitalized rate. The most important aspect of post-acute stroke care is rehabilitation. Thus providing appropriate places and facilities for post-acute stroke rehabilitation in time is crucial to minimize brain damage and increase recovery rate. St. Joseph hospital provides the post-acute care in southern Taiwan from 2014, Jan.

Purpose/Methods

St. Joseph hospital constructs a post-acute care model for stabilized acute cerebrovascular disease patients and mild to mid-severe dysfunctional patients (MRS 2-4) with recovery potential. The model provides suitable facilities and medical professionals to help restore patients' health with conclusive team meetings held once every three weeks; review meetings once every three months. •Indicators: Modified Rankin Scale, Barth Index •Performance Audit: 1.15% Mortality rate of cases 2.10% 14-day readmission rate 3.15% 30-day readmission rate

Results

From January 2014 to November 2014, St. Joseph hospital cared 57 post-acute stroke patients: (1) 57 cases accepted; 44 cases closed, average hospital days is 37.48 days (2) Mortality rate of cases is 0% within a year (3) 14-day readmission rate of cases is 0% (4) 30-day readmission rate of cases is 0% (5) Tube removal rate: •NG tube: 6/10, 60% •Foley's catheter: ¾, 75%

Conclusions

The post-acute stroke care system combines knowledge from the medical center with top facilities to capture the "Golden hour" of post-acute stroke patients and preemptively provide care for patients. Patients receive the most appropriate transfer and superior quality of care that helps them better restore their abilities. St. Joseph hospital integrated the acute treatment (acute wards), post-acute stroke care (mid-ward), long-term care (nursing homes, day care), and community services (home care) and created a sustainable community post-acute stroke care network.

Contact: LIU Shu-Ling
St. Joseph Hospital

Lingya Dist., Jianguo 1st Rd.
80288 Kaohsiung, TWN
sliiu@mail.joseph.org.tw

Effects of whole body periodic acceleration in patients with stroke: a randomized controlled trial

**LEE Yen-Jung, LEE Yi-Ching, CHEN Yi-Jen,
CHEN Chia-Hsin**

Introduction

Exercise is beneficial in physical performance. Due to low compliance and limited motor function in stroke patients, active exercise may not be easily feasible. Therefore it is necessary to develop some novel methods for functional recovery. Whole body periodic acceleration (WBPA) is a non-invasive method to induce pulsatile shear stress on the vascular endothelium, exerting increased systemic and regional blood flow and neuroprotection of the brain. Thus, may provide an alternative method of passive exercise.

Purpose/Methods

To investigate the effect of WBPA on functional performances in stroke patients. 22 subjects with chronic stroke were assigned to control or experimental group. Subjects in experimental group received extra WBPA exercise 5 times per week for 8 weeks. The intensity of WBPA is at frequency of 2.3Hz and amplitude of 2cm for 30 minutes. Functional evaluations including Biodex balance SD system, 10-meter walk test, timed-up and go test were assessed before, immediately after, 4-week and 8-week after WBPA.

Results

Fall risk index scores were significantly improved immediately after WBPA (score change = -0.18 ± 0.19 ; $p < 0.05$), but not in the control group. The performances of 10-meter walk test scores were significantly improved in the WBPA group after 4 weeks (score change = 0.18 ± 0.37 ; $p < 0.05$), and also significant between group difference ($p < 0.05$).

Conclusions

In summary, a 8-week session of WBPA appears to improve functional performance on balance and walking ability in stroke patients. This intervention was well-tolerated and accepted by most patients with stroke and is may be a valuable adjunctive therapy on the management of stroke patients.

Contact: LEE Yen-Jung
Kaohsiung Municipal Ta-Tung Hospital
No.392-2, Lida Rd., Zuoying Dist., 81356 Kaohsiung, TWN
lovelillian0726@gmail.com

Session P1.3: On the way towards pain-free hospitals

Improving the compliance rate of cancer pain control among medical staff in oncology ward

SU Yi-Lin, CHANG Yuan-Hsin, LAI Chia-Min

Introduction

Pain is one of the most important symptoms in cancer patient. If patient could not gain effective relief, which could result in physical and psychological imbalance and impact the quality of life. Thus, how much the knowledge of cancer pain management medical staff has will affect patient's pain control and the quality of medical care. The compliance rate of cancer pain control among medical staff increased significantly to 85% in oncology ward.

Purpose/Methods

September 2013 established a research team, under actual observation, cancer pain control compliance rate was only 58.3%. We came up with improved strategies as follows: (1) established the standard operating procedures of cancer pain control (2) created cancer pain control reminder card (3) using ISBAR to set up the standard report of pain information (4) developed the feedback mechanism of pain control's quality (5) organizing educational training and symposium for medical staff who related to cancer pain control.

Results

Using the "health care for cancer pain control execution checklist.", to check 20 health care workers, The compliance rate of cancer pain control increased significantly to 96.7%; and the correct rate of pain assessment among medical staff increase to 100%; patients and their families to assess satisfaction with nurses for pain assessment was 94%, satisfaction of pain control was 92%, satisfaction of pain relief was 90%.

Conclusions

Cancer patients is a group of physical and mental suffering , With the disease and treatment must endure physical discomfort, and psychological expectations. Therefore the staff of oncology ward should be found the problem in clinical care, to set up system, to reduce harm by pain, to avoid the accumulation of patients suffering, was the ultimate goal of the team.

Contact: YI-LIN Su

Sijhih Cathay General Hospital
No.2, Lane 59, Jiancheng Rd., Sijhih Dist., New Taipei City
New Taipei City, TWN
elinesu0227@gmail.com

The Survey of Knowledge and Beliefs about Cancer Pain Management Among Oncology Nurses

SU Yi-Lin

Introduction

Cancer pain is a serious problem that requires specialized nursing knowledge. Nurses have advanced practice, research, and education in the field of cancer pain management. Correct pain assessment by nurses is necessary for effective pain management. Therefore, nurses beliefs about pain can affect how patients deal with pain. Nurses play a very important role in the assessment and treatment of cancer pain, correct pain assessment and treatment, to depend on proper beliefs and knowledge of pain management.

Purpose/Methods

The purpose of this study was to determine the associated factors with oncology nurses in knowledge and beliefs on cancer pain management. A cross-sectional study design was conducted in 2013. 143 oncology Nurses were recruited using convenient sampling from a regional Hospital of northern Taiwan. Structured questionnaires with Cronbach's α of 0.92 were self administered by study participants.

Results

The personal characteristics of the 143 oncology nurses who responded to the questionnaire . The mean year in clinical practice was 1-3 years(32.2%). They valued the education from a continue training program (48.0%). Used non-drug pain control when patients pain were 68.5%, a majority (64.3%) of massage method. Pain perception correct rate was 62.0%, The beliefs about cancer pain management 「Pain is inevitable symptom of cancer」 score was 3.18 ± 0.21 .

Conclusions

The majority of nurses and physicians displayed significantly various attitudes and knowledge status about pain management strategy by their specialties and personal experiences. Many efforts are required for an adequate cancer pain management through further education and practical training. This research has uncovered many patient, health care professional, and systemic barriers to effective pain control, and has offered feasible solutions to overcoming these barriers.

Contact: YI-LIN Su

Sijhih Cathay General Hospital
No.2, Lane 59, Jiancheng Rd., Sijhih Dist., New Taipei City
New Taipei City, TWN
elinesu0227@gmail.com

Importing pain assessment tools for improving the quality of cancer pain management

HSU Chi-Chen, CHANG Yu-Fang, YEN Ya-Hui, YANG Wan-Zhen, YANG Hui-Chen, LIU I-Fang, CHUANG Shu-Ting, CHIEN Sou-Hsin

Introduction



The pain assessment in Taiwan medical institutions has been included in the fifth vital signs. In this study we apply appropriate pain assessment tools and implement persistently pain assessment records for reducing the cancer pain of the most patients with cancer. There were 200 participants with cancer and has gone through pain assessment undergoing nursing care and medicine treatments. The cancer pain was less obviously at the second month of being hospitalized.

Purpose/Methods

There were 200 participants with cancer of being hospitalized in this study. The pain assessment tools and recording sheets were used to evaluate patient's cancer pain-score and level. The aim was to evaluate the effect of cancer pain management quality of nursing. For assessing and recording the patients with cancer of pain-score and pain control situation in the first month and second month of being hospitalized, The Numeric Pain Rating Scale and pain assessment recording sheet were applied.

Results

The results showed that the effectiveness of the pain control on cancer patients was significant in second month of being hospitalized. The ratio of the pain score <4 points was increase from 4% to 29%, and the ratio of the pain score > 8 points was reduced from 27% to 15%; Particularly the ratio of the pain scores <4 points more by 93% up to 99% after two hours of medicine therapies.

Conclusions

It is complicate feeling of cancer pain in cancer patients. The clinical nurses should apply appropriate assessment tools and skills to assess cancer pain and identify different type of pain and the effect of medicine. Also provide proper nursing care, such as comfort care and psychological support etc. In addition to reduce cancer pain issue, but also allows nursing-patient relationship more harmonious.

Comments

Cancer pain is one of the symptoms of cancer patients' fear, through proper assessment can provide immediate disposal and obtain good control. Pain assessment is also closely related to medical care plans, therefore selecting an appropriate assessment tools to assess the pain scores of patients with cancer pain properly for pain-relieving is important on care plan.

Contact: LIAO PEI-LIN

Taichung Tzu Chi Hospital
No.88, sec.1, Fengxing Rd., 427 Taichung City, TWN
tc1290302@tzuchi.com.tw

A project to improve patient satisfaction of pain assessments and management in the medical care unit

WU Chia-Chen

Introduction

Pain is an important problem in the intensive care unit (ICU), and inadequate pain assessment and management have been linked to increased morbidity and mortality. Critically ill patients frequently experience pain, but assessment rates remain below 40% in mechanically ventilated patients. Accurate assessment and management of pain in critically ill patients who are nonverbal or cognitively impaired is challenging.

Purpose/Methods

The study was to determine the incidence of pain from the critically ill patients, thus to identify the associated factors and improve pain control. We collected data on patients who intubated, and we found nearly 96.7% of patients reported pain occurring, the mean pain scores were 7.6 ± 1.5 , 70% of patients were dissatisfied with pain control. There were many causes including: 1) insufficient knowledge about pain assessment and documented, 2) lack of a pain assessment tool, 3) poor communication between nurses- patients.

Results

After the following strategies were used: 1) education programs about pain control, 2) establishing pain assessment tools, 3) communication skills exercises and sharing, 4) monitoring the quality of pain management. Most staff (90%) ranked the tool as easy to use and increased the number of pain assessments and documented for non communicative patients per day. The incidence pain of patient dropped from 96.7% to 2.0%, the mean pain scores were 2.0 ± 1.5 , and Patients' satisfaction improved from 30% to 95%.

Conclusions

This project can improve the patient satisfaction with pain control, enhance nurses' knowledge, increased nurses' confidence in assessing pain in nonverbal patients and improve the quality of nursing care in critical ill patients.

Comments

Tracheal intubation is one of the most frequently performed procedures in the intensive care unit, and patients who cannot communicate verbally. Then how to increase regular pain assessment and documentation in nonverbal critically ill patients is very important.

Contact: WU CHIACHEN

Department of Nursing, National Cheng Kung University
Room 12, 7F., No.166, Dongfong Rd., North Dist., Tainan City
Tainan, TWN
chiachen1017@gmail.com

Outcome Evaluation and Reflection on the Pain Management Education Programs Established by A Medical Center in Southern Taiwan

CHIU Ge-Lin, CHANG Kai-Ling, CHANG Mei-Jen, CHANG Jia-Ping, CHEN Li-Fan

Introduction

The medical center launched "Painless Hospital" project in 2012, with the following strategies: (1) Revised pain management guideline and assessment tools to let inpatients benefit from pain management; (2) Set "pain score \geq points for all inpatients within 72 hours of hospitalization" as the goal; (3) Organize pain management education programs and trainings for all hospital staffs; (4) Make "pain management" a mandatory orientation for all incoming nurses.

Purpose/Methods

This study promoted measuring pain as the 5th vital sign in related policies and regulations. Pain management education trainings made possible the evaluation and reflection of the current ability of clinical nurses in providing pain assessment and care. A retrospective, cross-sectional study was conducted in National Cheng Kung University Hospital between July and December, 2013. To evaluate whether clinical nurses were accurately conducting pain assessment.

Results

The medical center held 12 pain management seminars in 2012 and approximately 70% of all nurses had attended. From July to December of 2013, 190 medical records were examined. Initial pain assessment was achieved for more than 90% among 190 patients. However, the percentage of complete chart record decreased to 86% on the third day. Less than 40% of the chart had documented adjuvant analgesics and non-pharmacological interventions. Adverse effects of pain medication were assessed in less than 10%.

Conclusions

According to the results of the study, the quality of care in regard to the pain management for cancer patients improved dramatically; as high as 96% of inpatients had been given initial pain assessment in accordance to the pain management guideline. But failure to keep accurate record led to incomplete pain assessment. Continued pain management education with emphases of precise evaluation logs for healthcare professionals is suggested to improve the quality of pain control in cancer patients.

Contact: CHIU Ge-lin

National Cheng Kung University (NCKU) Hospital
No.138, Sheng Li Road
70403 Tainan, TWN
joline1126@yahoo.com.tw

Factors affecting pain management of hospice patient: a preliminary survey

**CHANG Ya-Ling, HUANG Tzu-Ming,
CHANG Su-Yun, CHIOU Yann-Fan**

Introduction

Relief or reducing pain is one of the goals of hospice care.

Purpose/Methods

To explore the factors affecting effective pain management of hospice patient, we conducted chart review of 122 hospice patients during a six-month periods. Excluding unconscious subjects, there were 55 useful charts for content analysis.

Results

All the subjects were diagnosed as terminal cancer, 72.7% were males with an average age of 69.6 years old. The average stayed in the hospice ward was 6.6 days. The mean daily dose they received for pain was 197.15mg, along with massaging 1.07 times to relieve pain. The pain scores were between 0-2 on the scale of 10 in 68.0% patients. Sixty-nine percent of patients experience pain within recent three months, 85% of the patients took medication as the main method to relieve the pain with 56% of them have to put up with the side effects. Factors correlated significantly with the dose of pain medications included: age($r = -0.33$), length of stay in the hospice ward ($r = 0.28$), and the anxiety level of the family($r = 0.28$). The pain scores of the patients were also correlated with the anxiety levels of the family.

Conclusions

The younger, the longer length of stay in hospice ward and the higher level of anxiety of the family are contributors to the higher dose of pain medication of the patients in the hospice wards.

Contact: CHANG su-yun

Lotung Poh-Ai Hospital
No.83, Nanchang St., Luodong Township, Yilan County 265, Tai Yilan, TWN
857011@mail.pohai.org.tw

An Analysis of Current Pain Control Circumstances During Post-anesthesia Care Unit at a Medical Center in Southern Taiwan

WU Shu-Chun, WU Li-Chu, LIN Meei-Shine, HSUEH Li-Mien, CHENG Jin-Shiung

Introduction

The purpose of setting up a PACU is to ensure the safety and care of patients after the impact of receiving anesthetics and surgery. Apart from providing prompt treatment of patients with acute symptoms, another task in PACUs is to minimize the convalescing patients' distress and pain. The proper control of postoperative pain, depends on the teamwork of health care personnel: including timely assessment and findings by nursing staff, and consequent notification given to doctors, appropriate administration of medication.

Purpose/Methods

This study employed a cross-section analysis of basic information about the patient, pain assessment, treatment and factors that may possibly increase pain that were included in



the PACU nursing records retrospectively and collected from a certain medical center between September 1st and October 31st, 2013. 865 cases were randomly included for analysis and discussion. It is hoped that through this study to systematically discuss and analyze circumstances of pain assessment, levels of pain, pain management, and so on.

Results

The mean pain index was 4.29 (SD: 3.11) points (VAS: 10 point method). 86.61% of pain indicators were expressed by patients in the waking state. However, only 1.82% of these 13.33% of non-waking state patients had pain assessment scores. Sole use of morphine analgesia accounted for 43.9%, while the combined use of morphine and a NSAID (Ketololac) accounted for 17.84%. The average time needed for pain control to drop to three points or less was 69.39 (SD: 39.575) minutes.

Conclusions

Although this PACU can mostly perform well pain assessment and treatment of patients, but in a small number of cases where the patients were unable to verbalize, it isn't known whether the nurses did not really ask about the patient's pain, or whether the degree of pain of the patients was underestimated. A different, simple assessment method should still be looked for and be improved in the future.

Comments

This study only involved analysis and discussion of the relevant information of PACU nursing records at a particular medical center; it lacks more individualized information on the patients, can not be implied to other hospital. Follow-up result tracking was similarly scant, so the study is unable to objectively provide an understanding of the patients' degree of satisfaction with the pain control treatment process, which would require further research in the future.

Contact: WU Shu-Chun

Kaohsiung veterans general hospital
No.386, Dazhong 1st Rd., Zuoying Dist., Kaohsiung City
81362 Kaohsiung, TWN
scwu@vghks.gov.tw

Pain assessment in elderly patients affected by severe dementia

**CERVI Monica, MASTRANGELO Stefano,
CECHELLA Sergio, BAGNASCO Michele,
GANGALE Marcello, REGGIANI Francesca,
BOIARDI Roberta, BARGELLINI Annalisa**

Introduction

Although dementia and chronic pain are frequent in old age, there aren't sufficient data about the pain prevalence in elderly dementia patients. It appears that the percentage of dementia patients with at least one chronic complaint diminishes as the cognitive deficit increases. The cause of this clear underestimation comes from the impaired verbal expression of

such patients, as "self-reporting" is the gold standard for pain assessment. This means that healthcare workers are responsible to identifying when a patient feels pain.

Purpose/Methods

An epidemiological cross sectional study among elderly patients affected by severe dementia (CDR 3-4-5) and resident in Reggio Emilia care homes, was conducted with the aim of: -assessing pain prevalence using the PAINAD observational scale, while the patients are at rest or carrying out potentially painful activities; -evaluating the percentage of patients on antalgic treatment during the assessment; -raising the awareness of doctors and nurses; -estimate the level of health workers' knowledge of pain management for elderly dementia patients.

Results

The results of this study showed a significant increase in the amount of pain felt by patients while performing potentially painful activities. Of the patients assessed, a considerable number were not on any antalgic treatment at the time of the assessment. More than 20% had received pain treatment with generic, non-pain specific indications, while performing the activities.

Conclusions

Pain management in elderly dementia patients is a very frequent problem in geriatric units and care homes. The study provided guidance for the planning of training sessions for medical and social workers, allowing the definition of a specific procedure for the assessment and management of pain in dementia patients. Adequate pain assessment tools and the development of specific skills are essential for the correct, effective treatment of pain.

Comments

The increase in "recorded pain" up to the steady state will result in its gradual reduction, with a reduction in behavioural disturbances, an improvement of pain therapy, and reducing the use of psychotropic drugs. Pain assessment should form part of the overall patient assessment, in the same way as for other fundamental needs (diet, stool frequency, mobility etc.) in order to reduce or eliminate any situation that could impair the patient's clinical condition and improve quality of life.

Contact: RIBOLDI BENEDETTA

LOCAL HEALTH UNIT
VIA AMENDOLA
REGGIO EMILIA, ITA
benedetta.riboldi@ausl.re.it

Using "TIME-OUT" Method to Reducing risk and pain of Patient Relocated Shift

KUO Shien-Hwa

Introduction

Benefit of time-out method in surgery safety has been well proved in previous studies. Due to high risk of unexpected accidents and severe pain suffering in patient's relocated shifting, the purposed of this study is to evaluate the benefit of applying time-out method in improving safety and quality of this procedure.

Purpose/Methods

TRM communication module was used in message delivery while patient's relocated shifting. The following strategies were applied: First, SOP of relocated shifting procedure was transformed into time-out slogan: Check the pipelines in proper position; Align both beds; Check the brake system is locked; 1-2-3, shift patient. Second, all staffs were asked to complete the training course of the revised procedure. Third, promotion programs and continuous training courses were arranged. Fourth, the performance of team was audited via mystery shopper method.

Results

The performed rate was 10.8% in first month to 100% in 6th month. The time-out method in patient relocated shifting has been widely applied in different department, including the radiology, operation room, and long term institute.

Conclusions

The time-out method has improved not only the efficiency of message delivery among team members but also patient safety. The simple, clear slogan is easy to memorize and take actions. The project not only improved accuracy of members' communication and responses in time, but also established SOP with better risk management while patient's relocated shifting.

Comments

Time-out method has been applied widely whatever in acute units or long-term care institutes and reduces the relocated shifting risk and patients' pain successfully and secures patient safety.

Contact: KUO Hsien Hwa

Tao yuan General hospital
1492 chungsen rd
Tao yuan, TWN
hkh0401@yahoo.com.tw

Is Patient-controlled epidural analgesia the best pain management in thoracic surgery SICU patients?

HUANG Wan-Yu

Introduction

For post thoracic surgery intensive care unit (SICU) patients, besides optimal oxygen supply, they require more proper pain relief due to the movement of chest wall as every breath. Optimal pain management cause stable hemodynamic status which morbidity, mortality and length of hospital stay can be decreased. Therefore we want to offer patient information

about pain management so they can have options to make the best health decision for themselves and have more authority in fully participation of their treatment.

Purpose/Methods

To determine which pain management provided the best pain control in post thoracic SICU patients. A retrospective cohort study, chart review of 1872 all cause pts of a 16-beds SICU during 2011/4-2012/9. Unconsciousness, uncooperative and non- thoracic surgery patients were excluded. The primary points were compare of pain management: P.R.N. IV Demerol/NSAID (D/N) ,IV- patient-controlled analgesia(PCA) and patient-controlled epidural analgesia (PCEA) in 3 different conditions: rest, movement and coughing with Visual analogue scales (VAS 0-100).Secondary point was satisfaction.

Results

1327patients were excluded. VAS results presented as mean \pm SD . Data analysis using ANOVA with Scheffe post hoc test. At rest, PCEA group is significant better than other 2 groups. When at movement, there's no difference between PCEA group and D/N group but both better than PCA group. While coughing PCEA and PCA are both worse than D/N group. PCEA group gets the best grades in the overall satisfaction, D/N was group second.

Conclusions

PCEA provided better pain control at rest than the other two methods, whereas P.R.N. IV Demerol/NSAID was somewhat better when patients were moving or coughing. However, patient satisfaction was significantly better with PCEA.

Comments

For post thoracic surgery SICU patients, P.R.N. IV Demerol/NSAID may provide better pain relief for coughing patients, though PCEA provides better overall satisfaction.

Contact: HUANG Wan Yu

Mackay Memorial Hospital
6 floor No.92,Sec.2 Chang-Shan N. Road
Taipei, TWN
beckimh@gmail.com

Pain Control of Geriatric Patients in Health Promotion Program

HSU Wei-Chen, HUANG Chun-Hsiung, WENG Wen-Li, CHANG Hsu-Tung, TALBOT Alan Ronald

Introduction

More than half of institutional elderly patients have significant pain problems, which effect on their activities of daily living and mental condition. According to pain control survey in our hospital, nearly half of geriatric patients with pain refrain from pain medication due to fear of medication addiction and adverse effect.

Purpose/Methods



The aim of this study was to evaluate the effect of more active pain control on physical and mental condition of geriatric patients. We collected a prospective study of geriatric patients with pain within 1 –year period. Data on Comprehensive Geriatric Assessment, Numerical Rating Scale or Behavioral Pain Assessment Scale by trained nurses or physicians, and a battery questionnaire for health promotion was analyzed with SPSS.

Results

Our pain control program included patient and family pain education, the initial assessment and follow-up reassessment within specified time frame, pharmacologic and non-pharmacologic management, implemented by trained staff. 79 geriatric patients, average age 80, were enrolled. The pain of most patients was chronic, dull, and mild. The proportion of improvement of pain control was 73%. Brief Symptom Rating Scale-5, Geriatric Depression Scale, and Activity of Daily Living score were not significantly associated with the improvement of pain control.

Conclusions

The active pain control for geriatric patient in health promotion program increased pain-free patients. But it was not significantly effective on physical and mental health status for reason of chronic, dull, and mild pain character of geriatric patient.

Contact: HSU Wei-Chen

Changhua Christian Hospital
Nanxiao St.
Changhua, TWN
134377@cch.org.tw

Session P1.4: Education and counseling for patients & community citizens

Internet searching for lifestyle related information and intention to use a computer tailored smoking cessation program among Romanian patients from general practitioners

LOTREAN Lucia Maria, AILOAIEI Roxana, POPA Monica, DE VRIES Hein

Introduction

In the last years, in several countries of Europe many efforts were done to develop more and more tailored messages and health education programs through the use of information and communication technology, since several studies showed that tailoring messages for each individual can be more effective than presenting generic information in terms of motivating individuals, building their self-efficacy and improving health

behaviours. Nevertheless, Romania is still in the beginning phase of this process.

Purpose/Methods

This study has two objectives. The first one is to investigate computer use and internet searching behaviour of Romanian patients from general practitioners, with a special focus on their internet searching for lifestyle related information. The second objective is to assess patients' intention to use the first computer tailored program for smoking cessation from Romania. A cross-sectional study was carried out in 2014 through anonymous questionnaires among 200 patients from general practitioners from Cluj-Napoca-one big town from North-West Romania.

Results

A percentage of 82.5% of the patients declared using internet (60% on daily bases). One out of two subjects declared searching on internet in the last month for healthy lifestyle related information. Around 29% of the participants were smokers; half of them said that they would be interested to try the computer tailored program for smoking cessation, mainly because it looked interesting. Two thirds of the participants agreed that they would inform other persons about the smoking cessation program.

Conclusions

In conclusion, the results show that the information and communication technology could be use for enhancing healthy lifestyle promotion among Romanian patients, at least in big cities of Romania, where internet access and interest of population for computer tailored programs for health promotion look promising.

Contact: LOTREAN Lucia

University of Medicine and pharmacy, Cuj-Napoca,
Pasteur 6
Cluj-Napoca, ROU
llocrean@gmail.com

Let's be healthy - an exploration on the effectiveness of professional consulting service of the health day program

HUANG Tsu-Hsueh, HUNG Ta-Chuan, LIAO Lee-Hua

Introduction

Since 2011, the entire cost-free activities on the "Health Day" were held in our hospital lounge from May to December every year. The people in the community are encouraged to participate in diversity activities including health promotion seminars, health knowledge mission games and the physical check-ups, and the professional consulting service arranged at the last stop. We hope that above activities can increase knowledge of health self-care in the community.

Purpose/Methods

Multiple activities are setup by hospital co-operated with health promotion Advocacy program of Health Promotion Administration on "Health Day" from May to November, in 2014. The activities are as follows : the mission game including knowledge in metabolic syndrome, healthy diet and exercise ; the physiological examination including BMI, blood pressure, blood sugar, bone density detection, stress test, peak flow testing, dementia assessment, and cancer screening. Finally, the health consulting service by professional nurses and outpatient referral are provided, when necessary.

Results

A total of seven Health Day programs were held, with 1747 people participated, A total of 304 people(17.4%) participants took health consulting service. Among these services, 53 people with blood pressure $\geq 140/90$ mmHg , 90 people with AC sugar ≥ 100 mg/dl or PC sugar ≥ 40 mg/dl, 36 people with BMI ≥ 27 , 37 people with peak flow $\leq 80\%$ and 8 people with reported insomnia or anxiety, etc. 22 people with outpatient referral, and 21 people with referral service of weight loss class in community.

Conclusions

The hospital is no longer a place for disease treatment, but for promoting community health program. The Mackay Memorial Hospital Health Day co-operates with the national policy to provide a wide range of themes advocacy, interesting mission games and free examinations which attracted many community people to participate actively. By providing professional consulting service, the program heightens the health promotion awareness, paying more attention to their health conditions and achieves the purpose of early detection and early treatment.

Contact: HUANG Tsu-Hsueh

Mackay Memorial Hospital Tamshui Branch
No 45, Mingsheng Road, Tamshui District
25160 New Taipei City, TWN
hwang46@mmh.org.tw

The Experience of the Health Literacy Group of the Catalan Network of Health Promoting Hospitals and Health Services of Catalonia

SUÑER-SOLER Rosa, BRIANSO Maria, COROMINAS Dolors, FERNÁNDEZ Mónica, GONZALEZ Magda, SERRA Merce, SERRA Marisa, SORO Montse, VILARDELL Jordi, PUJULÀ Jordi, JIMENEZ Ana, RUIZ Joana, NEGREDO Monica, FEBRE M^aJesús, MENDEZ Elvira, BLANCAFORT Sergi, FERNÁNDEZ Laura, MOMPÉL Lydia

Introduction

The improvement of health literacy requires a multilevel, pluridisciplinary and multifactorial approach that improves all levels of health literacy: health promotion, health protection, disease prevention, attention to health, and the systems of navigation. Furthermore, it is necessary to have the commitment of all the areas that are involved in it, including educational, health and scientific organisations that are related to the health service.

Purpose/Methods

The purpose is to describe the experience and activity carried out by the Health Literacy Group of The Catalan Network of Health Promoting Hospitals and Health Services, Catalonia (Spain). Design: a retrospective descriptive study of the experience and activity undertaken by the group from January 2011 to December 2014.

Results

The group is made up of 20 professionals from different health areas. The expertise and the activity have been developed along two main lines: to evaluate the system of orientation and signs of the hospital environment of centres of the Catalan HPH network and to make proposals for the improvement; and to elaborate and disseminate recommendations for health professionals from all of the centres which adhere to the group, and culminating with the publication of a guide of health literacy.

Conclusions

The experience of the group is positive, the activity is intense, and in our opinion, this activity, as well as being useful for patients and professionals, has clearly shown the importance of working to improve comprehensibility for and communication with users.

Contact: SUÑER Rosa

University of Girona
C/Emili Grahit, 77, 17071 Girona, ESP
rosa.sunyer@udg.edu

Improving the health education on self care ability of patients with ear, nose and throat problems

FANG Szu-Ting, SHEN Shu-Hua, CHENG Ching-Ming

Introduction

The purpose of this study majorly was to evaluate the effects of ENT patients' self-care ability and cognition level through health education delivered by two group nurses. Also we will discuss if some of demographic variables respectively had significant effects on health education delivery.

Purpose/Methods

A two-group quasi-experimental design was implemented. Using a convenience sample of two hundred ENT patients



recruited from a regional teaching hospital in southern Taiwan from March to April 2014, each patient was randomly assigned to either experimental group (n=110) or control group (n=110). The experimental group received health education by experienced nurses. The control group received health education about their care for the operation by general staff. Data on the achievement rate related patients' self care ability were collected from 24 hours, 48 hours after surgery and on the day of discharge, using a questionnaire.

Results

The results indicated that patients in the experimental group demonstrated better understanding on four aspects than the control group. The first one was they understood how to change positions immediately after operation. Secondly, they would know what to observe for their wound. Thirdly, they understand what kind of food and drink were good for their recovery. Lastly, patients would know how to prevent complications.

Conclusions

We would conclude that the skills on health education need to be improved for general staff in an ENT unit to delineate better outcomes for patients with surgery.

Contact: FANG SZU-TING

Jianan Psychiatric Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist.,
71742 Tainan City, TWN
tinafang2000@gmail.com

Health promotion based on data from the clinical information system

PETR Tomas, GUTOVÁ Lenka

Introduction

Clinical information system is currently an essential tool for effective documentation of provided health care. It is also a valuable source of information needed for care planning, quality monitoring, as well as for planning interventions related to health promotion of patients. Management of Central Military Hospital systematically use data from the clinical information system for mapping the risk factors of all patients admitted to hospital. All planned health promotion activities are based on collected data.

Purpose/Methods

A complex nursing assessment at the time of hospital admission is provided. Part of this assessment is a set of questions related to the presence of health risk factors such as smoking, use of alcohol and other drugs, nutrition and physical activity. All obtained information is recorded electronically into the clinical information system. This way of documentation allows hospital management to obtain data on key risk areas of our patients, and adjust provided intervention.

Results

The poster provides an overview of the information obtained during the period from 1 January to 31 March 2015. It also contains an overview of already implemented and planned interventions responding to the data.

Conclusions

All health promotion interventions should be based on real data, related to the target group and reflect its needs. Implementing elements of health promotion into the clinical information systems can significantly influence the effectiveness of the interventions provided.

Contact: PETR Tomas

Central Military Hospital - Military Teaching Hosp
U Vojenské nemocnice 1200
169 01 Prague, CZE
tomas.petr@uvn.cz

Patient perceptions and attitudes towards inquiring lifestyles and change in lifestyle.

NORDSTRÖM Karin

Introduction

In 2011 the Social Board in Sweden published National Guidelines of disease prevention methods to prevent illness and support patients to change unhealthy lifestyles. This prompted an extensive project of implementing the guidelines at the Karolinska University hospital. This study is a part of the implementation project and examines opinions and attitudes towards inquiring about lifestyle habits.

Purpose/Methods

The purpose of the study was to examine opinions and attitudes towards inquiring about lifestyle habits and change in lifestyle habits among patients in an emergency ward. A survey with focus on patient's perspective was created. The questions investigated the patient's lifestyle habits, during what circumstances the inquiry should occur and approach towards change of lifestyle.

Results

A total of 120 patients, 48% women, completed the survey. Preliminary results show that 67% of all admitted patients to the emergency ward had not been asked about their lifestyles. 27% had been asked about their drinking habits, 26% about their use of tobacco, 12% about their diets and 11% about their level of physical activity. 77% agreed completely or partially that they found it positive that health professionals discussed their lifestyles with them.

Conclusions

Full conclusion is yet to be drawn when complete analysis has been performed. Preliminary conclusion is that patients admitted in an acute university hospital setting are in general positive about being asked about lifestyle habits and change in lifestyle habits. However, at the time of the survey this was not a part of the anamnesis when admitted to the hospital.

Contact: NORDSTRÖM Karin

Karolinska Institute
Fysioterapin, Karolinska Universitetssjukhuset Solna N1:U1
17176 Stockholm, SWE
karin.nordstrom@karolinska.se

Elevate remote area residents Health promotion in continuous care with first aid skills: take an example in eastern Taiwan

YANG James, HUANG Yu-Chuan, TSAI Hsin-Chih, CHERN Jimmy PS, LIN Yu-Xiang, CHEN Hsiao-Ping

Introduction

Many studies have shown if immediate cardiopulmonary resuscitation(CPR), find automated external defibrillator(AED) administered electric shock within four minutes, and then quickly rushed to the hospital, the survival rate was over 50%. Thus, not only the immediate implementation of CPR is very important, if we can use the AED in just a few minutes, then we will have the opportunity to save the lives of patients.

Purpose/Methods

Purpose: To improve people CPR and AED electric shock skills, and enhance remote residents to help themselves Methods AED placed in Fongbin county, over 5 villages. Each held a CPR + AED education and training sessions in five villages of Fengpin county in 2014. Data were collected by course satisfaction questionnaire and use Linkert scales from very satisfied to very dissatisfied (5 to 1 point) with the judgment respectively.

Results

Total of 149 tribal youth got CPR + AED Certification after training course. In addition, the training satisfaction survey showed that overall satisfaction with the training was 87%; with or without the help of the local area satisfaction up to 99% residents agreed.

Conclusions

There are about 2 million people in Taiwan pre-hospital cardiac arrest each year. The branch hospital and public health center established tribal self-help EMS system. By health care professionals to teach tribal of young learning first aid overview, CPR and AED electric shock practical operation training. Thus, we can enhance people CPR and AED electric shock skills and increase the chance of remote residents to help themselves and reduce the rural area mortality.

Contact: YANG James
Hua-Lien Hospital, MOHW,
No.600, chungjen Rd.
9706 hualien city ,, TWN
hpchen@hwn.mohw.gov.tw

Hospital Encourage Staff Join Health Promotion Affair in Communities

HUNG Xue-Zhen, CHEN Guan-Ju

Introduction

For reminding people to pay more attention to health and self-caring, hospital medical service should be moved into communities and provide human-centred health promotion. Via conducting preventive health care and early disease screening, we could establish a health network which made primary, secondary and tertiary prevention practicable.

Purpose/Methods

Our hospital decided not just to provide medical service passively but actively join health promotion affairs in communities. We encouraged our staff to carry precision medical instruments to remote districts voluntarily, and then provide health education and 23 screening examinations for free. Via these, we hope people to be able to care their health more and join early disease screening.

Results

On 8th June, 2014, there was 350 people of community join our health activity. Their age was mainly at 31-35 years old (12%) and 41-45 years old (11%). The most three abnormality we noted were hypertension (58%), proteinuria (56%) and unideal weight (53%). All of them were suggested coming back to our hospital for further follow-up or evaluation.

Conclusions

Via integrating resource of hospital and community, we could promote preventive health care and provide people health management. Thus, people could improve their ability of self caring which help to achieve the goal of health promotion, disease prevention and early diagnosis, early treatment.

Contact: CHEN Guan-Ju

National Taiwan University Hospital Yun-Lin Branch
No.579, Sec. 2, Yunlin Rd.
640 Douliou City, Yunlin County, TWN
circlechen1982@gmail.com

The Bodyknowledging Model as a tool for health promotion – an example of the usability

FJELLHEIM Anita, BRATENG Janne Hernes

Introduction

In our rehabilitation unit, we experienced a lack of tools to promote coping and health in our work with patients who needed follow-up. While we were looking for tools, we discovered the concept and theory of Bodyknowledging that asserts that people diagnosed with long-term illness and



functional disabilities possesses embodied knowledge that represents a resource for coping and health. Our interdisciplinary team engaged in cooperation with a researcher on how we could utilize Bodyknowledging theory in our encounters with patients.

Purpose/Methods

We posed the question: What's the difference by using the Bodyknowledging Model? We used the model in our assessment and communication with patients, i.e. a woman who had suffered a Traumatic Brain Injury. She had followed a well-organized line of treatment in Norway, and was convinced that she had "done everything right". In spite of all the efforts, she was still "stuck" in her situation 2,5 years after treatment and rehabilitation. Then she was introduced to the Bodyknowledging Model.

Results

At first, she reacted by taking complete distance to the Model, because it was so hard to see herself at the "bottom". Then, she identified the gap between her own perceptions of the situation and her body's way of functioning. She needed time to accept. We confirmed, supported and challenged her and she uncovered some decisive nuances of obstacles that she had encountered. The new insight made her able to inform her husband on important details about her capacity.

Conclusions

This example shows that the patient's process of health promotion can stop, though the individual have received a well-organized and recommended rehabilitation. This woman had developed a lot of knowledge on how to manage the situation, but wasn't able to use it until she discovered some coherences. By using Bodyknowledging as a tool, she recognized that she was able to move on to new phases, i.e. the Green and the Red phase in the highest part of the Bodyknowledging Model.

Comments

This abstract is based on a cooperation with specialist nurse in rehabilitation; Janne Hernes Brateng. The Bodyknowledging Model is now used on a daily basis in our rehabilitation unit as a tool for assessment and communication with patients. The model has also been used as a frame for developing a new health promotion program. The results demonstrate that the model is a flexible and relevant tool for health promotion both in hospital and community health care.

Contact: FJELLHEIM Anita

Sykehuset Innlandet, Unit Phys.Med & Rehab
Føllingstadv. 15
2819 Gjøvik, NOR
anita.fjellheim@sykehuset-innlandet.no

Effectiveness of Workplace Counseling Interventions for Health Promotion in Taiwan

CHEN Tzu Hua, HUANG Joh Jong, HUANG Chia Tsuan, YANG Chen Cheng, CHUANG Hung Yi

Introduction

Workplace health promotion (WHP) is important to prevent work-related diseases, reduce workplace hazards, and improve personal health of the workers. Health promotion projects were launched through the centers of WHP funded by the Taiwan Bureau of Health Promotion since 2003. The aim of this study is to evaluate the effectiveness of counseling intervention provided by the "Center for workplace health promotion & tobacco control" in Taiwan.

Purpose/Methods

The intervention group consisted of 838 companies which had ever undergone counseling of the three centers in northern, central, and southern Taiwan. The control group was composed of 1000 companies randomly selected from the business directories of the Ministry of Economic Affairs, Taiwan. We utilized questionnaire survey to conduct this cross-sectional study. The framework of the questionnaire was based on the five action areas of the Ottawa Charter for Health Promotion. The questionnaire survey included general company profiles and the assessment of workplace health.

Results

We have received 447 (53.3%) questionnaires from the intervention group and 97 (9.7%) questionnaires from the control group. According to our study, the intervention group was more effective in using the external resources and medical consultation, and they had better follow-up rates of the abnormal results of annual health examinations. Compared to the control group, the intervention group had a significantly decreased smoking rate in 246 companies (61.2%) and a reduced second-hand smoke exposure in 323 companies (78.6%) ($p < 0.001$).

Conclusions

Various activities were conducted at the workplace in the intervention group, such as health education, diet education, physical fitness classes, and smoking cessation classes. In order to create the smoke-free workplace, smoking indoors was banned, and smoking areas were designated to reduce second-hand smoke exposure. By means of the intervention of these WHP programs, we can enhance the awareness of the enterprises and the employees to improve worksite health and the quality of working environment.

Contact: CHEN TZU HUA

Kaohsiung Municipal Ta-Tung Hospital
No.68, Jhonghua 3rd Rd, Cianjin District
801 Kaohsiung City, TWN
licavona@gmail.com

Session P1.5: Improving the lifestyles of hospital staff

The association of physical fitness and health promotion behaviors of the health promotion hospital staffs

SHIH Hsiu-Lan, CHEN Chien-Chou, LU Chiao-Yi

Introduction

There are 58% working people in the world. WHO indicates that the priority place to improve health promotion is workplace. The prevalence of obesity is growing up fast worldwide and obesity is highly associated with many chronic diseases. Although the hospital staffs are the health keepers, but some investigators found their problems about overweight and obesity commonly existed. Understanding individual's health behaviors and their related factors would be helpful in setting intervention strategies of weight control.

Purpose/Methods

The aim of this study was to assess the effect of the physical fitness tests on health behaviors including diet, exercise and weight control behaviors in hospital staffs. The participants were recruited from a health promotion hospital. All participants completed the fitness tests and questionnaires of physical activity and health behaviors. After six-month health improvement of self management, the staffs were followed up with repeated fitness tests and the questionnaires. There were 80 respondents completed pretests and posttests. We use pair-t test and Bowker's test of symmetry to analyze data. The $p < 0.05$ is significant.

Results

The self perceived health status among 80 hospital staffs showed an improvement after 6 months' self management of health ($p > .05$). The major cause of failure to establish regular exercise habit among staffs was "lack of time" and "laziness". There was no significant change in diet, with the lowest intake for dairy groups. The posttests of self perceived overweight were significantly lower than pretests (McNemar-Browker=11.153, $p < .05$). The major weight control methods were exercise and diet. Sit-and-reach for flexibility and 3 minute step for cardiopulmonary endurance were significantly improved. Although the sit-up for muscular strength were 3% better, it was not statistically significant.

Conclusions

The result of this study is that physical fitness tests can change the health behavior, dietary behavior, and weight control behavior in the health care providers. We recommend that fitness test is included as a regular test to improve health of staffs in the workplaces. It is also necessary to build healthy dietary culture to achieve the goal of worksite health promotion.

Contact: SHIH Hsiu Lan

Zuoying Branch of Kaohsiung Armed Forces General H
No.553, Junsiao Rd., Zuoying Dist.
Kaohsiung, TWN
lam2001@ngh.com.tw

The Effectiveness of Worksite Health Promotion Programs on Physical Fitness and Quality of Life in Hospital Staffs

CHIOU Pei-Wen, LIN Chia-Yin, LEE Sieh-Siang, YEN Yu-Ying

Introduction

Recently, health promotion has attracted much attention in the world. Fitness is usually used to examine the adaptive capability of basic health in a worksite health promotion program. Due to the working load of the clinical staffs, it is difficult for them to develop a regular exercise habit, which often leads to disregarding their physical fitness status. In addition, no previous study assessed the impact of worksite health promotion programs on the quality of life.

Purpose/Methods

This study investigated the effectiveness of health promotion programs on physical fitness and quality of life in hospital staffs. Forty-eight hospital staffs were recruited and received an 8-week training program, including a 60-minute aerobic exercise once a week and reading advertising posters promoting fitness exercises. Fitness test (body fat percentage, one-minute sit-ups, grip strength, sit and reach test, and a modified Harvard step test) and a quality of life questionnaire (WHOQOL-BREF) were evaluated pre and post intervention.

Results

Results of the fitness test showed that values for body fat percentage ($p=0.013$), muscle strength ($p=0.017$), muscle endurance ($p < 0.001$), and flexibility ($p < 0.001$) were significantly improved after the intervention. No significant difference was found in cardiopulmonary endurance ($p=0.097$). In respect of the questionnaire, only 'overall perception of your health' item showed significant improvement ($p=0.04$).

Conclusions

This study revealed that health promotion programs could enhance the staffs' body composition, muscle strength, muscle endurance and flexibility. However, there was no significant improvement on cardiopulmonary endurance. This might result from insufficient intensity and frequency of the training programs. The WHOQOL-BREF showed that health promotion programs may improve the health satisfaction. Therefore, it would be beneficial to set up a health promotion program in the hospital and individualize the exercise plan to increase physical activity.

Contact: CHIOU Pei Wen

Lotung Poh-Ai Hospital, Yilan
No.83, Nanchang St., Luodong Township
265 Yilan, TWN
pei518@hotmail.com



Evaluation of the effectiveness of the weight loss health promotion

SUN Pei-Lei, CHENG Jin-Shiung

Introduction

Overweight is a serious health issue worldwide. It causes chronic cardiovascular disease, diabetes mellitus, and obese. Therefore, weight loss can not only enhance personnel life quality, but also can reduce the occurrence of illness and medical expenses

Purpose/Methods

Hospital promotes employee weight loss program annually. The employee whose BMI was over or equal to 22 in 2013 and 27th, March to 30th, April in 2014 was welcomed to precipitate. The evaluation was done before 31th, October current year. In order to create a positive health promotion environment, during the event, there were many activities were hold, such as, exercise walking, aerobic exercise twice a week, health slogan competition, health diet lecture, and money award.

Results

There were 128 employees enrolled in 2013, including 100 female (78.1%), 28 male (21.9). The average age was 45.3 years old (24-65). The average weight before and after was 71.6kg/68.8kg (2.8 kg weight loss). The average BMI before and after was 27/26. There were 144 employees enrolled in 2014, including 109 female (75.7%), and 35 male (24.3%). The average age was 42.4 years old (18-62). The average weight before and after program was 72.8/69.6 (3.2 weight loss). The average BMI before and after was 27.8/26/6. The average BMI progress is 1.2.

Conclusions

Creating a high-quality health promotion ambience is a necessary condition for motivating employee to build a healthy lifestyle which including keep normal daily routine, regular exercise, diet control, and physical fitness. This is the common goal to hospital and employee.

Contact: SUN PEI-LEI

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist., Kaohsiung City 81362
81362 Kaohsiung, TWN
plsun@vghks.gov.tw

The Influence of Health-Promoting Activities on the Physical and Mental Health in Health Care Workers

CHEN Chun-Ching, CHUNG Hsing-Chi,
HSIAO Wen-Hua, LI Yu-Ju, CHEN Yu-Hsin,
CHENG Jin-Shiung

Introduction

Health care workers working in complicated and high pressure worksite are prone to develop job fatigue and burnout, and that will affect the physical and mental health of health care workers and the quality of medical care. Recreational health-promoting activities can promote the comfortable level in physical condition, consciousness, emotion, and social relationship. Thus it is essential to provide appropriate health-promoting activities to health care workers in order to relieve the pressure and to improve their physical and mental health.

Purpose/Methods

For achieving physical and mental health of health care worker, we assist them to establish the habit of regular physical exercise, decrease body fat percentage, reduce pressure and improve cardiopulmonary function through holding health-promoting activities. Furthermore, more interaction and cooperation among members, the efficiency and satisfaction for work and the quality of medical care in our institution could be improved by holding these activities. The project was conducted in an adult intensive care unit of a medical center in southern Taiwan. The 78 health care workers were enrolled. Some activities were arranged during 2014, and they are as follows: bicycling in March, hiking in April, swimming in May and August, marathon or jogging in May, October, and December, matchmaking in June, and one-day tours in November and December. A five-point scale questionnaire was distributed to survey the personal physical and mental health and satisfaction after each activity.

Results

A total of 78 questionnaires were collected. The results showed (1) 65 people had taken participation in health-promoting activities, and 10% of interviewees exercised regularly before attending the health promotion activity; (2) 42% had established the habit of regular exercise after the health promotion activity; (3) In 20% of enrolled health care workers, body fat percentage was decreased from the range between 27% and 35% to the range between 22% and 27%; (4) there was a loss of 2 to 10 kilograms of body weight in general; (5) the total satisfaction is over 80%, 80% of health care workers indicated that the health-promoting activity could help them reduce nervous emotion; (6) 72% health care workers showed that health-promoting activities could help them release the pressure, and 85% health care workers supported keeping holding health-promoting activities.

Conclusions

Health care workers in the intensive care unit work under high pressure environment every day. Providing health-promoting activities can help them improve physical and mental health, and bring them comfort to social relationship, and then promote the quality of medical care. We found that more health care workers have established the habits of regular physical exercise after experiencing health-promoting activities.

Comments

After experiencing health-promoting activities, 48% health care workers do not still establish the habit of regular exercise, and that may be derived from the irregular work time in current working environment. Therefore, we suggest that medical institutions should pay more attention to promoting the health

of their staff by arranging health-promoting activities, so that they can acquire own health and live a healthy lifestyle.

Contact: CHUN-CHING Chen

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist.,81362
Kaohsiung, TWN
s5512453@vghks.gov.tw

Creating a safe and healthy workplace environment

CHEN Yi-Ting, FAN Yu-I, CHEN Peng-Hsuan, WANG Chiung-Lang, CHOY Cheuk-Sing

Introduction

Most employed people spend more than a third of their time at work. Health issues resulting from the prevalence of aging, obesity, lack of exercise, smoking, alcoholism, and stress issues in the workplace are on the increase. This affects business productivity and National Healthcare expenditure. To improve competitiveness, workplace health promotion plans are now being deployed to improve workers physical and mental state. Early plans resulted in waste and duplication. The focus is now on integration and continual improvement.

Purpose/Methods

After a review of data gathered from 2013, new plans in 2014 focus on the hazards and risk factors that were most prevalent. Incidence of smoking among staff, occupational and traffic accidents, and, particularly, obesity were singled out. Annual health screenings had shown that 39% of our staff had a BMI>24. Part of the new health plan was to promote diet control, exercise, and to encourage a better life style. The goal was to meet required health standards among staff.

Results

Didactic sessions were to smoking employees to encourage them to quit smoking in 2014. Other activities to that purpose included a drawing contest and a themed walk. The occurrence of smoking among staff was decreased by 0.4%. Although fewer people took part in a "Diet Challenge" this year, the total amount of pounds shed was actually higher. And a survey revealed that 70% of employees had a positive opinion of the measures and activities implemented to promote a healthy lifestyle.

Conclusions

Creating a safe and healthy workplace environment is highly desirable and can help in relieving stress and improve employees' mood and happiness. To this effect, a regular review of measures previously taken should be implemented to create a safer environment resulting in fewer injuries, courses to inform, and activities to improve health and stimulate by involving groups of people and spread good habits. The health

benefits that result from such plans have a positive impact on the hospital's staff productivity.

Contact: EVE Chiu

Min-Sheng General Hospital
168 Ching-Kuo Rd., 33044 Taoyuan City, TWN
a000695@e-ms.com.tw

Health Promotion Delivery Services for Busy Employees in the Hospitals

CHUNG Shih-Wei, HUANG Hui-Ting, CHUO Ying-Hsiang, LIN Shu-Mei, TSENG Jui-Mei, YANG An-Ko, LIN Hsin-Ying

Introduction

"Smart eating, cheerful workout, checking body weight every day" is a slogan propagated by Department of Health Promotion of Taiwan government. As a model of health promoting hospitals in Taiwan, Taiwan Adventist hospital has been engaged in health promotion for their employees for many years. However, hospital workers are lacking the motivation to work out regularly as excused by heavy workload. Further programs are required to encourage hospital staff to develop an exercise habit as part of a healthy lifestyle.

Purpose/Methods

Taiwan Adventist Hospital has a spacious gymnasium with various fitness equipment and professional exercise trainers for hospital employees. In spite of these convenient facilities, many hospital workers are still reluctant to work out regularly because they are too busy to do so. In order to encourage employees to have regular exercise, we provided an exercise delivery services by sending fitness trainers to all offices to help employees practice simple workout for a few minutes every day at their workplaces.

Results

We conducted surveys of employees' exercise habits and fitness tests before and after these encouraging services. The number of employees working out more than two days a week increased from 48% to 57%, more than sixty minutes a week from 12% to 15%. Total weight reduction was 512.9 Kg with cardiopulmonary fitness increased from 3.13 to 3.3, body fat index reduced from 30.19 to 30.07. Staff doing stronger activities such as swimming, aerobic dancing also increased from 11% to 15%.

Conclusions

Long-lasting exercise is the foundation of health promotion and prevention of chronic diseases. Healthcare workers in Taiwan are so heavily work-loaded that only few of them have regular exercise habits. If the hospital could set up convenient exercise facilities and even provide delivery services to encourage employees to work out every day, they would find out it's easy to do exercise even at their workplaces. Having fun during



workout, hospital staff would be more willing to continue the exercise habits.

Contact: TSENG Renee

Taiwan Adventist Hospital
424, Sec.2, Bade Road, 105 Taipei, TWN
jmt318@yahoo.com.tw

Program Operation for Weight Control and Health Behavior of the Staffs

CHU Jieun, PARK Jiyeon, SHIN Mi-Gyeong, YOON Cheong-Ha, KIM Sungdae, CHO Han-Ik

Introduction

Obesity has been a social problem which is the cause of various diseases like diabetes, hypertension, etc. For this reason, companies are putting efforts on preventing obesity of their staffs. As a health promoting hospital, Korea Association of Health Promotion(KAHP) pays more attention to health of its staffs, who are the providers of medical service to the patients and is conducting health promotion activities. KAHP is operating this program as a part of obesity prevention project.

Purpose/Methods

The aim of the program is to improve obesity-related health outcomes of KAHP staffs. Obese staffs (n=110) participated in this program in 2012. The staffs received a 3-month multi-component lifestyle intervention on obesity. The program consisted of health counseling, health booklet, e-news letter, health SMS, health record card, dumbbells(1kg), pedometers, and body tape measure(BMI calculator, waist tape).Health examination and self-administered survey were conducted before and after the intervention to identify the change in the obesity-related health outcomes through the program.

Results

After the health promotion program, health indices of the staffs were significantly improved in weight(p<0.001), waist circumference(p<0.001), BMI(p<0.001), systolic blood pressure(p=0.001), AST(p=0.004), ALT(p=0.018), r-GTP(p=0.003), total cholesterol(p<0.001), triglycerides(p=0.028) and LDL cholesterol(p=0.026). The proportion of improved participants in waist circumference was 11.8%(p=0.007) and in BMI was 10.9%(p=0.016).

Conclusions

This program was implemented as a short-term activity for participatory individuals, aimed at obesity control and health promotion of the staffs. However, creating healthy workplace should not be limited to the activities focused on the individual and need to be extended to the category of working environment improvement and consistent management. Also it should be planned using strategy for inspiring every staff with participation.

Contact: CHU Jieun

Korea Association of Health Promotion
350 Hwagokro, Gangseo-gu, ASI|KR|KS013|SEOUL Seoul, KOR
je_wow@naver.com

Healthy Lively Campaign (the health awareness program) at Nishi-Yodo Hospital in Japan

SUZUKI Shohei, ONISHI Akiko, YUKI Yoshie

Introduction

In this study, we will show you how a health awareness program has become medical organizational culture at Nishi-Yodo Hospital in Osaka, Japan. The program is called Kenko Ikiki Campaign (Healthy Lively Campaign), proposed and implemented by the Osaka Min-Iren Benefit Association since 1998. Campaign participants dare a task from a list of challenges to improve their health condition. They have three-month to tackle the task and will be awarded a gift card of approximately 21 euros upon completion.

Purpose/Methods

We will clarify the result of Kenko Ikiki Campaign and the supporting system of Nishi-Yodo Hospital to illustrate how it has turned culture of the hospital. Methods are two folded: 1: We collected the participants data from 2011 to 2014 and analyzed them. 2: We interviewed two managers in charge of the campaign of the Osaka Min-Iren Benefit Association and Nishi-Yodo Hospital. We recorded the interviews and examined to find how they are supportive to the campaign.

Results

We found the followings: 1. The number of participants has increased steadily from 2011 to 2014, and more than 90% of the employees took part in the program in 2014. 2. Most of the participants chose tasks easy to accomplish, while few challenged hard tasks. 3. The ratio of participation of the doctors is relatively low. 4. The board of Osaka Min-Iren Benefit Association reflected on the campaign and updated the rules every year.

Conclusions

The practice of the health awareness campaign has become organizational culture of Nishi-Yodo Hospital with a high participation ratio. Updating the rules every year to make the program more appealing, lining up easy-to-achieve tasks, and enough financial support for the reward upon completion, they all contribute to the success of the campaign. Further problems are to guide the participants to more hard-to-achieve tasks, such as quitting smoke or losing weight, and to raise the number of participation of the doctors.

Contact: SUZUKI Shohei

Nishiyodo Hospital
553-0003 Fukushima, Fukushima-ku Osaka-shi, Osaka, JPN
shoohei.suzuki@gmail.com

Promoting the healthy life styles to develop a healthy workplace

FAN Sheng-Hsiung, YEH I-Na, HSU Francesca, LIN Yu-Ching, LIAO Chen-Shun, LIN Joan, HSU Che-Chang, CHANG Yu-Cheng

Introduction

Hospitals were just for medical services in the past. As times change, health promoting hospital development is the delivery of reorienting health services. Causing employees are medical service providers whose health condition can't be ignored, advocating the health promoting hospital toward employees' health condition of quality of life are the international trends. Understanding employees' needs and analyzing the factors for health promotion services to build promotion model in the workplace is very important.

Purpose/Methods

A survey questionnaire was developed for the research and from the data collected the following results were found. The causes in high-frequency are without chances to exercise and wrong dietary habits. We provided employees with health promotion programs, such as doing aerobic exercise at the office and taking nutritional courses, etc. Offering the chances for self-learning and growth, enhancing quality related knowledge and skills to build promotion model in the workplace.

Results

The initial mean BMI and WHR were 25.73 ± 5.41 kg/m² and 0.90 ± 0.08 . After providing health promotion activities at the office, the mean BMI and WHR were reduced to 24.69 ± 4.68 kg/m² and 0.84 ± 0.06 . The results suggested that employees attend the programs improve significantly on BMI ($p < 0.05$) and WHR ($p < 0.005$), also get higher score of perceived health status.

Conclusions

Employees are important asset of organizations, especially in the organizations like hospitals. Hospitals should integrate the physical, mental and social dimensions as well as individual healthy behavior self-efficacy to effectively improve healthy life style. Propagation of health promoting hospitals can provide healthier workplace for hospital employees, patients and their families to build healthier life styles.

Contact: FAN Sheng-Hsiung

Chia-Yi Christian Hospital
No.539, Zhonghsiao Rd.
600 Chiayi City, TWN
cvch11728@gmail.com

To Prevent Employees' Obesity at Workplace: Mission I'm Possible. Workplace Health Promotion on Weight Control and Habits

TSENG Chun-Han, CHANG Yu-Lan, HSIEH Hung-Yu

Introduction

The health of Employees is the most valuable asset of the company. To enhance the efficiency at workplace and to lower the resigning rate, it is crucial to stress the importance on a healthy working environment and the prevention on Employees' obesity. According to the statistic of the Employees' health report of 2013, it shows 18.1% of Employees are overweight and 26.3% are obese. To prevent Employees' obesity awareness, Mission I'm Possible wellness program is designed accordingly.

Purpose/Methods

Mission I'm Possible is organized by Hospital's Health Promotion Committee with Departments. Build Health Public Policy: To publicize in meetings are led by Heads of Departments. Strengthen Community Actions: Since Health Organization Employees' work hours are varied, small support groups assist to participate with an affective reward system. Create Supportive Environment: Assist restaurants to label calories. Display "calories burn indicator" signage on each staircase in Hospital. Develop Personal Skills: Tasks (healthy diet, exercise, and weight measuring) are required to completion twice a month.

Results

Number of the Hospital Employee participants is 175 (27 males and 148 females), and is divided into 35 groups, and number of participants who had been measured the Mission I'm Possible is 157, with an average age 37.6 ± 11.62 years old. After a three-month Mission I'm Possible program, the tasks completion rate is 82.5%. The participants weight change was 66.07 ± 12.34 kg to 65.13 ± 12.53 kg, BMI were 25.36 ± 3.99 kg/m² to 25 ± 4.11 kg/m², the weight loss between pre-test and post-test with paired-t test statistical method showed significant improvement ($p < 0.05$).

Conclusions

Tasks designed by professional personnel, sports trainers, nutritionists, and doctors: healthy diet, exercise and weight measuring. Employees volunteered to participate. Small support groups monitors every member to complete tasks on a regular basis. Employees take initiatives to participate, monitor one's progress, and establish a health awareness workplace environment. The most efficient and improved groups will be rewarded. The goal is to promote the awareness of obesity at workplace, as to solve any further related health problems encountered.



Comments

Every corporation should encourage and reinforce a healthy workplace environment as one of the main goals in order to maintain Employee's health wellness. The Mission I'm Possible program is to promote health awareness at workplace. It helps Employees to have a sense of attachment to the company and affectively lowers the resignation rate, sick leaves, work injuries, and expenses on chronic diseases. The outcome benefit both Employers and Employees.

Contact: TSENG Chun-Han

Cardinal Tien Hospital
No.362, Zhongzheng Rd., 231 New Taipei City, TWN
cthhpc@gmail.com

Workplace Health Promotion lifestyle could be Positive correlated To Nurses' Well-Being

CHUNG Hui-Chun**Introduction**

When employees participate in leisure activities and practice health-promoting lifestyle, it relieves stress and enhances hospital performance. As we known Clinical nurses were responsible for improving patient well-being; whereas nurse's perceived well-being and health-promotion lifestyle has not explored.

Purpose/Methods

To study the health-promotion lifestyle and well-being of nurses in Eastern Taiwan, and a cross-sectional related survey of nurses at a teaching hospital in Eastern Taiwan. The instruments include Well-Being Scale, Health-Promoting Lifestyle Scale. Data were analysed using descriptive statistic, Spearman's correlation and liner regression.

Results

There were 296 nurses completed surveys. There were 296 nurses completed surveys. Joy and comfort were two major components of nurses' well-being; and workplace health promotion lifestyle was Health activity, Cheerful character, and Interpersonal interaction. Workplace health promotion lifestyle explained 53.4% of the variance in the well-being distribution, Cheerful character were the most important construct.

Conclusions

From the concept of health promotion lifestyle, nurses can optimistically consider their health as their own responsibility.

Comments

Thus, nurses can be more cheerful and more interaction with people, even enhance their health. Therefore, we suggest nurses to take responsible for their health behaviours, lead professional enthusiasm, more cheerful and more interaction with others that could increase nurses' well-being.

Contact: CHUNG hui chun

Buddhist Tzuchi General Hospital Department Of
No.701, Sec. 3, Jhongyang Rd., Hualien City, Hualien County
97004 Hualien, TWN
a0970332633@gmail.com

The Effectiveness of an Integrated Workplace Health Promotion Program on Health-promoting Behaviors of employees in a Medical Center in Taiwan

MING Jin-Lain, HUNG Shiao-Pei, HUANG Hui-Mei, CHIEN Shu-Fen, WANG Kwua- Yun

Introduction

Workplace health promotion has been as an important international public health issues. Hospital worker health behaviors influence not only their own health but also their provision of health promotion services to their patients. The occupational safety and health (OSH) and worksite health promotion (WHP) communities suggested implement to enhance worker health promoting behaviors on towards a research, practice, and policy. Hospitals increasingly provide health promoting activities for their staff but only a few studies were focused the effects on staff health behaviors in Taiwan.

Purpose/Methods

The purpose of the study were to implement an integrated workplace health promotion program among hospital employees and to evaluate its effects on health-promoting behaviors including lifestyle, diet and nutrition, exercise and leisure activities in a medical center in Taiwan. There are two stages in the study process; the first stage was to set up a health hospital promotion committee and establish an integrate workplace health promotion program. The program contents including hiking activities, fitness detection, healthy weight reduction curriculum, employees healthy meals, health screening, smoking cessation course, mental health seminars and group activities. The second stage was to implement the program in entire hospital to analyze the outcomes. A pre-post experimental study was conducted to examine the health-promoting behaviors of employees in a medical center. Research tools used a structured questionnaire included demographic, health status and life style, needs assessment.

Results

A total of 1484 employees were completed the questionnaire in the pretest and posttest. The pretest results showed that in personal health part: 25.7% of employees had a low back pain, 32.2% were overweight. As to the life style: 3.4% had cigarette smoking, 21.4% had exposure to second-hand smoking, only 23.7% had regular exercise, 13.7% were without the habit of eating breakfast, only 41.9% ate five fruits and vegetables in

daily meals, 29% had insomnia and mainly due to work stress. The health-promoting behaviors were significantly enhanced after carry out the integrated workplace health promotion program ($p < .05$). Willingness to participate in health promotion activities in the top four were: to provide free sports facilities, low-calorie meals, held physical fitness activities and regularly organizes leisure activities.

Conclusions

We conclude that health promotion programs can promote healthy behaviors; future long-term benefits should be explored. It is suggested to provide sports facilities, low-calorie meals, physical fitness and leisure activities for employees to establish healthy life style to solve health problems. The topics about work stress awaits further evaluation.

Contact: MING Jin-Lain

Taipei Veterans General Hospital, Taipei, Taiwan
No.201, Sec. 2, Shipai Rd., Beitou District
Taipei, TWN
jiming@vghtpe.gov.tw

Using wearable sensors and a web-based program to promote a behavior for increasing physical energy consumption

WANG Chi-Jane, WANG Jeen-Shin, YANG Ya-Tin, YANG Yi-Ching

Introduction

The lack of a physically active lifestyle produces negative consequences for sedentary individuals. They are at greater risk for many chronic diseases, often incurring the loss of function and mobility while also having higher mortality rates. To promote physical activity, helping individuals to become aware of the fact that they are not physically active is important, especially in working site group.

Purpose/Methods

To examine using wearable sensors with the additional web-based program (WBG) could increase physical energy consumption and the physical fitness more than using wearable sensors alone (SG) or exercise only (EG). Randomized, controlled trial were conducted. Participants were randomly assigned to WBG ($n=30$), SG ($n=42$) and EG ($n=26$). All participants were given a 2-hour exercise class for 4-week and they did the exercise by themselves in the next 8-week. However, only WBG received web-based program that provided immediate and comprehensive information.

Results

After 12 weeks of intervention, repeated-measures analyses showed that WBG had significantly calories consumption increasing 800 more than another two groups (increasing 270 in SG and increasing 120 in EG) comparing between initiated and after ($p < .001$). The scores of three minutes of walking up stairs

increasing 5.5 in WBG was more than another two groups (increasing 3.5 in SG and increasing 2.0 in EG) ($p < .05$).

Conclusions

The findings of this study concluded exercise group who were given wearable sensors with the additional web-based program had significantly more energy consumption and better promotion of physical fitness compared with those who were sensors alone or exercise only.

Contact: WANG Chi-Jane

Department of Nursing, College of Medicine, NCKU
No. 1., University rd. Nursing Building
701 Tainan, TWN
janetwang110@gmail.com

Applying Diversification to Enhancing Workplace Health and Weight Loss

HSU Shu-Chun

Introduction

The results from 2011 - 2013 employee health checkups show that most number of hospital employees were in the BMI ≥ 24 kg/m² category. In 2013, 34.44% of all hospital employees had BMI ≥ 24 kg/m². Data analysis attributed eating out and inactivity are the leading causes for high BMI amongst hospital employees. Research indicates that BMI ≥ 24 kg/m² increases the risk of chronic diseases. The goals of the program are to promote healthier lifestyle and to assist employees with weight management.

Purpose/Methods

2014 "I'm aware of my weight" campaign ran for 10 months from February to November. This program consist encouraging employees to regularly record and track their weight online; provision low-cost healthy lunch boxes and low-calorie DIY cooking classes open only to BMI ≥ 24 kg/m² employees; motivating employees to develop healthier nutritional skills. To promote exercise, we organized power walking teams, hosted 31 exercise classes and arranged hospital-wide weight loss competitions. Diverse strategies were implemented to aid employees improve their weight management.

Results

Results from "I'm aware of my weight" program included 1,312 employees voluntarily recording their weight online; 182 participated in the low-calorie DIY cooking classes and 253 purchase healthy lunch boxes. Over 87% of 646 people who participated in the fitness activities were satisfied; of 598 who participated in weight loss competition, total weight loss was 663.8 kg, up 40% from 2013. "Employee exercise behavior" survey found that those who "regularly exercise" increased from 32% to 37%, up 5% from 2013.



Conclusions

Successful weight management must be a combination of healthy diet and regular exercises in one's lifestyle. The "I'm aware of my weight" program combined different strategies such as weight tracking and monitoring IT systems, healthy lunch boxes, exercise promotions and weight loss competitions. The diverse integrated weight loss strategies were more effective encouraging healthy weight loss than competitions alone; which result employees developing healthy behaviors like eating healthier, exercising happily and measuring their weight daily.

Comments

This diversified weight loss strategy should continue to be supported. Management should continuously push this program in the workplace to ensure that every employee embraces healthy lifestyle and promote it to both patients and the local community.

Contact: CHEN Pei-Jyun

Changhua Christian Hospital, Taiwan
135 Nanshao Street, Changhua, 500 Taiwan
500 Changhua, TWN
eyu139@yahoo.com.tw

Employees lost weight and improved health

**ANG Yen, CHAN Wai See, CHONG Ellena,
CHUN Teik Lan, CH'NG Keat Hui, CHOO
Yong Chek**

Introduction

The business of a hospital is to take care of the sick, but the workers of the hospital are not the healthiest employees. Penang Adventist Hospital found itself saddled with a large proportion of its employees who are obese or overweight, and with many chronic diseases.

Purpose/Methods

Overweight and obese employees (n=45) participated in a weight-reduction program provided by the hospital. The Intervention Group (n =22) went through a 10-week educational intervention. Besides the pre-post health screening, the intervention group attended 3 full-day classes focusing on healthy eating, exercise, and behavior modification. They kept a weekly exercise log and were instructed to exercise at least 3 times a week., had weekly weigh-in and met with the health educators once a week for compliance and motivation. The control group (n=23) received no contact or education from the health educators, except the 2 health screenings; but they were free to attend any health promotional activities organized for all the employees during that period.

Results

At the end of 10 weeks, the intervention group experienced significant changes as compared to control group in the following areas:

- Weight loss : Intervention group reduced an average of 3.6kg,; control group average weight loss was 0.41, p=0.00
- Waist Circumference: Intervention group reduced an average of 4.83cm, control group average 1.57cm, p<0.01
- Body fat %: Intervention group reduced an average of 2.88%, control group average 1.38%, p=0.00
- BMI: Intervention group reduced an average of 1.34kgm⁻²; control group average 0.17, p=0.00 The maximum weight loss of 8 kg was achieved in the intervention group, but only 3.8kg in the control group. 12 individuals (54.55%) in the intervention group but only 1 person (4%) in the control group lost more than 5% of their initial weight. There is a 13-times more weight loss cases that correlate to health improvement in the intervention group. The number of dislipidemia was reduced by 41.6% (5 out of 17 individuals) in the intervention group, but the number was increased in the control group (from 16 to 18 individuals). All three individuals who had elevated HbA1C experienced a reduction (0.4%, 0.6%, 1.8%) in the intervention group.

Conclusions

Our findings show that when a high risk group (overweight and obese) received a structured intervention and more attention, there is a statistical significant difference in weight loss and waist circumference reduction compared to the group that did not. Though we cannot draw any statistical correlation, it is worth noted that there are positive health improvement in terms of reduction of dislipidemia and HbA1C cases in the intervention group in as short time as 10 weeks.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

Promote Employees' weight loss Activities, Shaping Health Promotion Cultural Promotion Toward Paradigm Of Health Promoting Hospital

**HUANG Hui-Ru, CHANG Wei-Chou,
CHUNG Ming-Ku, HUANG Chien-Min**

Introduction

According the results of health examination in the Siaogang Hospital, it found the obesity ratio of employee was nearly 1/3. In order to improve the health problem of obesity, we created a healthy and supportive environment to strengthen employees' physical fitness and provide assistant on helping their healthy weight-loss, and encouraged them to develop exercise habits and a healthy diet. Moreover, we evoked the culture towards health promotion with in the hospital and established the paradigm of health promoting hospital.

Purpose/Methods

Employee whose BMI ≥ 24 should work on weight-loss, and whose BMI < 24 should maintain a healthy body. We having lecture of nutrition, exercise, heart diastolic pressure, yoga, aerobic dance and outdoor sports. Incorporating the fitness center, we used BMI value to plan exercise intensity for employees' going to the fitness center, which increased their initiatives of exercise. Also, we set up an incentive system to increase their willingness to attend, and encourage them to actively participate in these health promoting activities.

Results

In the participants of weight-loss activities, there were 86% female and 14% male. The pre-test BMI was 23.4 ± 3.8 , and post test was 22.8 ± 3.5 . In total, there were 5 health lectures, 12 field sports classes and 2 outdoor activities. After the activities, there were 82% participants who came back for weight measurement, which means employees' acknowledge of these activities. Besides, the uses of the fitness center have average 350 people per month, which showed the upgrade of employees' sports management initiative.

Conclusions

There were total 260 overweight employees, but only 78 employees attended the activities. It's need more overweight ones get involved in the weight-loss activities in the future, and to let the one who really need to lose weight to join. By increasing health promoting hardware measures and implementing of all events, we were increase employees' acknowledgement of health promotion, and won the reward for excellent paradigm of health promoting hospital certificate, and once again witnessed the 'Hospital's Healthy Culture'.

Contact: HUANG HUI-RU

Kaohsiung Municipal Siaogang Hospital
Shanming Rd., Siaogang Dist.,
Kaohsiung City, TWN
0996114@kmhk.org.tw

Obesity among workers in Vigevano Hospital (North of Italy)

**ABATANGELO Luca, BONA Carolina,
MARTINO Maria Teresa, VARALDA
Emiliano, ABATANGELO Luca**

Introduction

The obesity problem is really relevant and actual in common people and also in particular reality as that of some work place like Hospital in Italy. This can influence working efficiency and working suitability. In Vigevano Hospital twelve per cent of workers Body Mass Index is over 30. This datum is quite similar to the reality of the whole populatin in Lombardia (a Ten millions of inhabitants big area in the North of Italy).

Purpose/Methods

After the annual medical check on the workers population we decided to introduce a good practice program to improve health and to reduce body weight to produce better working

suitability levels. We considered a working sample of 97 mostly sedentary people. They were enrolled by age class between 25 and 62 years old. We indicated two groups of age between 25 to 40 years and between 41 to 62 years old. People were selectioned also by Body Mass Index in three classes from 30 to 35 and from 36 to 40 and over 40. Unluckily we could enrole 7 people in this class. The other conditions were sedentary habits and not controlled food and metabolic disorder like hyperlipemia and diabetes. The program suggested to practice mild phisical activity once per week and to use a modified diet with low carb and low fat regimen. We enrole people to participate to a walking group (to show to every one that is possible moving without making sport). Then we teached to use colours codex to mark dishes with main alimentary groups and eliminating simple sugar and unuseful fats. They were checked after 6 months. Aged class from 41 to 62, BMI class over 36 and patients with comorbility for diabetes e dislipidemia were checked every three months but all of them were treated with the same protocol.

Results

After the first six months of planning we noticed a positive agreement of people involved. They followed the indication and respected the light diet even in consideration of some diseases as diabethes or hypertension. They had better blood pressure values, better diabetes control. It has been observed a light body weight loss (with consequent reduction of Body Mass Index in all class condidered, but we have no statistical conclusion on that by now). Besides some of them revealed to feel less stressed, lighter and more friendly, if smokers they said to need less cigarettes than before.

Conclusions

Even if not concluded the first step of one year of program the initial group is still composed by the same number of people as at the beginning of the work. They were well psychologically self-supported by the possibility to change their wrong habits, losing them definitively, towards a better way of eating, living and working, but we have also a Psychologist to support workers.

Comments

Our proposal is to carry on this program with follow up of clinical conditions and with Body Mass Index check during next years in order to stress workers attention to adopt good parctices and common daily life to influence also better work quality

Contact: MARIA TERESA MARTINO

Azienda Ospedaliera di Pavia
Via Monte Baldo, 27029 Vigevano, ITA
maria_teresa_martino@ospedali.pavia.it

Weekly Online Self-Weighting Program: a workplace health



promotion experience with six-month follow-up

HU Chia Jung, HSIEH I-Chung, TSENG Chie Chien, YEH Gwo Liang

Introduction

Overweight and obesity can lead to health outcomes that can result in loss in productivity, increase in sick leave days and medical costs for the companies. Workplace weight loss programs, however, have been shown to be not effective and also not very cost-effective. Regular self-weighting has been proposed as a successful strategy to promote weight reduction and maintain weight loss in the long term.

Purpose/Methods

Our study aims to examine the follow-up effects on self-weighting management program through a simple online reporting system. A longitudinal design was applied, and a convenience sampling was used. We recruited 194 employees from a company, experimental group 121 employees, comparing group 73 employees. The experimental group online reported their body weight per week, the comparing group did not. This program lasted for 24 weeks and followed-up after six months to assess the long-term effect of the intervention.

Results

Among the experiment group, 72 employees reported weekly weighting for three months and another 46 employees reported weekly for six months. Overall, the experiment group gradually lost 1.60 Kg ($p < .001$) for the first three months, then maintained the same weight until the sixth month and remain unchanged for another six months; the control group's body weight showed no obvious change.

Conclusions

Weekly self-weighting and online reporting as part of workplace health promotion program have shown to be successful in significant weight loss. It is a cost-effective alternative strategy for weight reduction and prevents weight gain in the workplace.

Comments

With this study, we recommend workplace health promotional program for three months with follow-up self-weighting every six months.

Contact: HU Chia Jung

National Taiwan Normal University
162, Heping East Road Section 1
10610 Taipei, TWN
cjhucjhu@gmail.com

An Investigation into the Effect of Sport Participation on working Stress, emotional and body self-awareness

LI Ya-Ling, TSAI Meng-Chuan

Introduction

Job stress is a major global problem of occupational diseases (Griffiths, & Rial-Conzalez, 2000; de Smet et al., 2005). There are more than 80% of office workers facing job stress in Europe. In the United States, one in every three workers has suffered job burnout for a long time (Regus website). The problems with excessive workloads and job stress have become major public health concerns in Taiwan. Nationwide surveys conducted by the Taiwan government indicated that the proportion of workers who reported often or always having very stressed at work has increased substantially (Yeh, Cheng, Chen, Hu, & Kristensen, 2007). Therefore, the study aims to understand the differences between degrees have Sport Participate in Working Stress, Emotional Self-awareness and Body Self-awareness for hospital nurses.

Purpose/Methods

The study used purposive sampling method and the questionnaire that contained three subscales was applied to measure. 4-point Likert scale was used in the subscales of "working stress" and "emotional self-awareness". The "body self-awareness" subscale with a total of 39 physical symptoms, each symptom scores were calculated to 0 to 4 points ("0" means asymptomatic; "4" means severe symptoms). Its approach was based on the sum of the score. Our research objects were nurses that worked in one of regional teaching hospitals in central Taiwan. Finally, 275 valid questionnaires were recovered in the study. We calculated the mean, standard deviation and ANOVA analysis for Working Stress, Emotional Self-awareness and Body Self-awareness by using "SPSS 19.0" statistical software.

Results

The results showed that there was a significant Sport Participant main effect in ANOVA analysis. There was significant difference in Working Stress that F-ratio was 8.45 ($p < 0.01$). F-ratio of the Emotional Self-awareness was 3.88 ($p < 0.05$). And F-ratio of the Body Self-awareness was 4.34 ($p < 0.05$).

Conclusions

The study result shows that nurses who participate in sports have lower sense of operating pressure (working stress), also show more positive working emotions (emotional self-awareness). As well as feel their bodies are more healthy (body self-awareness). It indicates that when sports are intervening, the hospital nurses of the study could properly alleviate pressure and enhance positive emotions and physical function cognition.

Comments

The nurses are extremely important role in hospitals. The result of the study suggests that the hospital managers have to establish the system for health promotion activities and push employees to use sports center equipment well. In addition, hospitals could organize related courses of sport associations to improve or enhance staff exercise capacity. For doing so, each

employee are willing and implementing sports for better state of mind.

Contact: CHAI WEN Lai

Show Chwan Memorial Hospital
No.6 Lane 61, Nanping St.1, Nanyao Village Changhua, Taiwan 500
CHANGHUA, TWN
chd7203270@hotmail.com

Promotion of regular exercise – Fitness Walking Team

**HSIAO Pei-Yin, LO Yu-Tai, LIN Yu-Hsuan,
YANG Yi-Hua, LIOU Wen-Chin**

Introduction

Lack of exercise is the world's fourth largest cause of death. WHO suggests lacking regular exercise has become a serious problem in the world. A survey shows that walking is the most common exercise in Taiwan, account for 42.6% of all sports. However, easy walking does not reach the WHO recommended exercise intensity. Given the recommended exercise intensity and the national exercise habit, we propose "fitness walking" and form fitness walking teams to raise exercise intensity and frequency.

Purpose/Methods

The main purpose is to increase intensity and frequency of regular exercise by arranging a fitness walking team of 50 people. Professional trainers and community leaders were invited to give speeches on the benefits of fitness walking, and host group fitness walking events every Tuesday night for 3 months. The event includes a 10-minute warmup, 10-minute strength training, 30-minute fitness walking (3 to 3.5 km) and a 10-minute cooldown. Nurses were invited to participate for sports safety.

Results

1. 140 people attended the speech; 50 participated in walking team.
2. Word-of-mouth from team members had attracted 12 more new members to join during the period of the event.
3. The warm-up exercise engaged passersby to join.
4. Team leaders united the team and encouraged absent members to rejoin.
5. The participants invited each other to keep the activity going after the event was over.
6. Participation of nurses lowered the risk injuries and promoted benefits of exercise.

Conclusions

Fitness events in open space engage more people to join. Simple exercises like fitness walking make it easier for people to start with. With the professional trainers, the exercise quality and effectiveness were further enhanced. More elders in the community were willing to join the event because of the company of nurses. The group exercise event not only creates

motivation and influence on the idea of healthy living, but also draws people closer to each other and unites the community.

Contact: LIU Shu-Ling

St. Joseph Hospital
Lingya Dist., Jianguo 1st Rd., 80288 Kaohsiung, TWN
sliu@mail.joseph.org.tw

Obesity control by the climb up the stairs campaign

KUO Yi-Feng, CHEN Chia-Chun, LU Chung-Ying

Introduction

Since the human lifestyle changes, now, few people do the exercise because the pressure from job and life. At the same time, the obesity rate is getting higher due to the disequilibrium by diet preference and calorie gaining and losing. Therefore, it is important and also necessary to have a regular exercise habit and health eating concept.

Purpose/Methods

In order to enhance the importance of exercise and also energy conservation for TMUH employee, TMUH embellished the space of stairs for 3 main building by the symbol of green, ecology, and health sentences and pictures. TMUH employee who registered this campaign were able to purchase the low-calorie lunchbox by the discount price. Moreover, TMUH designed a reward project that the winner could win a brand new sports shoes by lose his/her maximum weight during these period.

Results

There were 16,452 person-time participate this climb up the stairs campaign (822 person-time per day); the low-calorie lunchbox were sold by 614 person-time. 316 TMUH employee who registered to participate the reward project lost weight by 333 kilograms in total. The winner lost 18 kilograms. Also, according to this activity survey, 68% (n=660) of TMUH employee increased the usage of the stairs; The rate of TMUH employee climb up the stairs over 3 times per-day was increased by 19% (from 30% to 49%).

Conclusions

It is very necessary to invite the supervisor involve the health promotion campaign, plus the supervisor of TMUH personally climb up the stairs. Moreover, to build a supportive environment makes employee willing to participate the health promotion activity because he/she has to live THE environment 1/3 a day for working. Once we help them to have a regular exercise habit and get a better life, they will be the health promotion helpers to influence others to get the healthy life.

Contact: LU Chung-Ying

Taipei Medical University Hospital
#252, WuXing St., XinYi District, 11031 Taipei, TWN
145006@h.tmu.edu.tw



Willingness to become physically active – study from university hospital community in Lithuania

IVANAUSKIENE Rugile, FLORESKUL Vilius, JARUSEVICIENE Lina

Introduction

Physical inactivity is avoidable risk factor contributing to premature onset of diseases, mortality and productivity losses. Regardless of a common assumption that medical community is immune to behavior risk factors, evidence suggests that it is not. According to recent publication, every second health professional in Lithuania is overweight, every fifth has hypertension. These risk factors can be attributed to physical inactivity. It remains unclear what are the actual behavioral patterns of hospital staff towards physical activity.

Purpose/Methods

The aim of this study was to assess self-reported physical activity among hospital staff and the willingness to engage in such activities at the workplace. Randomly selected 583 university hospital staff members were selected and participated in the survey. 462 questionnaires were filled in completely (response rate 79%).

Results

Prevalence of sufficient physical activity (according to who definition), was found to be 14.7%. Sedentary behaviour on the average was 5.8 hours per day. However, majority of study subjects (91 %) demonstrated willingness to engage in some sort of physical activities at the workplace. The mostly desired activities at the workplace were aerobics, dance, pilates, and functional exercises. The positive attitude towards establishment of physical activity facilities on site at hospital settings was not associated with gender, age or profession.

Conclusions

Majority of university hospital employees reported being physically active insufficiently. Almost all of the study subjects expressed willingness to engage in physical activities at workplace. Health-related physical activity program, incorporating environmental support and local fitness facilities should be prepared and implemented.

Contact: IVANAUSKIENE Rugilė

Hospital of LUHS

Eivenių 2, LT-50162 Kaunas, LTU

rugile.ivanauskiene@kaunoklinikos.lt

Effects of a physical exercise therapy programme on spinal range of motion among nurses

FREIMANN Tiina, MERISALU Eda, PÄÄSUKE Mati

Introduction

Physical exercise is often used to improve the functional status of the spine. The aim of this study was to evaluate the effects of a home-exercise therapy programme on cervical and lumbar range of motion among intensive care nurses.

Purpose/Methods

Thirteen voluntary female nurses from three different intensive care units participated in the experimental group and underwent an 8-week home-exercise therapy programme. Eleven nurses participated in the control group. Cervical range of motion (CROM) in flexion, extension, lateral flexion and rotation and lumbar range of motion (LROM) in flexion, extension and lateral flexion were measured with a digital goniometer. A paired t-test was used to compare the periods before and after the home-exercise therapy programme. Student's t-test was used to analyse differences between the experimental and control groups.

Results

After exercise therapy, there was a significant increase ($p < 0.05$) in CROM in flexion, extension, lateral flexion and rotation and in LROM in lateral flexion in the experimental group. Most of the measured parameters did not differ significantly between the experimental and control groups, although the CROM in flexion was significantly greater in the experimental group after therapy.

Conclusions

It can be concluded that an 8-week intensive home-exercise therapy programme may improve CROM and LROM among intensive care nurses.

Comments

The study was approved by the Research Ethics Committee of the University of Tartu and was conducted in accordance with the Helsinki declaration. All subjects were informed about the purpose and content of the study and provided written consent to participate in the study.

Contact: FREIMANN Tiina

Tartu University Hospital

Puusepa 8

Tartu, EST

tiina.freimann@kliinikum.ee

Mild continuous exercises in a little overfifties nurses community in Vigevano Hospitals (Italy)

MARTINO Maria Teresa, BONA Carolina, ABATANGELO Luca, VARALDA Emiliano, MARTINO Maria Teresa

Introduction

Scientific literature recently focused that people who take care about dependent persons are the most exposed category to muscles skeletal damages. Overused joints (in particular shoulders and spinal column) are as usually stressed in

everyday life actions (added to job performances) as to determine limited working ability. In particular among nurses category this can influence the performances on the whole tasks and in long term of time it may condition joints physiology with final limitations

Purpose/Methods

Aim of this job is to consider the effects of mild continuous total body exercises on 20 selected nurses, aged from 50 to 60, with chronic dorsal and lumbar recurrent pain, working in Vigevano Hospital, attending many dependent patients. The nurses were also suggested to wear a lumbar dynamic brace during their duty period for 6 months. Gymn exercises trained upper, lower extremities and abdominal muscles and slowly stretched the whole muscles of the body for 12 months, twice per week

Results

The group was trained by a therapist for the first two weeks so to know how to perform at home. They had 4 medical control in the year. They felt a light perception of their joints. They used the lumbar brace only some few occasionally time after the first 6 months. They could better manage correct movements, respecting pause periods. They could definitively consider themselves more "elastic" and their joints safer, with less pain episodes than in the past

Conclusions

Workers are not often used to make continuous global joints training. It may be they make some specific sports without the correct training of joints warming up, that become more and more important with age and getting older. So workers (and more if over fifties) should be educated and well trained with easy warm up exercises 2-3 times per week, alone or in group, at home or wherever it is comfortable to perform them.

Comments

Gymnastic exercises are useful in every moment of our life. Young people use them to support and strengthen muscles but getting older, they need to be educated to a mild but continuous training of easy exercises. This keeps lasting muscles elasticity that physiologically decreases year by year with evidence if there is no training in adults.

Contact: MARIA TERESA MARTINO

Azienda Ospedaliera di Pavia
Via Monte Baldo; 27029 Vigevano, ITA
maria_teresa_martino@ospedali.pavia.it

Stairway-run as a work related health promotion campaign may motivate employers with a variety of physical shape to participate.

SKEIE Eli, HILBY Merete S, OLSEN Anne CF, HALVORSEN Atle, KJOSÅS Reidun B

Introduction

As a part of the Norwegian HPH network, Haukeland University Hospital is committed to focus on health promotion. The hospital's health promotion strategy emphasizes that not only the patients and their next of kin are target groups, but also the employees. To reach this group the strategy includes work related health promotion campaigns. Daily physical activity is an essential part of health promotion and was natural to focus on in the first health promotion campaign at the hospital.

Purpose/Methods

The objectives of the campaign were to establish a focus on daily physical activity and to arrange an event that contributed to a positive association to both physical activity and the hospital as a workplace. Therefore, a stairway-run at the hospital (207 steps) was arranged for all the employees, independent of profession. There were prizes for the fastest man and woman, one prize for the department with highest participation (in per cent) and two prizes by chance.

Results

In total, 536 people participated in the stairway-run. The variation in time, from 41 seconds and up to around 3 minutes, demonstrated that not only the fittest people participated. The success of the campaign motivated to arrange a second health promotion campaign. This campaign will challenge the hospital's departments to compete with each other in being most physical active during a 3-week period. Hopefully this will contribute to increased cohesion between colleges.

Conclusions

Stairway-run as a work related health promotion campaign may motivate employees with a variety of physical shape to participate. Repercussions of work related health promotion campaigns with focus on daily physical activity might motivate to arrange more campaigns and further contribute to health promotion across the hospital's professions.

Contact: SKEIE Eli

Haukeland University Hospital
Postboks, 5021 Bergen, NOR
eli.skeie@helse-bergen.no

Do you sport, today? The investigation and analysis of community physical activity and physical fitness in hospital staff

CHAO You-Chen, LEE Jia-Fu, LIN Chun-Siou, WANG Shwu-Guey

Introduction



Hospital staff plays an important role in health Promotion and health education. But they are too busy to doing the physical activity. The physical fitness test is designed to test the (a) joint flexibility:JF (b)muscular strength- endurance: MSE and (c)cardiovascular respiratory fitness:CRF. The responsibility for health promoting hospital is not only in health services for the public but also in the health promoting for professionals their own.

Purpose/Methods

The purpose of study were to reveal that the hospital staffs` physical fitness and to test the relationship between physical fitness and participating in community physical activity. The samples were recruited from a regional teaching hospital in Northern Taiwan. All the hospital staffs were encouraged to join the community physical activity from the January of 2014. All the recruited staffs were divided into 2 groups (community physical activity group:CPA group and control group:C group) . The data of physical fitness test were collecting on Aug,2014. We described the health condition according to physical fitness test at first. And then, we compared the results of physical fitness test between the CPA group and C group.

Results

There were 1048 hospital staff were recruited. The 25 samples were excluded because of Pregnancy and not suitable for sports by physician diagnosed. There were 88% staff stated they were too busy and less free time to participate in community physical activity. All the 1023 hospital staff showed 22.8% ;38.6 %;22.5 %better than average in JF; MSE; CRF. But the results showed 62.3% ;38.6 %;64.7 %below the average in JF; MSE; CRF. The data showed significant difference in the MSE; CRF between CPA group and C group.

Conclusions

The results showed that hospital staffs participating in community physical activity had better muscular strength-endurance and cardiovascular respiratory fitness than the staffs not participate in. Thus participate in community physical activity can enhance self-health condition. The health promoting policy should continue to promote the hospital staff to participate in physical activity to enhance health condition.

Comments

The hospital will encourage staff to join more physical activity,because hospital staff plays important role in health promotion and health education. Hospital staff need to take care self-condition first, in this way, hospital staff have more ability and great condition to care patient.

Contact: LIN Chun-Siou

Buddhist Tzu Chi Medical Foundation
No.289, Jianguo Rd, Xindian Dist, Taipei City, TWN
xda08211@tzuchi.com.tw

Workplace Health Promotion – Improve exercising culture and physical fitness: a case study

NIEN Yu-Ting, CHEN Pei-Jyum, HUANG Sui-Fen

Introduction

A survey in our hospital, 2012, showed that up to 67.1% of medical personnel don't exercise regularly. "Too busy to exercise" and "too tired to move" occupy 81.6% among the reasons. Therefore, stimulating their exercising motivation to do physical exercise in their daily life is the goal for this activity.

Purpose/Methods

(1)A reward point scheme is practiced to encourage the employees to exercise together. A workplace health booklet allows them to record the frequency and duration of daily exercise. When they exercise together, they can obtain a score. 100 points can be exchanged for a gift. (2)On our hospital, Aerobic exercise and Baduanjin qigong are showed on the total 85 multimedia displays to create an exercise-friendly atmosphere. (3)We encouraged our employees to use 24-hours exercising facilities to advocate workplace health promotion.

Results

(1)Positive exercising atmosphere: Total 45 departments/units in our hospital participated in this activity. (2)Utilization growth of the 24-hour exercise facilities: There was a 61% growth in 2013 (30,336 person-times) compared with 2012 (18,818 person-times). (3)BMI reduction: In 2012, there were 1435 employees with BMI ≥ 24 kg/m², but this number was decreased 46.6% to 766 by December 31, 2013.

Conclusions

For building better exercising culture and physical fitness, our hospital positively promote our employees to participate in this health promotion activity. Additionally, we strengthened them the importance of workplace health. An innovative strategy was to practice Exercise Rewards Program that gave the employees the motivation to exercise together and cared about others' health to have more colleagues join this activity. Through the positive promoting group, Workplace Health Promotion and Exercise Rewards Program could be promoted effectively in our hospital.

Contact: YU-TING Nien

Changhua christian hospital
Nanxia street, 500 Changhua city, TWN
50041@cch.org.tw

Effect of fitness training program designed for hospital employees

YEN Yu-Ying, CHIOU Pei-Wen

Introduction

Fitness is the adaptive capability of basic health. The better one's physical fitness is, the less they will feel fatigue while working. Regular exercise should be helpful to enhance one's physical fitness. However, medical employees need to work irregularly without sufficient time to do exercise. The take-home fliers with basic exercise program demonstrated limited effect of fitness performance. Therefore, we design a program

consisted of once per week exercise training and take-home fliers and discuss the effects of this program.

Purpose/Methods

This study is to investigate the effects of the fitness training program. Eighty-six participants were divided into a training group (n=48) and a control group (n=48). The training group received a 60-minute aerobic exercise and take-home fliers once per week for two months. The difference index (DI) of fitness testing (body fat percentage, one-minute sit-ups, grip strength, sit and reach test, and a modified Harvard step test) was calculated ($DI = \text{post-pre/pre} \times 100\%$) to compare the effects of the training program.

Results

Compared to the control group, the difference index of the training group showed statistically significant improvement on body fat percentage ($p=0.027$), cardiopulmonary endurance ($p=0.006$) and flexibility ($p=0.047$). The difference index of muscle strength ($p=0.377$) and muscle endurance ($p=0.276$) did not reveal any significant difference.

Conclusions

The exercise program of this study is enhancing on whole body aerobic training and warm up/cool down stretching exercise. As a result showed that study group had a better effective on body fat percentage, cardiopulmonary endurance and flexibility. However, it revealed no significant difference between two groups on muscle strength and endurance might be due to having less dedicated to these two terms. Therefore, we would suggest for further research to design a more comprehensive program to training efficiently.

Contact: YEN YU-YING

Lotung Poh-Ai Hospital
No.198-10, Sec1, Zhong-Shang Rd, Suao township
270 Yilan, TWN
t12327@yahoo.com.tw

The efforts to enhancing physical activity of employees in Seoul National University Bundang Hospital (SNUBH)

PARK Hyunjoo, LEE Kiheon, PARK Taeseob

Introduction

WHO reported that regular moderate-intensity physical activity has significant benefits for health. It can reduce the risk of cardiovascular disease, diabetes, colon and breast cancer, and depression. However according to '2012 Korea National Health and Nutrition Examination Survey', the ratio of Korean adults

who did moderate-intensity activities including walking is decreasing steadily since 2005.

Purpose/Methods

The survey about SNUBH employee's frequency of physical activity was conducted on October in 2014. Before intervention for enhancing physical activity, the survey showed relatively high prevalence of physical activity among SNUBH employees compared with general population of Korea. But 43% of employees didn't participate in any regular exercise.

Results

1. Walking 10,000 steps relay campaign. Benchmarking an Ice bucket challenge for Lou Gehrig's patients, 'Walking 10,000 steps relay campaign' was started. After walking 10,000 steps, challenger nominates other three people to participate in the campaign. The person recording the greatest number of steps was rewarded. 2. Calorie Track Towel To encourage walking, the calorie track towel was made and handed out. Towel shows how much of calories are burned off when people walk nearby subway or parking lot.

Conclusions

More efforts are needed to raise employee's awareness about importance of physical activity. SNUBH is planning more interventions in 2015 starting with remodeling hospital stairs more attractive and inducing people to climb the stair.

Contact: HYUNJOO Park

Seoul National University Bundang Hospital
Gumi-ro 173 Beoun-gil
Bundang-gu, seoungnam-si, Gyeonggi-do, KOR
phj0222@snuhb.org

Estimating a frequency of employee's physical activity in the health promoting hospital, by using The International Physical Activity Questionnaire(IPAQ) short-version.

PARK Taeseob, PARK Hyunjoo, LEE Kiheon

Introduction

According to WHO physical activity guideline, physical activity means any bodily movement produced by skeletal muscles that requires energy expenditure. Insufficient physical activity has been identified as the fourth leading risk factor for global mortality. The ratio of Korean adults who did moderate-intensity activities including walking is decreasing steadily since 2005, and in 2012 this ratio was 46.8%. To promote the health of employees, Seoul National University Bundang Hospital(SNUBH) has started a variety of health promoting programs.

Purpose/Methods



Prior to starting 'interventions for promoting physical activity', the survey which identifies frequency of employee's physical activity was carried out and the result was used as base data of estimating program's effectiveness. Using International Physical Activity Questionnaire (IPAQ) short-version, data were gathered for three weeks from October 21, 2014. Total 357 employees participated in survey and the result was compared with that of '2012 Korea National Health and Nutrition Examination Survey'.

Results

The prevalence of vigorous-intensity activities at least 20 minutes per day, and 3 days per week in SNUBH employees was 20.4% and it is higher than that of general population of Korea, 13.8%. And about 9% of SNUBH employees did moderate-intensity activities, compared with 6.6% of general population of Korea did. However in the rate of person who walked more than 30 minutes per day, 5 days per week, there is no difference between general Korean population (39.4%) and SNUBH employees (39.2%).

Conclusions

The report shows that relatively high prevalence of physical activity in SNUBH employees compared with general population of Korea. The reason is that health-care workers have more interest in their health than others. However, more health promoting programs are needed for increasing the rate of physical activities of SNUBH employee lower than half. The health promoting business will create a synergy effect if it could link with other programs such as healthy diet, quitting smoking, and decreasing intake of alcohol.

Contact: PARK Taeseob

Seoul National University Bundang Hospital
Gumi-ro 173 Beon-Gil
Bundang-gu, Seongnam-si, Gyeonggi-do, KOR
phj900222@naver.com

"CEO: Let's Move" - Using Multimedia to promote Exercise

**ANG Yen, CHONG Ellena, CHUN Teik Lan,
CH'NG Keat Hui, SEE Wee Dee**

Introduction

One of the most common excuses people give for not engaging in a regular exercise is "I'm busy", or "I have no time". However, research data shows the most effective way to promote exercise is for a person to decide to make time for exercise. "I'm too busy to exercise" is a mental block. As a health promoting hospital, we wanted to show our employees that a) no one is too busy to exercise, and b) there are creative ways to incorporate physical activity into one's work life.

Purpose/Methods

The purpose therefore is to educate our staff that however busy we may be, we must find time to exercise. We wanted to show that even the president of the hospital, the doctors or surgeons are not too busy to be physically active, and that they are committed to incorporating physical activity into their work life. To convey such message to the masses (all our employees) and to our patients, we produced short and fun video showing the CEO/president and the VP Medical Administration taking a break from their busy schedule, and went for a run up and down the stairs of a six-storey building of the hospital. Several doctors and surgeons were seen choosing to take the flight of stairs instead of elevators while working in the hospital.

Results

The 5-minute video clip was uploaded in the hospital internal home webpage for all employees to view. In the 2 weeks period, we monitored the number of viewership. The video received 1600 hits, from 49 out of 57 departments (86%) in the hospital. We thought the number is pretty impressive, given the fact that not all employees in all departments are accessible to a computer terminal. A short survey was conducted after the 2 weeks viewing period, and 89% of employees said they had watched it, and 71% said they have started taking the stairs after they watched the video clip.

Conclusions

To cultivate a culture that places emphasis on health and fitness, it is important to have leadership by examples. The video showcasing top leadership of the hospital was watched by large majority of the 1100 employees of the hospital, and today it is being viewed even by patients as the video is screened periodically in the LCD in the patient waiting area.

Comments

Multimedia such as video is an effective means of communication to the masses. Though video-making is time consuming, the impact is more far-reaching than paper and pen. A picture is worth a thousand words. Making of this video also allowed us to engage our physicians and senior leaders of the hospital and such support is critical to build a corporate culture of health promotion within the organization.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown, 10350 Pulau Pinang, MYS
yenang@pah.com.my

Free Exercise Machine-- the Stairs!

**ANG Yen, CHONG Ellena, CHUN Teik Lan,
CH'NG Keat Hui, SEE Wee Dee**

Introduction

Situated in the heart of a busy city, Penang Adventist Hospital is a 200-bed hospital with limited space and facility. There is no onsite fitness facility for staff to exercise, no walking trails near or within the hospital compound; furthermore, gym membership in the city is relatively expensive. It is a challenge to promote physical activity among a group of hospital employees who are largely sedentary, constantly complain of

having no time to exercise, and do not want to spend money on exercise.

Purpose/Methods

It was our aim to educate our staff that there are creative ways to be physically active during their working hours. Using the stairs instead of elevator is an easy and inexpensive way to reduce time spent in being sedentary and to increase time in physical activity. Therefore, we created the "Free exercise Machine—use the Stairs" Campaign. Posters and stickers about avoiding the elevators were pasted on the door of every elevator in the hospital. Big phrase "Free Exercise Machine" was posted at the base of every staircase. Health benefits of using the stairs instead of elevators were posted along the stairs and in high traffic areas in and around the hospital compound. A steady stream of reminders and motivational phrases about exercise were sent out to all staff every week.

Results

To assess the effectiveness of our campaign, we conducted 2 incremental assessment in the form of random surveys at 3rd month, and then at 6th month, after the launch of the campaign. Both surveys revealed similar results: • Almost everyone surveyed said they saw the Stairs Climbing posters and stickers: 97.3% and 97.4% respectively. • A high percentage of employees (72%) said they avoided elevator and took the stairs more after the Stairs Climbing Campaign at 3rd month, and even more (76%) did that at 6th month.

Conclusions

The survey findings indicate that the impact of the campaign lasted even after 6 months, that is, as many employees at 3rd month as of 6th month saw the posters and avoided the elevators as a result. Stair case should be promoted as a "free exercise machine" at workplace where space or facility is limited.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

A team health promotion program in emergency medical staffs to check the effectiveness of weight loss.

**LI Yu-Ru, LIN Huei-Shan, CHANG Ya-Jun,
CHENG Jung-Feng, LIU Y-Fang, LIAW
Geng-Wang, HUANG Cheng-Chin,
CHUANG Shu-Ting, CHIEN Sou-Hsin**

Introduction

Emergency medical staff need to face to the serious cases, their work is compacted and filled with pressure, resulting in diet, and they can't have enough rest, resulting in health problems. In July, 2014, surveyed 39 emergency medical staffs body mass index (BMI) > 24Kg / m² (overweight or obese) ratio of up to 51.28%; it's higher than the average of 38% of Taiwan's adults.

Purpose/Methods

We desires to improve emergency staffs overweight colleagues through programs. The following countermeasures to promote since 2014-8. Building a friendly and healthy workplace, make good use of hospital gym, provide suitable equipment to achieve the convenience of the campaign. We'd like to create a "healthy living, healthy action" atmosphere, the team call friends exercise together, encourage each other. Design fun or competition type activities, such as road race at night, using a mobile phone APP to feedback effect of weight loss instantly and other competitions to strengthen the motivation and persistence of the staff.

Results

After four months of implementation of the program, in November 2014 to measure emergency medical staffs body mass index (BMI) greater than 24Kg / m² ratio of 51.28% down to 28.21%, and the average weight 3.3 kg per person, the average waist circumference reduction of 5.2 cm / person. Actually, it achieves the good results.

Conclusions

The hospital health promotion requires efforts of all aspects of the program lies in the successful promotion of friendly and healthy workplace environment; we are able to use the team's appeal, the planned exercise habits; designed to encourage and continue the activity. With the assistance of hard- and software, in addition to providing emergency medical personnel emphasis on health promotion can help increase the morale of the team.

Comments

The program should be extended to a full-house units, each employee to promote sustained implementation of health promotion have encountered in life, and further extended to all patients and community people.

Contact: CHENG JUNG-FENG

Taichung Tzu Chi Hospital
66~88.Sec.1.Fengxing Rd.,Tanzi Dist., 427 Taichung City, TWN
dm035770@tzuchi.com.tw

Dietary interventions to promoting health of hospital employees in Seoul National University Bundang Hospital(SNUBH)

**LEE Kiheon, PARK Taeseob, PARK
Hyunjoo**

Introduction

Healthy eating is essential for reducing the risk of obesity and metabolic syndrome. SNUBH conducted dietary intervention to make health-care workers healthier. This intervention included drinking part as well as eating part. Because drinking culture in Korea is a big part of life and it spreads across the business field.

Purpose/Methods



1) Providing healthy diet In accordance with feasibility of pilot test which had been carried out 2013, SNUBH started main test of healthy diet. Healthy diet lunch which means calorie-restricted and low-salt diet was provided to participants for 12 weeks from March, 2014. 2) Changing the drinking culture Before intervention of healthy drinking, a research of alcohol intake was conducted and about 73% of SNUBH employees answered that they drank alcohol in their department outings.

Results

Total 43 employees had a healthy diet at every lunch for 12 weeks. The baseline body weight was 75.3 ± 9.5 kg and participants experienced an average 2.1 kg of weight loss. Also their average abdominal circumference decreased about 2.2 cm, from 87.3 cm to 85.1 cm. Under the slogan "Light drinking, Bright tomorrow", the campaign to reduce alcohol intake has been conducted. Consequently drinking culture of hospital has improved and many departments went to the movies or did volunteer service instead of drinking in their year-end-party.

Conclusions

These dietary interventions changed employee's life style and enhanced their health. Therefore SNUBH is planning more intervention such as reducing sodium intake by changing recipe of a worksite cafeteria. With these efforts, we hope that more employees have interest in their health and prevalence of lifestyle-related disease will decrease.

Contact: LEE Kiheon

Seoul National University Bundang Hospital
Gumi-ro 173 Beon-Gil
Bundang-gu, Seongnam-si, Gyeonggi-do, KOR
a.7871147@gmail.com

This study aimed to use an intervention focusing on Promoting the dining rate of the ward nurses in hospital throughout 2014. Statistics were used to calculate while a pre and post-intervention design was used to promote how to eat healthy knowledge and make it into action. Sampling was purposive and ward nurses were recruited for the study. The sample size is 976 (n = 976 by visit, 27 by person, 2 visits per person/day) and the participation rate was 100%.

Results

January 2014 to November 2014 found that ward nurses had the dining rate; the incidence was 13.11% to 93.23%. The ward nurses had understood to eat healthy knowledge and make it into action rate of 18.52% to 88.89%. The strategies used to improve ward nurses in hospital wished eat healthy knowledge and make it into action and awareness was successful. Overall, ward nurses working attitudes to intervention were positive.

Conclusions

Nurse seem generally aware of the eat healthy for their importance but are happy to take part in this study, would like to be informed, expect them to make it into action themselves, in order to reduce the risk of the inflammation of their stomach. The development plan is planned to be a practical tool for implementing evidence based practices to support hospital managers in promoting the dining rate of the ward nurses in hospital.

Contact: I-JU LI

Taipei Tzu Chi Hospital
No.289, Jianguo Rd., Xindian Dist., New Taipei City 231, TWN
bella_ms9@yahoo.com.tw

Nurse, have you eaten breakfast or lunch? Promoting the dining rate of the ward nurses in a Regional Teaching hospital in Taiwan

LI I-Ju, CHEN Yi-Chun, CHEN Shu-Chin, WU Chou-Fen

Introduction

Nurse in hospital work is very busy when empty stomach, and long-term severity of the board the impact on physical health, and in particular the stomach. Worksite health promotion is very important because of the change of unhealthy eating behavior, especial for nurse in hospital. In recent years, nurse recruitment is difficult to take off in hospital, day nurse care 8 - 9 patients and doesn't eat breakfast & lunch, a number of daytime only drinks a pearl milk tea.

Purpose/Methods

Consuming whole wheat bread - Small Change Big impact

BISHARAT Bishara

Introduction

The Nazareth Hospital was founded in 1861 and is the oldest hospital in the area. Today, the hospital is a general regional hospital but promotes health. One of the major issue that hospital promoted during 2014 was consuming of whole wheat bread in the Arab population that suffers from high occurrence of obesity (52% women and 21% men) and diabetes (21%). A research in the Nazareth Hospital, showed that consuming refined grain is significantly higher than the whole grain.

Purpose/Methods

As intervention plan, the hospital staff were encouraged to purchase the whole wheat bread from the hospital – in a subsidized price. Study days for professionals, articles in the local media, lectures for high school students and a whole wheat festival in Nazareth, in addition to giving lectures for hospital staff were conducted. Also believing in the impact of the leadership, a medical leadership course for community health workers; doctors, nurses and nutritionists was held.

Results

In a questionnaire for hospital staff: 68.8% of the hospital staff say that they were highly influenced by seminars and lectures that encouraged them to start consuming whole wheat bread. 41.5% claim that the possibility to purchase subsidized bread in the hospital was a reason to consume whole wheat bread. 51.1% claim that they significantly feel change in their health. Major change in bakeries and restaurants in Nazareth area, and consumers. Collecting data is still under process.

Conclusions

Subsidy for whole wheat bread can encourage consuming whole wheat bread. This paper was presented to the minister of health in Israel and the suggestion of giving subsidy for the whole wheat bread and flour is one of the issues that the minister is promoting. Also health education, community intervention, and health promotion can lead community behaviors change, among consumers and producers, so the competition in producing good and tasty whole wheat bread for a consuming community becomes a major concern.

Comments

After having the whole wheat festival in Nazareth many schools will be having events in the schools to encourage consuming whole wheat bread. Around May 2015 will finish collecting the surveys to examine the change, in consuming and producing whole wheat bread and whole wheat products. It is important to say that Arab community consumes bread almost in every meal and it is a major, and we believe that this small change can have big impact.

Contact: BISHSRAT Bishara

Nazareth Hospital EMMS
5050, 16100 Nazareth, ISR
bishara@nazhosp.com

Session P1.6: Stress, mental health and workability of healthcare staff

Effects of workplace incivility and empowerment on newlygraduated nurses

TSENG Hui-Chen, WENG Wei-Che

Introduction

The early years of practice represent a significant confidence-building phase for newly-graduated nurses, yet many new nurses are exposed to disempowering experiences and incivility in the workplace. In response to such disempowering experiences found that 60% of new-to-practice nurses leave their first professional position within 6 months, with 20% leaving the profession forever. To retain new members in today's health care organizations, providing empowering, civil working conditions may facilitate future retention efforts to combat these negative outcomes. The purpose of the present

study was to test an expanded model of Kanter's theory by examining the influence of structural empowerment, psychological empowerment and workplace incivility on the organizational commitment of newly-graduated nurses.

Purpose/Methods

A predictive non-experimental design was used to test the hypothesized model. All participants received a letter of information, a questionnaire and a prepaid researcher-addressed return envelope. Two weeks later another questionnaire package was sent, followed by a postcard reminder 1 week later. A third questionnaire package was sent 2 weeks after the postcard. Structural empowerment was measured using the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) designed to measure Kanter's six empowerment structures. The questionnaire consists of 19-items measured on a five-point Likert scale ranging from 1 (none) to 5 (a lot).

Results

Controlling for age, 23% of the variance in affective commitment was explained by structural empowerment, psychological empowerment and workplace incivility [$R^2 = 0.23$, $F_{5,107} = 6.4$, $P = 0.000$]. Access to opportunity was the most empowering factor, with access to support and formal power perceived as least empowering. Perceived co-worker incivility was greater than perceived supervisor incivility.

Conclusions

Results offer significant support for the use of Kanter's theory in the newly-graduated nurse population and may facilitate these new-to-practice nurses not to leave the healthcare job.

Comments

The use of Kanter's theory in the newly-graduated nurse population did decrease the leaving rate of new-to-practice nurses.

Contact: TSENG Hui-Chen

Kaohsiung Medical University
Shihchuan 1st Rd, 100
804 Kaohsiung City, TWN
xoy688@yahoo.com.tw

A Cohort Study of nurse's retention time in a medical center

KU Yan-Chiou, HMCHENG Hui-Min, CHENG Jin-Shiung

Introduction

In recent years, hospitals encountered nursing manpower shortages and recruitment difficulties in Taiwan. High turnover rate not only results in increased training costs, but also severely impacts quality of nursing care. The objective of this



study is to explore collected nursing staffs' retention time from a medical center, as well as to find the main factors which influence nursing staffs' retention time.

Purpose/Methods

Research methods adopt retrospective Cohort Study design methods. All nursing staffs worked in this hospital between Sep.16th 1990 to Apr.1st 2012 were collected as research data, totally number of 1967 nurses. totally number of 1967 registered nurses (managers excluded) worked in this hospital from Sep. 1990 to Apr. 2012 were collected. The data were then processed by descriptive statistics, Life Table, Kaplan-Meier and, Cox regression.

Results

First, twenty-one years of huge data indicate that non-civil servant nurses stayed average 1545 days, however, civil servant nurses stayed around 6784 days. Non-civil servant nurses stayed extremely less retention time, around 5200 days, than civil servant nurses stayed in hospital. Second, working for 21 years of data found that the first year of the non-civil servant nurses remain 68%, 2-3 years working only 50 percent retention rate, Working for 14 year retention rate is tend to 0%; civil servant nurses retention rates of 81% working for 14 years, Work for 21 years is still 63 percent retention rate.

Conclusions

Civil servant nurses retention rate is much higher than non civil servant nurses. Working for 21 years of civil servant nurses retention rate of 63%, non-civil servant nurses working for 14 year retention rate is tend to 0%; This study indicated and suggested that hospitals should release more civil servant vacancies for nursing staffs. the opportunity to work in 2-3 years is satisfied that (turn the civil servant nurses), to improve retention rates.

Contact: KU Yan-Chiou

Kaohsiung Veterans General Hospital
386 Ta-Chung 1 st Road
Kaohsiung, TWN
t7513777532@yahoo.com.tw

The Effect of Job Demand and Resources on Work Bullying – The Sample from Hospital Nurse in Taiwan

CHANG Meng-Ling, CHANG Jia-Yi, LIU Hsiang-Te, CHENG Chan-Chih, YANG Winnie

Introduction

Nurse's work was required to response quickly, patient orientation, complying with standard operating procedure and patient safety first. All those requirements easily lead to work overload and role stressor which are considered to be the preconditions of work bullying. Work bullying was considered to

be a negative factor to nurse management and hospital management, and which is deserve to be deeply explored in Taiwan. This study tries to find out the relationship among job demand, job resources, social support, job vigor and work bullying, and finally provides theoretical and practical implications.

Purpose/Methods

This study tries to find out the relationship among job demand, job resources, social support, job vigor and work bullying, and finally provides theoretical and practical implications. /This study surveyed 300 nurses who work at 5 hospitals in Taipei, Taiwan. Respondents were assured of full confidentiality.

Results

Nurse's perception of job demands positive affects work bullying Nurse's perception of job resources negatively affects work bullying Nurse's perception of social support negatively affects work bullying Nurse's perception of job vigor negatively affects work bullying

Conclusions

First, this study justifies that nurse's job demand may predispose individuals to involvement in interpersonal conflicts which may then escalate into bullying. Nurse frequently confronts the phenomenon of work overload and role stressor which are considered to be the predictors of work bullying, specially when nurse has to deal with physical and psychological demands from their supervisor. On the other side, this study also found that a job resources factor made up of promotion prospects, work autonomy and social support were negatively related to work bullying. The nurse feel less work bullying, if supervisor give her enough job decision latitude which is always considered to be the negative factor generating work bullying. Nurse also needs social support when she works at hospital with intensive requirement from supervisor or hospital management. Nurse's challenge of work overload and role stressor had been explored and justified. If this problem were not managed properly, it will generate interpersonal conflicts and finally cause work bullying. Finally, this study also justifies that nurse's job vigor negatively influences perception of work bullying. Nurse will feel less work bullying when herself keeps high level of job vigor. It is also supervisor's obligation to keep his nurse on high job vigor.

Contact: CHANG MENG-LING

Taipei City Hospital, Young Ming Branch
No.105, Yusheng St., Shilin Dist
11146 Taipei, TWN
aa61041182@stu.edu.tw

The turning point of my heart at Tzu Chi hospital's palliative ward

KAO Ching-Yi, CHEN Mei-Hui

Introduction

New medical staff face a lot of pressure working at palliative ward as they have to deal with the loss of patients' lives. Every year, a lot of nurses leave their field of work. According to 2013

governmental statistics, the percentage of nurses leave work is 11.2%, the percentage of nurses leaving their field of work at Taipei Tzu Chi hospital's palliative ward is 50%. Although there are ways to relieve one's pressure, nurses still face tremendous amount of pressure.

Purpose/Methods

We arrange stress relieving activities for new nurses at palliative ward for 1-2 hours each month. We arrange about five people to use taro cards, meditation, muscle relaxation, breathing exercises, music and aroma therapy to relieve their stress. We ask participants to record on a scale that measures their stress levels (Brief Rating Scale BSR-5) before they participate in these activities and one week after they participate in these activities.

Results

From the results of the scale records, we found that new nurses face most pressure in Sept. at palliative wards. We offer stress relievers as follows: After three months of activities, five new nurses adjusted their mental state from stressed and nervous to being fine. After three months of stress-relieving activities, 100% of new nurses stayed with the medical team this year.

Conclusions

Nurses at palliative ward care for terminally ill patients and face the family and have to communicate with the other members of the medical team, therefore face a lot of pressure. Besides professional skills, they also need to care for their mindset (dealing with the loss of patient's lives.) I've been working as a nurse for 17 years, and I hope to share my experiences to help the new nurses develop a sense of mission and passion for this job.

Comments

Having worked as a nurse at palliative ward for many years and having dedicated much effort in religious studies, I hope I can offer some experiences to help nurses to overcome their stress and help them enjoy work.

Contact: MEI-HUI CHEN

Taipei Tzuchi Hospital,
No.289, Jianguo Rd., Xindian Dist.,
23142 New Taipei City, TWN
xd611261@tzuchi.com.tw

Correlations of work stress of care providers and perceptive health status in home nursing caring

CHEN Wei-Liang, KAO Tung-Wei, WANG Chung-Ching, WU Li-Wei, CHANG Yaw-Wen

Introduction

Home care for the elderly in long-term care is an important part in Taiwan, and their caregivers and their families directly affect the quality of patient care. The purposes of our study explore the correlations between the work stress of caregivers and quality of life.

Purpose/Methods

The survey adopts prospective study design and purposive sampling by using a structured self-administered questionnaire to collect information. The study is conducted in a medical center in the northern city in Taiwan from January 1, 2011 to December 31, 2011.

Results

Our study includes a total of 156 participants. There are non-kinship participants (n=92, 63.0%) and relatives (n=54, 37.0%). Most caregivers compose of females (n=130, 83.3%), with mean age 51.92 ± 10.53 years. In the characteristics of the patient receiving home care, there are 77 males (49.4%) and 79 female (50.6%). The mean age of the patient population was 73.76 ± 14.58 years. 51.3 % of patients in the home care have one implanted tube, especially nasogastric tube (n=125, 80.1%). There were 41 patients with two comorbid conditions (26.8%) and 44 patients with three comorbid conditions (28.8%). Functional status of most home care patients is poor. In the score of barthel index, there are moderate dependence of ADL (n=6, 3.8%), severe dependence of ADL (n=84, 53.8%), nearly total dependence of ADL (n=66, 42.3%). In the eight dimensions of health-related quality of life for caregivers, the scores of SF-36 for relatives is significantly lower than the healthy population in Taiwan. The health-related quality of life for caregivers, including physical functioning (PF), physical role (PR), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), emotional role (ER) and mental health (MH), are negative correlated with stress burden.

Conclusions

In our study, the adverse relationship between work stress of care providers and health-related quality of life was noted and impact on the quality of patient care. Consequently, health promotion and management of stress related problems of caregivers can significantly improve the quality of home nursing care.

Contact: CHEN Wei-Liang

Tri-Service General Hospital; and School of Medicine
Number 325, Section 2, Chang-gong Rd, Nei-Hu District, 114,
114 Taipei, TWN
weiliang0508@gmail.com

Fatigue of Emergency Department Medical Personnel in Medical Center in South Taiwan

LU Yu-Fang, LEE Pei-Ling, CHIEN Hui-Chin, HSIAO Wen-Hui, CHEN Chao-Wen

Introduction



Emergency department(ED) doctors and nurses have greater pressure than other departments, because of the busy and intense work environment. The working pressure is one of the main factors of medical staff turnover intention. Working pressure will make the medical personnel engaged in the work to improve the chances of accidents, reduce the quality of medical care, and even potential medical errors and doctor-patient crisis.

Purpose/Methods

The purpose of this study is to research of fatigue of emergency department medical personnel. The questionnaires are the ED doctors and nurses from one medical center hospital in south Taiwan, and all of them have work seniority at ED over 1.5years. The study period of Feb. 20th to Mar. 5th in 2013. The questionnaire data are analyzed by SPSS 19.0 for Windows.

Results

In this research, the questionnaire issued a total of 100, net of incomplete information, 94 were recovered, a recovery rate of 94%. Men is 19.1%, women is 80.9%; 16% of the physicians, 84% of nurses. The conclusions of Personal fatigue are as follows: males' and females' personal fatigue are 56.7 and 61.6; work-related fatigue are 51.1 and 57.2; work over-enthusiasm are 47.8 and 45.1; and fatigue of serve object are 41 and 46.6.

Conclusions

This questionnaire was also used 6,395 employed in Taipei (north Taiwan) in 2007. The value of personal fatigue, working fatigue, service object fatigue, and working too involved are higher than labors of the Taipei. The results of this survey shows that emergency medical personnel overall fatigue scores were higher than the general labor.

Comments

It let emergency department medical personnel fatigue in higher intense work environment. Monitoring emergency medical personnel pressure, stress relieving activities and providing communication channels should be held to enhance the safety and health work environment of emergency medical.

Contact: LU Yu Fang

Kaohsiung Medical University Hospital
No.9, Minsheng Rd., Dashe Dist.,
Kaohsiung City, TWN
plk9751@gmail.com

Effects of stress reduction in monitoring mechanism for novices nurses with stress detecting system

KUNG Wen-Chuan, CHANG I-Chiu, CHANG Chih-Ming

Introduction

Newly graduate nurses usually encounter work stress related to complex clinical settings, overwhelming workloads and

unfamiliar environment. These challenges have significantly contributed to job dissatisfaction and increase turnover rates. The high nursing turnover rates may result in poorer patient care quality and further influence patient safety. Most nursing departments establish a monitoring mechanism for the novices and assigns senior nurses to periodically interview the novices. However, the novices stress level cannot be observed easily. A more advanced approach is needed.

Purpose/Methods

The objective of this study was to develop a stress detecting system to assess the novices' stress level and provide early intervention relaxation technique through APP to reduce their level of stress. The experiment design is a randomized controlled trial (quasi-experimental design). The novices of the case hospital were divided in experimental and control groups. Data of stress level and using the relaxation techniques APP were collected and analyzed to confirm the effectiveness of the system intervention.

Results

The results of this study showed that while novices' stress exceed a threshold value, the value of BP, HR, LF/HF increased and the HRV, HF, LF decrease, which are similar to the results of others study. After the relaxation technique intervention, the HRV has shown significant differences between the experimental and control group. This finding is different from the prior studies. The experimental group shows high satisfaction of using the relaxation APP and is willing to continue using the APP.

Conclusions

By applying relieve stress APP to identify early intervention relaxation technique has shown significant differences in reducing novices' level of stress. Especially those who had poor adjustment would use the APP more often with satisfaction. This study proved that monitoring system with effective intervention reduced stress level of the novices and might further decrease their turnover rates.

Contact: KUNG Wen-Chuan

Mackay Memorial Hospital, Hsinchu
No.690, Sec. 2, Guangfu Rd, East Dist, 300 Hsinchu, TWN
6444@mmh.org.tw

The care-mediator team for providing alternative dispute resolution and promoting workplace health in a Taiwan hospital.

TSAI Hsiu-Nan

Introduction

Medical dispute and communication conflict are two important factors to increase workplace stress in hospital. Alternative dispute resolution (ADR) refers to techniques used to resolve conflicts without going to the courtroom. As healthcare and malpractice costs continue to rise, there is growing interest in

tactics such as early apology, mediation, and arbitration in the medical field. When properly implemented, ADR has an excellent track record of avoiding litigation, decreasing overall cost, and increasing satisfaction among both plaintiffs and defendants

Purpose/Methods

From Jan. 2013 to Jan. 2015, we have established the first mediator training team in Taiwan, in order to promote the care, communication and mediation for medical disputes and organization communication. The mediator training team provides intra-hospital mediator program (CTM, care-mediator team), not only care for patient and family, but also care for medical colleagues. The members of the mediator team include hospital managers, risk managers, experienced nurses, social workers, patient safety managers, family medicine physicians, psychiatrists, psychologists, legal professionals and volunteers.

Results

We have practiced care and mediation program for 20 disputes cases, such as labor disputes and mediation, sexual harassment, drug safety, and patient deaths. After fast response meeting for issue analysis, we will hold a care meeting for medical staff and patients. Furthermore we will hold a neutral third-party mediation meeting by trained mediators to promote the communication and resolution for medical disputes. The preliminary data report that our care-mediator team achieve 94% success rate to avoid litigation. And the satisfaction rates is high (81%) among patients, family and healthcare workers. The organization culture and atmosphere are also improved.

Conclusions

Is Alternative Dispute Resolution useful in Healthcare? The answer is positive. Traditionally, the most informal form of ADR is negotiation. This is simply a meeting between the two parties to discuss the conflict and seek to achieve some type of resolution. Besides, mediation is a negotiation that is facilitated by a neutral third-party mediator. According to the literature, early apology and disclosure programs report 50% to 67% success in avoiding litigation. Mediation boasts 75% to 90% success in avoiding litigation, and 90% satisfaction rates among both plaintiffs and defendants. ADR has the potential to help reform the medical dispute resolution system, reducing cost and increasing both parties' satisfaction. In conclusion, the CTM program (care-mediator team) provides a better strategy for medical dispute resolution, promoting health for healthcare workers and improving the organization culture.

Contact: TSAI Hsiu-Nan

Kaohsiung Municipal United Hospital
976 chunghua 1st Rd 80457, 80457 Kaohsiung, TWN
nan122510@gmail.com

The Preliminary Study of Employees' Mental Health Screening Test in a Psychiatric Hospital in Taiwan

TSAI Ching Chi, HSU Chao Wei, CHENG Kai Da, CHOU Li Shiu, CHEN Ming Chao

Introduction

This study aimed to investigate the employees' mental health screening test in 2014 in a psychiatric hospital of Southern Taiwan.

Purpose/Methods

Total 632 participants were enrolled in this cross-sectional study with a structured questionnaire including demographic characteristics, Brief Symptom Rating Scale (BSRS-5) and working pressure. 591 questionnaires were collected and 41 invalid samples were removed (effective response rate 93.5%).

Results

The results revealed an average age of 38.33 years old, females (67%) dominant then males(33%), mostly nursing staffs (41.3%), without exercise habits(37.1%), mild irritability(62.0%), and working pressure(42.9%). 35 participants were suggested to be cared for mood disturbance and 5 needed for psychiatric consultation.

Conclusions

This study was effective for assessing the employees' status of mental health and working pressure, making problem-solving strategies, and providing the ways to enhance employees' occupational health service. It was supposed to be helpful for prevention of mental illness, promotion of working efficiency and medical quality of employees.

Contact: TSAI Ching Chi

Kaohsiung Municipal Kai-Syuan Psychiatric Hospital
No.130, Kaisyuan 2nd Rd., Lingya Dist, 80276 Kaohsiung, TWN
angeltai2001@yahoo.com

An Exploration of Healthcare Violence: An Example from a Regional Teaching Hospital in Southern Taiwan

LI Ling-Yi, LEI Lei, CHANG Wei-Chou

Introduction

Workplace violence is a deeply concerned issue in the healthcare industry. In oriental society, the incident of violence in healthcare is four time higher than the average in other industry. It may due to the care seeking behaviors of patients, the lack of understanding of medical professional duties and roles and the misunderstanding of healthcare delivery and process as well. The study is to discuss the occurrence of violence and the prevention recommendation for management to improve healthcare workplace safety.

Purpose/Methods

Content analysis was employed in this study. Workplace violence incidents were reported through inner hospital patient safety reporting system in a regional teaching hospital in



southern Taiwan. From January 1st, 2010 to October 31st, 2014, forty two incidents were reported. Violent incidents analysis on work shift, place, injury type and severity, person involved, risk factors, prevention and etc. was conducted.

Results

The result shows violence usually occurred in the small hours (62%). Most violence accidents were reported by the emergency department (69%). In 76% of cases, abusers are patients and in 36% are patients' families. 67% of cases occur due to patients' physiology and behavior. Physical attack and verbal outburst were two main violence types. In 50% of cases, medical intervention was needed. In 67% of cases, the hospital reported to the police or filed a lawsuit for the violence.

Conclusions

The study finds the violence type changes from psychological abuse to physical attack. The intensity of violence has been growing. However, the observation is limited because the psychological abuse can hardly be proved. The enhancement was mostly on employee education and training (67%). Moreover, the hospital equipped door access control and surveillance system, refined reporting process, provided follow-up counseling and in advance evaluation of potentially violent patients. Reporting incentive was raised by 50% to encourage staffs to record every occurrence.

Contact: LI LING-YI

Kaohsiung Municipal Ta-Tung Hospital
No.68, Zhonghua 3rd Rd., Cianjin Dist., Kaohsiung City 80145
Kaohsiung, TWN
betty90363@yahoo.com.tw

The Effects of Health Promotion Presentation on Nursing Staff in Isolation Wards

**HSU Yu-Ying, YEH Nung-Ju, WU Li-Chu,
CHOU Hsueh-Chih, CHENG Jin-Shiung**

Introduction

Introduction : The issues concerning patients Safety has been drawn a lot of attentions in medical fields lately. However, it is nursing staff that contacts patients the most frequently and plays an important role as "angels". When nursing staff faces complicated and high-pressure working environment, it is easy to suffer from fatigue at workplace and physical and mental health problems, to bring about some negative emotions to interfere thinking, creativity, and leaderships and further to endanger the quality of medical care. Therefore, the concept of health promotion is not only an important policy but also a significant goal for every health care institution. How to arrange health promotion activities is an important issue as well.

Purpose/Methods

To relieve working pressure on nursing staff and express their emotions and depression via regularly holding a variety of in-service training programs and health promotion activities per month. Method: The Nursing Department conducted an

anonymous survey and selected a variety of health promotion activities, such as in-service training programs, humanism quality, outdoor activities, singing contests, birth celebrations, gatherings, excursions, aerobics, basketball, and travelling aboard. Based on the result of the survey, there are six suitable activities selected. Each ward assigns their elected representative of health promotion to engage in health promotion activities. Then we collect all the information about health promotion activities and examine the written materials. We select 10 wards to participate in our year-end health promotion presentation competition and give a certificate of award and money as encouragement. We handed out the questionnaire (1-5 points scoring scale) to participants in the competition to examine the effects on pre-and post- tests, and further understand the changes of working pressure after taking part in health promotion activities.

Results

Results: 12 people participated, 12 people completed the questionnaire, after overall satisfaction activities 91.6% (scoring scales over 4 points), conscious events can reduce work stress accounted for 83.3%, to lighten your mood swings 91.6%, after participating in the activities make you feel more fulfilling 91.6 percent, felt the need to do this kind of activity and then 91.6%, the additional benefits of reducing the nursing turnover rate.

Conclusions

Conclusion Health promotion activities can relieve anxiety, working pressure, and depression. Healthy emotions play an important role in not only managing intelligence but also promoting working efficiency. We suggest that the medical institution should put an emphasis on health promotion activities and keep holding relevant activities for the purpose of improving health of nursing staff.

Contact: YU-YING HSU

Kaohsiung Veterinary General Hospital
Dazhong 1st Rd., Zuoying Dist
No.386 Kaohsiung, TWN
yshin@vghks.gov.tw

Effect of Employee Assistance Programs on Clinical Nurses' Subjective Experience and Adjustment to Stress: A Case Study of a Taipei Teaching Hospital

**WU Chu-Ying, CHENG Shioh-Ching,
HUANG Hui-Ting, CHUO Ying-Hsiang, LIN
Hsin-Ying**

Introduction

Clinical nurses are the first line in healthcare facility. However, they are subject to enormous work stress, which has long been a critical concern for healthcare facilities. Enabling clinical nurses to resolve problems related to physical and mental

health, work stress, family, and daily life has become a crucial topic for hospital management.

Purpose/Methods

Through the professional intervention of employee assistance programs (EAPs), this study aims to discuss the effects of EAPs on clinical nurses' knowledge of and coping behaviors for stress. The EAP team in this study comprised professional psychological consultants and preachers who provided professional consulting, education, and spiritual health services according to the nurses' individual beliefs and intentions. Using the ex post facto research method, we recorded the help-seeking behavior of 12 anonymous clinical nurses from August 1, 2013, to August 31, 2014, as well as the EAP course content. Each nurse received assistance from the EAPs one to four times. Content analysis was performed on the collected data.

Results

We determined that the sources of stress for clinical nurses are as follows: (a) hospital management: work shift regulations; (b) work units: working and interacting with colleagues, building self-confidence and affirmation, and caring for patients involved in medical disputes; (c) professional self-expectations: practicing care and revitalizing themselves; (d) family interactions: communicating and interacting with spouses and children, and hospitalizing family members. Through the EAPs, including professional counseling and courses that teach emotional expression, counseling and negotiation techniques, parent-child picture book reading skills, personal growth and self-confidence building, clinical nurses can change their negative thought processes. For example, nurses who feel restricted by work schedules might begin to think that hospital regulations can be beneficial because it reminds them when work ends; nurses who dislike colleagues' impolite talk might attempt to foster interaction skills; or nurses who are unavailable to their children, particularly during work hours, might begin to treasure time with their children. Two of the clinical nurses chose to participate in weekly Bible study (as part of the EAP) for spiritual growth.

Conclusions

This study found that the professional intervention of EAPs improves clinical nurses' physical and spiritual health. Moreover, one-on-one confidential services enabled the nurses to unburden themselves, thereby releasing stress. Additionally, the EAP courses enrich the nurses' spiritual life and knowledge, reducing the sources of stress.

Comments

Facing a constantly changing medical environment, clinical nurses are the first line in medical services. We suggest that medical facilities provide nurses with various stress relief measures through objective EAPs to improve both nurses' physical and mental health and thereby enhance organizational performance.

Contact: WU CHU-YING

Taiwan Adventist Hospital
No.424, Sec. 2, Bade Rd., Songshan District, Taipei City 105
105 Taipei City, TWN
w82980@yahoo.com.tw

The Impact of the Doctor-Patient Relationship on Physicians' Mental Health – A Case Study of a Hospital in Taipei, Taiwan

LIEN Hsin-Yi, WOUNG Lin-Chung, HUANG Irving Yi-Feng

Introduction

This is an empirical study of physicians at a hospital in Taipei City, Taiwan, that seeks to analyze the relationship between patient behavior and physicians' burnout. Recognizing the changes that have been taking place in the doctor-patient relationship, the study puts forward a number of suggestions to help improve the mental health of medical professionals in the workplace.

Purpose/Methods

On the basis of a review of the literature and other relevant references, a research framework was formulated that makes use of a cross-sectional approach, with the utilization of a questionnaire survey to gather empirical data from physicians currently working at the hospital in question. A total of 813 questionnaires were distributed; the return rate was 72.2%, and the valid questionnaire return rate was 71.6%.

Results

The study found that a significant, positive correlation between disruptive behavior by patients and physicians' burnout was seen in several groups, including: physicians under the age of 40; physicians educated only to bachelor degree level; unmarried physicians; physicians without dependent children; physicians who do not hold administrative posts; physicians with less than 10 years' work experience; and physicians whose average working hours exceed 71 hours per week.

Conclusions

The degree of emotional strain that physicians experience is affected by a number of factors, including individual personality, experience, attitude, etc. The more extreme patients' disruptive behavior is, the more serious the burnout that physicians experience. Medical institutions need to formulate appropriate response strategies so as to bring about improvements in this area that will enhance the mental health and wellbeing of their personnel.

Comments

From an administrative perspective, mechanisms should be put in place to help physicians cope with the emotional strain resulting from their work, and psychological counseling should be made available. There is also a need for more comprehensive training of physicians in specialist skills, and for higher staffing levels to help reduce the workload that physicians are under. Doctors and patients need to communicate more, and develop a greater level of trust in, and respect for, one another. Raising the overall level of physicians'



professionalism would help patients and their family members become more accepting of physicians; strategies are needed to improve the image of both individual physicians and medical institutions.

Contact: LIEN Hsin Yi
 Taipei City Hospital
 No.145, Cheng Chou Road.,
 10341 Taipei City, TWN
ella@tpech.gov.tw

Study on Effects of Improving Paramedics' Mental Health

LIN Mei-Na, CHEN Chin-Chin, HSU Hui-Chun, HSU Yu-Ping, CHENG Jin-Shiung

Introduction

The mental health of paramedics was measured with Brief Symptom Rating Scale (BSRS-5) (measured from 0 to 4 points. 0 means none, while 4 means very serious). 65.5% of paramedics obtained 0~5 points (normal range) which implies good physical and psychological adjustments, while the other 34.5% had bad physical and psychological adjustments. The study found that reasons for causing "vexation; anger," "depression; sadness," and "anxiety" were because great pressure at workplace, and the lack of appropriate recreational activities.

Purpose/Methods

Objective: To improve the mental health index of paramedics by organizing health promotion activities. Methods: To hold pressure-reducing DIY activities, pressure adjustment forums, welcoming and welfare parties, dinner parties, hiking activities, and singing competitions—karaoke contests as intervention strategies. BSRS-5 was employed to evaluate results before and after the intervention.

Results

Results: Twelve "pressure-reducing DIY courses" were held with the participation of 341 paramedics. The average self-evaluation pressure before the courses was 4.9 points (ranging from 0 to 10 points. 0 means no pressure, while 10 means unbearable pressure). The average self-evaluation pressure after the courses was 3.1 points. Two recreational activities were held with 239 and 256 participants respectively. 368 paramedics participated in singing competitions—karaoke contests. According to the statistics of BSRS-5, the normal range of 0 to 5 points for paramedics increased 3.6% from 65.5% to 69.1%. The proportion of "anxiety" ranging from 0 to 1 point (none to slight) increased to 81.05% from 77.94%, and the proportion of "depression and sadness" ranging from 0 to 1 point (none to slight) increased to 80.364% from 78.74%.

Conclusions

The promotion of mental health cannot immediately show its results by executing health promotion activities in a short period of time. Instead, it takes long-term and continuous implementation in life to show its achievements. It is

considerably important to improve healthy workplace culture in medical units.

Comments

It is hoped that mental health promotion can be continuously promoted to improve an excellent medical environment and the mental health of paramedics.

Contact: JEANG Shiow-Rong
 Kaohsiung Veterans General Hospital
 386 Ta-Chung 1st Rd., Kaohsiung, 81362 Kaohsiung, TWN
pan0325@yahoo.com.tw

Effects of yoga practices on occupational burnout and quality of life among nurses in a medical center

MING Jin-Lain, HUANG Hui-Mei, HUNG Shiao-Pei

Introduction

Nursing staff exposure in the occupational burnout high risks such nightshifts, high working stress, etc. Worker burnout can adversely influence personal health and safety as well as the efficiency and safety of the implications for nursing practice.

Purpose/Methods

The purpose of this study was to evaluate the effectiveness of a yoga practice for reducing perceived occupational burnout and promote health quality of life among nurses, to provide evidences-base intervention to promote optimal health among nurse in workplaces. A quasi-experimental and longitudinal design was used. Participants were recruited from a medical center nursing staff who had experience occupational burnout and assign into yoga (N=21) or control group (N=25). The yoga group received one 60 min yoga session each week for 12 weeks and a control group who received no intervention. Both groups had pretest data collection and after-test follow-ups on the eighth and twelve weeks. Pretest and after-test measurements of self-reported occupational burnout and health quality of life were assessed with the Occupational Burnout Inventory and Short Form-36 Taiwan Version(SF-36). Comparisons between two groups were used the Generalized Estimating Equations (GEE) method.

Results

Results showed the baseline of the yoga and control groups for self-reporting of occupational burnout and health quality of life no significant difference ($p > .05$). Results revealed that at both the eighth and twelve weeks, participants in the yoga group showed a significantly ($p < .05$) greater reduction in occupational burnout than did participants in the control group. At the eighth and twelve weeks, participants in the yoga group reported significantly ($p < .05$) better health quality of life than did participants in the control group. Suggestions to provide yoga for nurses can help to reduce occupational burnout and improve the quality of life.

Conclusions

The results indicate that a yoga program can reduce occupational fatigue and improve health quality of life. Suggestion of this yoga program is a valuable addition to the routine for nurses. Further larger trials are needed to conclude the wider efficacy of yoga for improving workplace productivity, patient safe and reducing sickness absence.

Contact: MING Jin-Lain

Taipei Veterans General Hospital, Taipei, Taiwan
No.201, Sec. 2, Shipai Rd., Beitou District, Taipei, TWN
jlming@vghtpe.gov.tw

Applying the Balanced Scorecard to Improve Clinical Nurses' Physical and Spiritual Health: A Case Study of a Taipei Teaching Hospital

**HUANG Hsiu-Yen, HSU Tzu-Chuan,
HUANG Hui-Ting, CHUO Ying-Hsiang, LIN
Hsin-Ying**

Introduction

Clinical nurses are a vital component of medical facilities. Because clinical nursing is intense and diverse, improving clinical nurses' physical and spiritual health has become an enormous challenge for medical institutions. The balanced scorecard (BSC) is an innovative strategy and performance management instrument that transforms objective strategies into practical actions. The BSC comprises 4 dimensions: finance, customers, internal business processes, and learning and growth. Learning and growth provide the foundation for the other 3 dimensions and are the basis of excellent performance. Therefore, applying the BSC to improve clinical nurses' physical and spiritual health is critical for medical operators.

Purpose/Methods

The objectives of this study were to (a) employ BSC to establish a performance indicator and an action scheme that improve clinical nurses' physical and spiritual health, and (b) compare the effect of the BSC on the rate of resignation by clinical the nurses. In this cross-sectional study, the entire nursing department of a teaching hospital in Taipei City was recruited for participation. From January 2007 to December 2013, we collected and analyzed data on the learning and growth of the nurses according to the BSC. The indicators for learning and growth included participation in the following: ensuring patient safety; infection control, healthy diets, spiritual health courses, mental health seminars, fitness tests, Papanicolaou tests, breast cancer screening, feces latent blood screening, chest X-ray, and flu vaccination. Additional indicators included examining the number of metabolic syndrome visitors and personnel with body mass indices (BMI) exceeding 25.

Results

From January 2007 to December 2013, the nurses' annual average achievement rate in each indicator category was as follows: (a) The physical health intervention measures included patient safety. Participation rates in infection control classes

and chest X-ray both achieved 100%. Participation rates in healthy diet seminars and fitness tests both exceeded 95%. Participation rates in Papanicolaou tests, breast cancer screening, and feces latent blood screening all exceeded 99%. More than 95% of the nurses received flu shots. The number of metabolic syndrome visitors was less than 10% of the number of overall examination visitors, and the proportion of personnel with BMIs exceeding 25 was less than 20%. (b) The participation rate in mental health intervention seminars exceeded 95%. (c) The participation rate in spiritual health intervention courses, including spiritual health courses and bible studies, exceeded 85%. (d) The resignation rate of clinical nurses during 2007 to 2013 was approximately 8.75%–16.46%, substantially lower than the average clinical nurse resignation rate in Taiwan (16.7%–19.0%).

Conclusions

This study determined that using the BSC to establish action schemes and performance indicators for the physical and spiritual health of nurses effectively improves the participation rates in each intervention and promotes the physical and spiritual health of nurses, reducing their intention to resign. In the challenging and stressful clinical nursing environment, we expect to provide nurses with healthy, friendly working environments, thereby strengthening and retaining the human resources in clinical environments.

Contact: HUANG HSIU-YEN

Taiwan Adventist Hospital
424, Section 2, Bade Road, Songshan District, Taipei, Taiwan
105 Taipei, TWN
dodo112408@hotmail.com

Work - related stress disorders : investigation on the operating room staff in University Hospitals . Literature review and preventive measures.

**MORGHEN Ilaria, ANTONIOLI Paola,
MATARAZZO Teresa**

Introduction

The work-related stress is a condition, with an influence on the physical and mental health of workers. This being sick psycho-physical impact on the efficiency and poor performance. Health professionals are no exception. The role of health promotion within the health companies, is taking charge of their human resources, because, the state of health's workers, is related to that of citizens - users. Avoid creating employee dangerous for users, is priority mission in companies that provide services to the person.

Purpose/Methods

A methodical analysis of the scientific literature and data of specific national and international databanks, to study and promote the organizational health of a specific part of the staff, the workers employed at the operating room. Through the survey of the determinants of the malaise of the operating



staff, we aim the purpose of detecting preventive measures and costs generated by work - related stress disorders: depression and musculoskeletal disorders.

Results

Greater intensity of work, has a negative impact on the welfare of the workers; physical and psychological environmental factors in the workplace and musculoskeletal diseases, have an influence on upper limb and lumbar disorders. In the global ranking of disease, low back pain, in the Italian population, among the top 10 diseases measured in years of life lost, with a serious economic problem. We need intervention focused on the general population, changing attitudes, having a significant financial return.

Conclusions

We tried to assess the prevalence of such symptoms in a population of health professionals, the ergonomic risk of psychosocial stress and the costs related to a loss of professional performance. The study shows, the need to explore, in addition to the occupational risk factors, also psychosocial factors and stress. Interventions conducted within the local health authorities, must focus on: process improvement of the business climate, the ergonomics of the workplace, primary promotion interventions in the general population.

Contact: MORGHEN Ilaria

Ferrara University Hospital, via Aldo Moro 8, Ferrara, ITA
donner.morghen@gmail.com

The impact of published the essays on nursing career to promote the mental health of nurses

HSU Hui-Chun, JEANG Shiow-Rong, LIN Miaw-I, CHEN Ya-Mei, LU Tzu-Chan, KU Yan-Chiou, CHENG Jin-Shiung

Introduction

In recent years, various countries have supported campaigns for workplace health. Nursing is a busy, highly stressful and challenging career. Hospitals should organize relevant events to elevate nursing faculty's health and well-being, relieving their emotional stress, and further enabling them to provide high quality care.

Purpose/Methods

Sharing stories regarding nurses' experiences and heartfelt relationships with patients in the workplace allows them to relieve stress and promote overall well-being, fostering high quality care. After initial review of the touching stories experienced at their workplace, excellent participants were selected for on-site presentations, where they were awarded prize money and certificates, while a satisfaction survey was conducted to determine how the nurses felt about the effectiveness of the event regarding relieving work pressure.

Results

There were 122 nurses who participated in the event, while 67 of them completed the questionnaire, and the overall satisfaction (on a scale of one to five), resulting in 100% rating over four points. After the sharing of "Nurses' Workplace Stories," which made the nurses reflect on their "work burden," over 92.54% of them felt relieved, giving over four points of satisfaction, while 89.55% felt they were "able to lighten work pressure" on a scale of over four points.

Conclusions

The satisfaction survey of the presentation of Nurses Sharing Workplace Stories shows that such an event serves to provide a channel for nursing faculty to share their clinical caring experiences while relieving emotions, effectively lightening their work pressure and burden.

Comments

Nurses are the most numerous personnel in medical teams, playing a significant role in boosting health. In Taiwan, nurses have far more patients to take care daily than in the United States, which severely increases the nursing faculty's burden and stress. It is advised that medical institutions should pay attention to this issue and continually organize relevant events in order to promote the health and well-being of nursing faculty, and hence provide high quality nursing care.

Contact: HSU Hui-Chun

Kaohsiung Veterans General Hospital
 Greater Zuoying District No. 386, Kaohsiung, TWN
hchsuh@vghks.gov.tw

Mindfulness-based Stress Reduction for new nurses

WANG Shu-Chen

Introduction

The 8-week MBSR program was known to be effective on reducing stress in various population. No study so far is conducted on applying MBSR to new nurses in Taiwan.

Purpose/Methods

Aim to provide qualitative data to demonstrate the effects of mindfulness-based stress reduction (MBSR) on the stress of new nurses and to investigate how to modify this intervention to better fit new nurses' need at the beginning of their career. 33 nurses were in intervention group with the average age 23.5 years. The 8-week MBSR program was followed the standard curriculum designed and led by a qualified MBSR teacher. Participants were required to practice after class and wrote down their experiences on weekly basis. The transcription of class recording and participants' homework were analyzed.

Results

New nurses might experience feeling incompetent in managing their daily schedule and routine at work, being preoccupied by various kinds of worries and having poor concentration on different tasks. Many participants had sleeping problems or were aware of their distress. Mindfulness practice such as body scan was reported to be helpful in improving their sleeping quality and skill of mindful breathing to increase their awareness of their distraction. In the last two weeks, participants reported

that they were able to incorporate several practices into their clinical work.

Conclusions

Preliminary qualitative data showed that skills of Mindfulness Meditation are effective for new nurses in reducing their stress. Nevertheless, participants reported that their main intention to learn in MBSR class is to improve their clinical work. The way of teaching mindfulness skills might need to be modified to fit the special concern in this population.

Comments

The way of teaching mindfulness skills might need to be modified to fit the special concern in this population.

Contact: WANG Shu-Chen

Buddhist Tzu Chi General Hospital
707, Sec 3, Chung-Yang Rd., 970 Hualien, TWN
wangsc@tzuchi.com.tw

Session P1.7: Community health promotion through lifestyle interventions & prevention of addictions and diseases

The importance of exercise and diet found through the observation of the 'Haenyeo's of Jeju

AHN Juhee, LEE Hanyoung

Introduction

There has been records of female free divers in Jeju island of South Korea since 1105. These 'Haenyeo' (or 'Jamnyeo' in Jeju dialect) harvests seaweeds and shellfish without carrying diving tanks. According to a survey in 2013, from the 4507 active haenyeos in Jeju Island, 90% are over 50 years of age, and 51% are over 70. As the life expectancy of females are 85 and 87% of elderly women have chronic disease, health management is crucial for senior women. In this research we looked at the amount of exercise, diet and bone density of elderly Jeju haenyeos who regularly dive 130-180 days a year. Through this we aimed to find how occupational activities, exercise and food affect senior women.

Purpose/Methods

Starting in 2013, we observed 20 elderly haenyeos for 2 years. We monitored their results from the national health examination and their bone density for change, and also recorded their daily diet and weight for 3 months each year to create a table for analysis. Private interviews and surveys were

also performed to observe the positive and negative effects the occupational activities have on their mental health. The national health examination includes screening for hypertension, hyperlipidemia and cardiovascular disease risk score, so we were able to notice change in our subjects' chronic diseases. We also compared the haenyeos' national health examination results to those of other women of Jeju in the same age range who don't dive. We also collected samples of serum and urine to check the level of sodium to see whether seaweed and doenjang (Korean soybean paste) that the haenyeos regularly consume on a daily basis have any affect.

Results

The subjects' average age was 67.4, diving 138 days per year, 3.5 hours a day. While the average T-score (bone density indicator) was - 2.1, 2 of the subjects' T-scores deteriorated at an average of 0.4. 3 subjects who were treated for osteoporosis during the research period showed improvement on an average of 0.5, and their bone density was significantly better than the comparison group. We also found that the haenyeos consumed 5 times more seaweed and twice more doenjang than the non-divers. The cardiovascular disease risk score from their national health examination showed no worsening. However with regards to subjective symptoms, all subjects complained of headaches, and 6 suffered from pain in their hip and knee. Serum samples and urinary samples showed normal levels of sodium. Even in their days off of diving, the haenyeos worked 6 hours a day on farms. While they only had 20 or so days where they didn't fish or farm, they worked in groups to earn income even in those days. Variation of the subject's weight during the 2 years was 0.6kg on average.

Conclusions

The results showed that the active elderly Jeju haenyeos showed less rate of osteoporosis than the general public. This is due to the constant exercise of their legs and waist underwater and on land that the Haenyeos do on a daily basis. The research shows the importance of proper exercise and posture for one's health and can be grounds in recommending field sports and aquatics in parallel. Because of their occupational need, the Jeju haenyeos strictly monitored their weight, eating meals at regular hours. Even though they consumed doenjang and seaweed in almost every meal, there were no abnormality in their sodium consumption level. Also the unique characteristics of Jeju haenyeos of having a strong will to prolong their career, along with their mental strength and amount of exercise strengthens their physical state and raises their productive age.

Comments

"Haenyeo" is an important cultural tradition and boasts a mental representation of Jeju women. We are waiting for the listing of the world's cultural heritage. Results of food and exercise including diving of the Haenyeo carries important implications for older people.

Contact: JU HEE AHN

suwon medical center
886-9 jong ja 2dong jang an gu
440-842 suwon, KOR
cathdoc@hanmail.net



The Effect on the Weight Control Group

LIN Pei-Ching, HUANG Hsiu-O, LO Cheng-Yu, WU Jung-Nan

Introduction

With the changing of eating habits, more and more people have become fat or over-weight. Overweight and obesity are the main risk factors for chronic diseases accompanied with cardiovascular diseases or metabolic syndromes. People who are overweight are prone to get higher risks for at least nine cancers than ordinary population.

Purpose/Methods

The study period is from April to June, 2014, including six nutrition education lessons and six aerobics lessons of intervention in the experimental group, whereas control group receives no active course involvement. We measure the weight of the participants in the experimental group and the control group after six weeks. We use SPSS18.0 by paired t-test, analysis and comparison of before and after, to explore the effectiveness of weight-loss classes.

Results

A number of 27 people in the experimental group complete program in the weight control class. Statistical analysis shows there are significant effects, and 29.7kg loss in 6 weeks. Controls group includes a number of 27 people, and 10.4kg loss in 6 weeks.

Conclusions

People who participate the programs have gained knowledge and change some of their behaviors, and they are more encouraged to lose weight under the power of binding from the group.

Comments

The participants are more willing to lose weight, then improve their health by joining in the program using the correct weight-losing ways. After the program, they are still trying to lose weight in their daily life.

Contact: PEI CHING Lin

I-Shou University-Graduate student
No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung
Kaohsiung City, TWN
ed100711@edah.org.tw

Evaluation of a lifestyle intervention program in Norwegian primary health care

LIE Silje Stangeland, SEVILD Cecilie Hagland, DYRSTAD Sindre Mikal

Introduction

The aim of this study was to evaluate the physiological effects of an outpatient lifestyle intervention program prescribed by Norwegian primary health care for inactive obese people. The program includes exercise and lifestyle modification education.

Purpose/Methods

Inactive obese participants were randomly assigned to either an intervention group (n=18), which received six months of intensive training and health education followed by six months of follow-up once a week, or to a control group (n=17). At baseline, six months and 12 months the participants were tested for anthropometrics, VO2max, blood lipids and blood pressure.

Results

Compared to the control group the intervention group reduced waist circumference and fat mass, and increased VO2max by 4.1%, 6.5% and 9.9%, respectively. The difference between the two groups was significant (p<0.05) after six months, but not after 12 months.

Conclusions

This small-scale study shows that this multidisciplinary outpatient lifestyle intervention program had beneficial effects on reducing several obesity-related cardiovascular risk factors after six months. However, in the conclusion several adjustments to this and similar programs are suggested to further improve the participants' outcome and reduce drop-out.

Comments

Keywords: obese, waist circumference, weight loss, blood pressure, VO2max, outpatient, randomised controlled trial.

Contact: LIE Silje Stangeland

University of Stavanger
Bratteboforen
4308 Sandnes, NOR
silje.s.lie@uis.no

Hospital & Community Health Promotion programs: Effectiveness of DASH-based Nutrition Education Intervention for Weight Management

HSIEH Pei-Ju, CHENG Yu-Yao, CHANG Yi-Ping

Introduction

The Taiwan diet was under the influence of the Western fast food and becomes unbalanced, which causes people to consume more high calorie food and less vegetable and fruit, and thus results in obesity and chronic diseases. Cishan Hospital provides the community with weight losing program, which

contains DASH diet and teaches employees and population how to eat with balance and lose weight healthily.

Purpose/Methods

1. period of time: 3 months. 2. 6 week programme: *What is BMI? *Introduction of DASH diet. *Getting to know the food nutrition facts labels and calories. *Choosing whole grains and 5 servings of vegetables and fruit. *Choosing low fat milk and white meat. *Having the choice to eat more nuts and to cook with better oil. 3. Offering and teaching how to make the DASH diet during the class. 4. Questionnaires contain three main parts concerning diet and nutrition: "problems and behavior", "habit - self-monitoring, planning diet, weight control" and "knowledge".

Results

We can see the significant changing in many aspects of all the participants, the influences are as followed: diet and nutrition surveys(including behavior, habit and knowledge), anthropometry assessment (including weight, BMI and body fat) have Significant differences ($p < 0.05$). The individual parts, "problems and behavior", "habit - self-monitoring, planning diet" and "knowledge" have Significant differences ($p < 0.05$). The average body weight before and after was 73.9 ± 15.0 and 73.2 ± 15.3 ($p < 0.05$).

Conclusions

For the first time, Kaohsiung Cishan Hospital uses the DASH diet in the weight losing program and most of the participants are highly satisfied. This research includes the positive effects on losing weight by teaching people the fundamentals of DASH diet in the nutrition class during the program. We will keep promoting DASH diet and in time make adjustment to improve it. Thus we can provide the community along with the staffs with a healthier diet and a better life.

Contact: HSIEH pei-ju

Cishan Hospital

No.2, Ln. 530, Nanzi Rd., Nanzi Dist., Kaohsiung City 811, T 81164 Kaohsiung, TWN

dora1004@chis.mohw.gov.tw

Application Community Partnerships to Promote Walking Behavior for Community Residents

YU Wei-Hao, SU Yi-Lin, CHANG Chih-Chieh, LU Hsiu, CHIEN Chih-Cheng

Introduction

The progress of recent years, the various countries' economy development and the life state and disease state change cause everybody to value the health issues. Walking for body composition, blood fat and mental health has a positive change. We founded regular walking rate are 50.1%, 97.3% don't know how to walk and fear of injury of community residents in this study. The study evaluated the effectiveness of walking intervention programs for community residents.

Purpose/Methods

We collaborated with the Li- chief, to promote community residents to join walking program. The strategy included: (1) established walking team, (2) Set up friendly walking environment, (3) Invited professional teacher to train and led walking, (4) walking volunteer etc. during August to October in 2014.

Results

At the end of the intervention program is 51 peoples involved (female 86.5%), attendance rate of 96.9%, regular walking rate is 96.9%, 90% sure the benefits of the walking, weight loss achieve rate is 60.6%.

Conclusions

Health promotion is the necessary strategy to healthy life, and the ultimate goal of health promotion is empower. We are health promotion professionals, with the main objective to promote behavioral change, collaborated with community keypersons and excited potential of community participation, to evokes the concept of sustainable.

Contact: YI-LIN Su

Sijhih Cathay General Hospital

No.2, Lane 59, Jiancheng Rd., Sijhih Dist., New Taipei City

New Taipei City, TWN

elinesu0227@gmail.com

"Lively Go Hiking"-A Review of the Strategy and Effectiveness of the Promotion for Hiking as Exercise in the Community

HUANG Tsu-Hsueh, HUNG Ta-Chuan

Introduction

In order to build up a community which would merge exercise into everyday life, our hospital, in conjunction with 12 community cooperating organizations, including Tamsui District Office, churches and the Senior Groups, etc., jointly planned and promoted hiking trails and encouraged the members of the community organizations to call upon each other and form hiking teams; then through mutual encouragement and support between the team members, a habit of going hiking on a regular basis was developed in the community.

Purpose/Methods

Beginning in June 2014, relevant activities includes: arranging sports experts to field survey potential hiking routes and providing guidance on hiking; devising Health Passbook; designing hiking posters and leaflets for broadly inviting community residents to join in hiking; combining the efforts of the VIPs of the community organizations in leading and demonstrating the determination to go hiking for health; setting up Facebook and inviting hiking teams to participate,



and upload and share anecdotes, photos and movies shot during hiking.

Results

In 2014, "hiking teams" were formed from seven community organizations with 228 participants in total, with individual average hiking frequency of 2.5 times per week and hiking duration of 182.5 minutes; besides, two safe and comfortable hiking routes were developed and opened up, with characteristics and mapping of the routes marked up alongside, and also with milestone marked up, and anticipated calories consumption indicated; and finally, four hiking teams were registered in the Facebook, and shared their photos and anecdotes.

Conclusions

Through cooperation with the community organizations, hiking trails were situated to provide ease of approach and convenience; a target of going hiking for over 150 minutes a week, which was not easy to attain, was achieved. Hiking is one of the best forms of exercise. If the public can merge hiking into their daily life, and practice it regularly as an every-day habit, with perseverance, metabolic syndrome can be kept far away, and full marks for health can be gained.

Contact: HUANG Tsu-Hsueh

Mackay Memorial Hospital Tamshui Branch
No 45, Mingsheng Road, Tamshui District
25160 New Taipei City, TWN
hwang46@mmh.org.tw

"We want to keep walking" - Make the dream come true together! - A challenge of exercise class

HIROSAWA Kyoko, FUKUBA Isao, RA Shoushou, INAMURA Mayumi, KUMAKURA Masaaki, TANAKA Ikuko, HIRASHIMA Kumiko, HASHIZUME Naoko, SATO Tomomi

Introduction

Saitama Cooperative Hospital is located in a community with 48 "Health Squares" which are voluntary run by local residents at nearby parks or town halls. About 800 people join the activities such as walking and muscle training on once a week to monthly basis. In order to evaluate the effectiveness of this Health Square in prevention of weakness by aging, exercise classes were organized for a survey on daily exercise and physical strength. The work and results are reported.

Purpose/Methods

Subject: FY2012 6 places 105 persons, FY2013 12 places 168 persons (Age Distribution: 70 or older female 50%, age 50-60 female 38%, Male were only 12% so excluded from the subject.) Program: 1) Medical check questionnaire, 2) Lecture, 3)Warm-up, 4) Fitness measurement (grip, forward bend, one leg with open eyes, 5m walk, 30 seconds chair stand-sit), 5) Cooling

down, 6)Evaluation, 7) Discussion and wrap-up. Evaluation method: data analysis of exercise practice survey and fitness measurement.

Results

In comparison with the national average, walking ability was higher in all ages, while muscle strength was inferior. But, the muscle strength of the Health Square muscle training class members was higher. As for the 70 or older female, they exceeded the national average in three items. The members with 2-year continuous membership had a 4-items fitness check after one year: improvement was found for 70 or older females while a decrease among 50-60 female.

Conclusions

The 70 or older female members of Health Square were higher in their exercise continuous rate, time and frequency, and the program was effective to improve their physical fitness. For age 50-60 female, physical strength was lower, suggesting necessity of additional exercise of Health Square program. The Health Square is run voluntarily by the residents. But the study revealed that a professional support is needed in settings such as frequency and exercise menu for different age groups.

Contact: SATO Yuko

Medical co-op Saitama
1317 Kizoro, Kawaguchi-shi, Saitama, JPN
ikuseisienka@mcp-saitama.or.jp

Create a fitting environment for hiking with both oral and text tour guides available all down the way. An unique hiking site for mental healing that is full of cultural, historical and religious information offered via latest smart phone technologies

HSU Shih-Hsin, CHANG Wen-Hsin, HUNG Ta-Chuan

Introduction

Mackay Memorial Hospital have built a cloud-base sustainable platform; it includes a designated website and a smart phone App. This platform provides oral and text tour guide via smart phone App. This platform services hospital staff, community and tourist; it provides historic route guide for either large or small activity. Hospital also provides outskirts hiking route, for lunch break or after work exercise. Smart phone and GPS Automatically save hiking record, for health promotion management.

Purpose/Methods

Utilizing new information technologies, the hiker can retrieve related cultural, historical and religious information anytime, anywhere along the hiking route to fertilize their minds and

soul together with physical bodies. Implementation steps: 1) Build a website and produce a corresponding smart phone APP. 2) Collect all the related stories and information of the hiking site and make recordings to describe them. 3) Hold activities for advertisement and encourage the participant by rewards.

Results

We released a free and multi-language based APP for both iOS and Android smart phones, Install QR code (<http://mbfmmh.org.tw/app.aspx>) and website (<http://mbfmmh.org.tw>). It is now available for Chinese, English, Japanese and Korean and is visited by up to 2,000 people so far.

Conclusions

This APP service is an unique platform which combines information technologies together with cultural, historical and religious materials to bring whole new experiences to the hiker to make hiking more than merely a simple physical activity. And this is just a beginning, we will keep exploring new hiking routes and add in more comprehensive information to provide exclusive splendid enjoyment of completely new style of hiking.

Contact: HSU Steven

MacKay
No.47, Minquan Rd., 25173 Tamsui Dist., New Taipei City, TWN
2t.steven@gmail.com

Creating A New Exercise Walking Model In Community

CHUANG Chin-Ru, CHEN Yi-Chih, YANG Ya-Wen, WU Chih-I, HUNG Ling-Yu, MA Hon-Kwong

Introduction

According to a WHO survey, 40% of Taiwanese aged 18 to 65 are physically inactive, twice as much as the average of 20 countries surveyed. With 40,000 people per square kilometer, the density of population in Yonghe District is the highest in the world and it's difficult to find a place to exercise for the residents in this area. We try to create an exercise friendly environment with this program.

Purpose/Methods

Eight convenient stores near the hospital joined the program. An exercise walking route (2.4 kilometer) connecting these stores were created. People can collect stamps and win gifts with 8 stamps in these stores while doing exercise walking alone the route from May to September 2013. These convenient stores are open 24-7 and it's easy for the participants to do exercise walking whenever they want.

Results

426 people participated in this health promoting program and 251 of them completed the stamps collection. 35 participants did exercise walking following the route for more than 4 months. A questionnaire issued by the Health Promotion Administration was completed by 251 participants. The results

showed that the percentage of physical fitness index as good increased from 89.7% to 91.1%.

Conclusions

Most of the health promotion activities in community are held by hospitals or NGO groups, without local businesses' involvement. We work with convenient stores and create this innovative health promotion program to increase people's interest in exercise walking. We hope that it'll change people's idea about exercise. It's not just hard working, but also easy and fun.

Contact: CHUANG CHIN-RU

Yonghe Cardinal Tien Hospital
No.80, Zhongxing St., Yonghe Dist., New Taipei City, TWN
jinrue80@gmail.com

A Marathon Online Information Platform to Improve Nationals' Health – "Running on Clouds" as an example

LIN Jing-Jia, YANG Hsu, LIN June-Dong

Introduction

Just like the proverbs said, "Exercise for your health!" The number of marathon competitions held in Taiwan is rising rapidly over the past few years. It is also worthwhile to notice that the frequency and the quality of the competitions held in Taiwan are among the top of the world. By using the online marathon platform constructed by Taiwan's Nonprofit Organization, the 100 Marathons Association in Taiwan (MAT100), competitors can record and trace their personal scores to encourage more nationals to participate in the competitions.

Purpose/Methods

We introduce the method known as marathon investigation which records detailed information about every competition that a person had attended, including the distance and finish time of each competition on a public platform. The platform allows not only the clients to check their own scores, it also allows them to browse each other's records. Twice a year, the MAT100 will award runners that have finished more than 10th, 30th, 60th, 100th, 200th, and 300th marathons etc., at a public awarding ceremony according to the online records.

Results

Since the platform was constructed in 2003, more than 11,640 people have joined during the past 11 years. The most recent records showed that 2,950 people have finished more than 10 marathons, 1,218 people have finished more than 30, 761 people finished more than 60, 463 people have finished more than 100, 70 people have finished more than 200, and 16 people have finished more than 300 marathons. By recording their scores on the platform, everyone can be recognized by others and even achieve self-accomplishment.



Conclusions

By using the platform, we can acknowledge and recognize the hardship and the determination of the marathon competitors, which also inspire other competitors, encouraging them to attend the competition and improve their health. It doesn't matter how many marathons that you have finished, what matter most, is that you can continuously attend the competitions. Therefore, the online platform has encouraged competitors to do more sport, keeping their body healthy, and improve their life quality.

Contact: LIN Jing-Jia

chimei medical center
No.901, Zhonghua Rd., Yongkang Dist., Tainan City 710, Taiwan
710 Tainan City, TWN
m880904@gmail.com

The role of hospital-established medical fitness centers in promoting physical health

WONG Toh Yoon, KUSUOKA Satoshi, MURATA Hirohiko

Introduction

Worldwide obesity is an issue of concern and although Japan has one of the lowest obesity rates in the world, there is an increasing trend among the male population. Obesity is associated with a variety of complications such as cardiovascular disease, type 2 diabetes, fatty liver and cancer. Our hospital established a medical fitness center in June 2009 which integrates physical exercise and fitness with disease management and prevention, working closely with healthcare professionals from the hospital.

Purpose/Methods

Data was collected from 100 members who used the center's facility for more than two months. Fitness programs include group exercise classes such as aerobics, stretching, walking, balance training etc. The center also provides individual exercise programs tailored to each member. Changes in body weight, body mass index (BMI), blood pressure, body fat percentage and muscle mass percentage were analyzed.

Results

Average age was 62 years old with the majority of users being female (80%). Members used the fitness center at an average frequency of 11 times per month. Statistical analysis showed significant improvements in physical parameters such as body weight, BMI, body fat percentage, muscle mass percentage and mean arterial pressure after an average period of 29 months. Furthermore, improvement in body weight and muscle mass percentage were correlated to the frequency of use after adjusting for age and gender.

Conclusions

Our hospital-established medical fitness center is shown to be effective in improving the physical health of its members. Since

more than 75% of members are above the age of 50 and almost 60% of members have some chronic disease (with cardiovascular disease being the most frequent), having the support of healthcare professionals nearby while exercising provides safety while promoting physical activity.

Contact: WONG Toh Yoon

Hiroshima Kyoritsu Hospital
Hiroshima-shi Asaminami-ku Nakasu 2-19-6, Hiroshima, JPN
easybs@hotmail.com

Let's make Health Promotion of the local resident participation ~The role of healthcare workers through Sodium restriction campaign~

SATO Tomomi, RA Shoushou, FUKUBA Isao, MIURA Saori, UEDA Natsumi

Introduction

In Japan, We work on sodium restriction campaign as one of the big themes of the health promotion, because we have more salt intake than the other countries. We have continued to support activities and organizational development for local resident to act health promotion proactively in this area since 1980s. We will report the results of support activities of local resident health promotion.

Purpose/Methods

a)Organization We set up a section supporting local resident health promotion and discuss with representative of local residents about management policy, activity contents, and lecture regularly. b)Enlightenment We participate in local resident group meeting and lecture sodium restriction and usage of the urine salt-paper as a daily check method, discuss about the results. We perform a salinity control and appeal to sodium restriction at local experience-based events. We exhibit a component salinity display and Miso soup sampling in our hospital.

Results

- * Campaign of sodium restriction has been continuously performed for 30 years, since 1984 until now.
- * 630 people of 27 Groups participated in the salinity self-control in 2013.
- * Salt intake gradually decreased from average 11.39 g / day in 1984, to average 10.18 g / day in 2013.
- * Participants of experience-based event said "how excessive we have taken salt! ", "our consciousness for salt restriction has increased ".

Conclusions

We consider that the importance of salinity control has been spread broadly into local residents and self-control tool can be

used easily by our educational activities, according to organization of the informal human relationships of local residents since 1984. We think that healthcare workers have to provide the medical knowledge and support the residents-based health promotion activity and organize as the partner in pursuit of health.

Contact: SATO Yuko
Medical co-op Saitama
1317 Kizoro
Kawaguchi-shi, Saitama, JPN
ikuseisienka@mcp-saitama.or.jp

Healthy cooking help to improve the health status of your family

YANG Yu-Wen, NIEN Yu-Ting, WANG Tai-Yen, WU Yu-Ling

Introduction

Knowledge, attitudes and skills are three important components to maintain healthy behaviors. Most people have knowledge of healthy diet, and hope to eat in a healthy way, but are less skillful in cooking healthily. Teaching people in community to develop healthy cooking skills can help them practice healthy dieting behavior in daily life. Modifying the cooking behaviors of the main cook in a family will facilitate improving the health status of family members.

Purpose/Methods

We enroll housewives who are in charge of cooking for their family to attend Healthy Cooking Classes. Initially, dietary guidelines developed by Health Promotion Administration, Taiwan will be introduced. We use food models/samples to illustrate the exact proportion size/amount. Cooking demonstration is performed in classes. The participants learn cooking skills from doing and share their experiences with others. They are asked to fill out a 7-day dietary questionnaire before and after the classes to evaluate the effect of the classes.

Results

During February to September 2014, 71 participants attended 7 sessions of Healthy Cooking Classes. 65 people (91.5%) finished the questionnaires both before and after classes. We analyzed the data with paired t-test and found participants were more likely to take dairy products ($P=0.003$), fruits ($P=0.038$), use less oils in cooking ($P=0.003$), use less salty seasoning ($P<0.001$) and take less salty foods ($P<0.001$) after classes. But the behaviors of taking whole-grains ($P=0.159$), vegetables ($P=0.771$), or fatty foods ($P=0.174$) were not changed.

Conclusions

With the Healthy Cooking Classes, housewives learn the knowledge and skills of healthy dieting and cooking. Most participants improve their dieting/cooking behaviors after classes. They take dairy products and fruits according to the recommendations of dietary guidelines more frequently, but

take salty foods and use oils and salty seasoning in cooking less frequently. By applying the knowledge and skills in daily life, housewives can cook delicious and healthy meals for their family members and then enhance their health status.

Contact: YANG YU-WEN
Changhua Christian Hospital
No. 135 Nanxiao St.
500 Changhua City, TWN
yuwen77@hotmail.com

Effective Enhancement of Health Promoting Programs through Integrating Resources of the Hospital's Nutritional Department

CHANG Huang-Yu, WANG Wen-Yen

Introduction

Greater importance has been placed upon preventive medicine and medical nutrition therapy (MNT) in recent years. These health promotion measures have become key programs in many hospitals. However, most hospital departments were already overburdened with work. The main objective of this project would be to properly implement health promotion programs under limited manpower in order to help community residents achieve healthy living.

Purpose/Methods

Annual nutrition awareness and education programs have been implemented since 2006. Activity data were carefully retained by the dietitians and compiled at the end of the year. Theme-based nutrition and medical promotion and education manuals were composed. Physicians from the relevant departments were then invited to write articles to make personal marketing a part of the program as well. The manuals were then distributed throughout the hospital as well as the community during external health promotion events.

Results

Articles published: (2007) Simple and Healthy Recipe Cards, with innovative designs for added convenience; (2008) Vegetarian's Bible, based on the theme of economic diets for carbon reduction; (2009) Wonders of Medical Nutrition, with the theme focused upon demonstration of health diets catering to certain diseases while providing personal marketing of the physicians involved; (2010) Weightloss Campaign Manual; (2011) Brain Stimulating Diets - Battle Against Dementia, a theme-based manual composed for the aging population.

Conclusions

Valuable information from departmental events and activities of the year were compiled. The team worked together to generate health promoting medical nutrition manuals and distributed them to the departments that require them (public relations, community services, etc.) for resource sharing and its effective use. The process of organizing events and composing the manuals helps to promote collaboration between different



medical teams and improve awareness and support for nutritionists in the hospital.

Comments

Every action has an effect. After the events, the manual can be edited so that precious resources are properly retained, shared and recycled. This would not only improve hospital health promotion programs, it would also effectively integrate resources for departmental operations and maximize the benefits achieved. Intangible benefits: 1. Effective use of resources and improved work efficiency; 2. Improved awareness for health promoting programs; 3. Medical marketing; 4. Collaboration between medical nutritionists; 5. Sense of achievement amongst colleagues.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road
201 Keelung, TWN
yeeplike@yahoo.com.tw

Community Sodium-reduction Campaign

YANG Ching-Ching, CHOU Hsiu-Yu, LO Yu-Tai, YANG Yi-Hua, LIOU Wen-Chin

Introduction

Excessive sodium intake is one of the main causes of high blood pressure, cardiovascular disease and other chronic diseases. Taiwan's Ministry of Health recommends a daily sodium intake for adult to be under 2400 milligrams. However, the average daily sodium intake of age 19-64 Taiwanese is 4047 milligrams. Thus reducing sodium intake is critical for a better public health in Taiwan. The program aims to enhance public awareness of this issue and make an actual impact on people's eating behavior.

Purpose/Methods

Merely aware of an idea is far from actually doing it. To make a bigger impact, the program raises the awareness from two approaches: 1. Partner with local restaurants: Hospital nutritionists design survey and counsel with local restaurants to improve sodium content in their dishes, and launch at least one low-sodium dishes. 2. Educate the community: The hospital will host sodium-reduction lectures, and live demonstrations of low-sodium meal making and sharing, which allow people to personally "experience" the concept.

Results

- 250 people attended 10 lectures on knowing the sodium fact from nutrition labels, and the recommended daily sodium amount.
- Survey results from 250 questionnaire show 42.41% are used to dining out; 49.21% think public acceptance to less sodium food is low.
- Assisted 10 restaurants launch two kinds of salt-reducing menus. 7 restaurants are willing to reduce sodium on their original menus.
- 10 restaurants stopped actively providing extra seasoning to customers. The restaurants also place salt-reduction posters in the stores.

Conclusions

The survey results show people's choice of less sodium food is correlated to their acceptance of it. The program has successfully raised the public acceptance from two approaches. Three restaurants will keep providing low-sodium menus because more customers had requested for it. The community are now more sensitive to sodium content on the nutrition fact labels. The government and the hospitals would jointly create a healthy eating environment and change people's eating habits for a lower chronic disease rate.

Contact: LIU Shu-Ling

St. Joseph Hospital
Lingya Dist., Jianguo 1st Rd.
80288 Kaohsiung, TWN
sliu@mail.joseph.org.tw

Campaign for Moderation in Drink

LEE Sang Hyung, LEE Hae Won, OH Bumjo, PARK Kwang Wook

Introduction

Excessive alcohol drinking increases the risk of an accident while at work and chronic drinking can cause the alcoholic liver disease and hepatic malignancy. In Korea, however, drinking is one of the main events at social meetings and offering liquor each other is considered as a meeting manner. In addition, superiors at work frequently force liquor on subordinates in the congregated dining.

Purpose/Methods

To publicize the harmful effect of excessive drinking and to set a healthy meeting culture, a campaign for moderation in drink was held at the Seoul National University Boramae Medical Center between 31st Oct and 28th Nov 2014. The campaign activities consisted of one-month healthy drinking promotion and exhibition and several one-day events including private drinking counselling, drinking type self-test, virtual drunkenness experience, idea contest for alcohol-free meeting and alcohol-free cocktail tasting.

Results

Many patients and their guardians, hospital visitors, and hospital staffs participated in the campaign. Most participants were satisfied with the campaign activities. They commented the campaign was very easily accessible and informative. One hundred ten people participated in one-day events. Of all one-day events, the idea contest for alcohol-free meeting and alcohol-free cocktail tasting were selected as the best events. One person assessed as alcoholism though the private counselling was transferred to community mental health center for continuous management.

Conclusions

Many people commented that they reflect on their drinking habit and made a self-promise to reduce alcohol drinking through the campaign. Although one campaign event could not make a big change in long-standing drinking culture, it could

make many people recognize serious problems of excessive drinking. Therefore, we will keep and expand the campaign for moderation in drink in cooperation with Korean HPH network.

Contact: LEE Hae Won

SMG-SNU Boramae Medical Center
Boramaero 5-gil, Dongjak-Gu, 156-707 Seoul, KOR
lansh@hanmail.net

The effectiveness of betel quid cessation programs on cognitive improvement at workplaces with high prevalence of betel quid chewing habit

WU Jung-Nan, LIN Pei-Ching, LO Cheng-Yu, TZENG Pu-Yuan, HUANG Chi-Hsien

Introduction

According to cancer epidemiology from ministry of health and welfare at 2012 2505 people in Taiwan died of oral cancer. Construction, transportation, fishing, manufacturing industry are the main workplaces with high prevalence of betel quid chewing habit. Betel quid cessation programs at these workplaces could help to facilitate abstinence from betel nuts and avoid this risk factor for oral cancer.

Purpose/Methods

The intervention period is from June, 1, 2014 to October, 30, 2014. Betel quid cessation programs, including health education, lectures, screening, are conducted at workplaces with high prevalence of betel quid chewing habit. Pre- and post-tests are used to measure knowledge, cognition, behavioral change gained from participating in a training course by questionnaires.

Results

200 questionnaires are completed and satisfaction score are up to 84.21 points. Up to 52.48% improvement are recorded based on pre- and post-tests on knowledge, behavioral change.

Conclusions

Betel quid cessation programs are effective to improve knowledge, cognition, and behavioral change at workplaces.

Comments

Betel quid cessation programs at workplaces with high prevalence of betel quid chewing habit also could inform employees in our hospital the importance and benefits of betel quid cessation on health and quality of life.

Contact: PEI CHING Lin

I-Shou University-Graduate student
No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung
Kaohsiung City, TWN
ed100711@edah.org.tw

How to promote health of drug abusers with Ketamine-associated ulcerative cystitis syndrome in Taiwan?

TSAI Hsiu-Nan

Introduction

Ketamine has been used increasingly as a recreational drug in Taiwan. In the latest 10 years, there had been more and more ketamine abusers visiting our hospitals for help because of severe urinary tract symptoms. We have presented many academic reports concerning Ketamine-associated ulcerative cystitis syndrome in Taiwan. According to principles of health promotion with holistic and multi-strategy, we tackled healthcare resource consumption and social impact by ketamine abuse by integrated care, legal study and regulations reform in Taiwan.

Purpose/Methods

We introduce how we provide multiple healthcare services and legal education for Ketamine abusers, according to principles of health promotion. Health inequalities are caused by differences in the socio-economic determinants of health, such as gender, occupation, income, and education. In fact, ketamine-associated cystitis has become more and more prevalent in young adults, especially female, in Taiwan. Hospitals services have the potential to mitigate some of the negative health effects by offering health education about the impact of substance abuse.

Results

From Sep. 2003 to Dec. 2014, there were 261 Ketamine-abusers diagnosed as bladder ulcer syndrome (K-BUS) with typical cystoscopic findings: bloody drainage, submucosal hemorrhage, glomerulation hemorrhage, bladder mucosa fissure, bladder ulcer and laceration. Multiple treatment modalities were performed: Cystoscopic electro-coagulation and hydrodilation, intravesical heparin instillation, oral Elmiron therapy and health education. 91.2% of patients experienced significant improvement after the combination therapy in the three month period. However, only 19.5 % of patients (51/261) quitted drug abuse in the long term. 80.5 % (210/261) of patients could not quit it.

Conclusions

Ketamine-associated ulcerative cystitis syndrome is a severe bio-psycho-social disease. Ketamine abusers usually cannot prevent themselves from the physical bladder pain and psychological depressed mood because of difficulty in keeping far away from Ketamine abuse. In October 2009, Professor David Nutt, formerly of the British Home Office's Advisory Council on the Misuse of Drugs, recommended that ketamine be re-classed in the UK, as several patients who have used the drug recreationally had experienced bladder spasms and some have "irreversible bladder damage". If drug abusers could quit ketamine, they would improve much effectively under multiple treatment modalities including healthcare, legal education and regulation reform.



Contact: TSAI Hsiu-Nan

Kaohsiung Municipal United Hospital
976 chunghua 1st Rd 80457
80457 Kaohsiung, TWN
nan122510@gmail.com

Use of Opinion Leaders to Increase Cancer Screening Rates - A Case Study in Line-Xi Xiang

CHEN Kuei-Ying, LU Meng-Chou, CHERN Meei-Ling, SHER Su-Jung

Introduction

Cancer, the leading death cause in Taiwan, has great impact on people's health, accounting for 28.4 percent of all death causes in 2012. Through preventive cancer screening, early detection can lead to early treatment. However, people often ignore cancer screening, and screening rates are low. This study is to deepen people's cognition of cancer prevention, strengthen people's capacity to transform knowledge into behavior, and enhance the effectiveness of cancer screening through opinion leader model.

Purpose/Methods

Through multi-level communication, opinion leaders assist to convene the public and promote health activities for medical teams. The measures were conducted from Oct. 2011 to Dec. 2013 including (1) making the public understand the significance of cancer screening, (2) holding lectures on cancer prevention, (3) establishing cancer screening stations in community, (4) shuttle bus services for people receiving screening in hospitals, (5) providing rewards as incentives, (6) using community broadcasting system, and (7) sharing resources inside and outside hospitals.

Results

The results showed cervical cancer screening rate increased from 12.88% to 34.56%, about 170% more; breast cancer screening rate increased from 15.63% to 41.88%, also about 170% more; colorectal cancer screening rate increased from 33.36% to 39.07%, about 20% increased. The positive rate is cervical cancer 11.7%, breast cancer 8.0%, and colorectal cancer 16.7%. The definite diagnosis of cancer included 2 with cervical cancer, 9 breast cancer, and 1 colorectal cancer.

Conclusions

The study manifested opinion leaders can effectively spread the information, encourage people to participate in cancer screening, and improve cancer screening rates.

Comments

The results can be used as reference in the implementation of community-oriented cancer screening programs, and help primary medical institutions promote public health activities in order to achieve the goals of cancer prevention.

Contact: CHERN Meei-Ling

Chang Bing Show Chwan Memorial Hospital
No.6,Lugong Rd.,Lugang Township
Changhua, TWN
kkmimi0507@hotmail.com

Medical Treatment and Physical Health Monitoring - A Case Study in Colorectal Cancer Screening

TSAI Chun-Mei

Introduction

When the Ottawa Charter and Jakarta declared that health promotion should be a policy and was a worthwhile investment, the definition of health changed from treatment into health promotion and disease prevention. When promoting health becomes a national policy there are benefits for the health care system and cooperation on all levels, as well as regulatory requirements. This study used colorectal cancer screening to analyze how the medical system, nation, and market provide medical treatments and monitor health.

Purpose/Methods

In this paper, a narrative research method was used to explore questionable or cases of complaints in cancer screening. The study focused on the life experiences of participants and analyzed the intentions and emotions they were trying to convey. The narratives of these experiences allowed researchers to explore how colorectal cancer screening policies assisted in the medical treatment of the patients. Through individual case studies, researchers also wished to explore what patients thought of cancer screening and its significance.

Results

The study found that: 1. Public health policy in Taiwan, which relies heavily on science and technology, is constructing an "atypical" concept of health: a blind pursuit in strengthening the body and overlooking the importance of harmony between body and soul. 2. Medical technology, which endorses national health governance, combines both evaluation and assessment as factor in causing depression in some patients.

Conclusions

1. The development of medical technology brings about new medical terminology and imagination, such as the "body as machine". 2. The body becomes an entity of social control through restricted diet, exercise and health check-ups. 3. Through public health, many related laws and regulations are derived. Health care and government legitimize the ideology that people's problems are byproducts of diseases. In addition, health care personnel are called to assist the government with executing and operating this complex public health system.

Contact: TSAI chun-mei

Ditmanson Medical Foundation Chia-Yi Christian Hos
No.539,Zhongxiao Rd.,East Dist.,Chiayi City 60002,Taiwan
Chiayi City, TWN
cych01801@gmail.com

We Should Prevent Heatstroke - Operation 2104 Against Heatstroke

**MANAKA Katsuko, ARAI Kiyoshi,
MURAKAMI Hiromi, KAGAYA Akira,
WATANABE Takao, OHNO Giichiro**

Introduction

Heatstrokes were markedly increased in 2013 in Japan. In Nagareyama City (population, 170,000), 89 patients of heatstroke were taken to hospitals by ambulance. According to a report from our hospital, 65% of cases occurred outdoors and 22% occurred indoors. 19% of cases became ill while at work, 22% during exercise and 46% during daily life. Most of cases were mild, but one patient died.

Purpose/Methods

The project team to prevent heatstroke consisted of co-operative residents and hospital staff, and it operated from June 2014 to August 2014. A total of 13,000 leaflets about heatstroke were prepared for distribution. An announcing car patrol was dispatched 37 times to cover 950 km, going around the whole city three times. Eleven home visits to elderly and high-risk persons were performed. Six regional small gatherings and one street clinic focusing on heatstroke were organized with 100 participants in total.

Results

In this city, the number of heatstroke cases taken to the hospital was 86 in 2014. According to a report from our hospital, 82% of cases occurred outdoors and 18% occurred indoors. In total, 41% patients became ill while at work, 24% during exercise and 35% during daily life. Home visits show that the temperature was over 30°C in seven houses and that the heatstroke risk metre estimated seven houses were in a dangerous state.

Conclusions

The project was performed for the whole city. Comparing with 2013 to 2014, it seems that heatstroke decreased in total, in indoor cases and in during daily life cases. But it is unclear if the project could reduce heatstroke cases. The experience shows that it is important both to act broadly and to make specific plans for elderly and high-risk residents. The number of participants engaging in the project was above 100 to understand HPH activity practically.

Comments

There is possibility, though it need farther inspecton, that the project could decrease heatstroke. It is important how to go down the heatstroke of elderly high risk group and work relating ones

Contact: OHNO Giichiro

Tokatsu Hospital
409 Shimohanawa

270-0018 Nagareyama, JPN

oonog@mb.infoweb.ne.jp

A study on the Cancer Screening Behavior of a Taipei Medical Center Participants on the Basis of the Health Belief Model

**LIU Ching-Ping, LIN Wei-Chen, SHIH Ya-
Wen**

Introduction

Cancer has been the leading cause of death in Taiwan for the last 32 years. To detect the cancer in early stages, Taiwan Health Promotion Administration supplied free cancer screening for citizens with high risks of cancer since 2010. Even though hospitals held health promotional activities every month, giving a small gift for participant, to officially give prize and money to reward staff for them to promotion cancer screening. The willing participation rate of citizens for cancer screening remains low after five years. This study aims to evaluate the relative factors in cancer screening behavior in order to improve the impacts of health promotional activities.

Purpose/Methods

This study applies the three basis of the health belief model (HBM) to evaluate the relative factors in cancer screening behavior. It is presented in a self-administered questionnaire, which contains demographic information, cancer screening history, and self-efficacy. The participants of this study are citizens who visit, work, or are admitted into a particular Medical Center in Taipei. From July 1st to the 31th of October in 2014, there were 190 cases enrolled in this study. All of them returned their completed questionnaire. Data analysis showed the values of Cronbach's Alpha of perceived severity, perceived benefits, and perceived barriers at 0.939, 0.81, and 0.778, each respectively.

Results

In this study group, 85.3% of the respondents expressed interest to participate in the hospital-based health promotional activities related to cancer screening if conducted. Among all the factors surveyed, marital status, average monthly income, cancer screening willingness, and Pap smear experiences showed significant impacts on the feedback provided among all the participants in the area of perceived benefits. Further, in the domain of perceived susceptibility, the factors of diet, physical examinations, and family cancer history also revealed significant differences among participants. Lastly, in the area of perceived barrier domain, the factors of gender, marital status, BMI, cancer screening willingness and experience proved to have significant difference. In addition, the perceived benefit and perceived barrier domains in the belief of cancer screening show negative correlation.

Conclusions

Taiwanese citizens, who have positive cancer screening belief and health responsibilities, are better able to accept cancer screening. The health belief model of cancer screening serve to



set health policy, empower citizen's health commission and knowledge, thus improving the implementation of cancer prevention.

Contact: LIU Ching-Ping

MacKay Memorial Hospital

#92, Sec. 2, Chung-Shan N. Road, Taipei, TWN

teresa0706@gmail.com

An Asian Vegetarian Dietary Pattern is Associated with Low Cardiometabolic Risk

CHEN Che-Jui, LIN Ming-Nan, LIN Chin-Lon

Introduction

In Dalin Tzu-Chi Hospital, we make healthier choice an easier choice. We only provide vegetarian diet that are supervised by dietitians. The focus of this paper is to point out the advantage of Asian vegetarian diet by an evidence-based view. The objective of this study is to assess the risk of metabolic syndrome (MetS), metabolic-related factor (MRF) and lipid profiles between vegetarians and non-vegetarians in Taiwan.

Purpose/Methods

Cross-sectional analysis of 5860 subjects from health examination of Da-Lin Tzu-Chi general hospital from October 2007 to December 2009. Their pattern of dietary was collected from a food frequency questionnaire and classified into vegetarians (29.5%) and non-vegetarians (70.5%). Logistic regression was used in calculating odds ratio (OR) of different dietary patterns on MetS and lipid profile while controlling for relevant cofactor.

Results

Compared to vegetarians, non-vegetarians has relative higher risk of having MetS (OR 1.115, CI: 0.981-1.309, P=0.182). Non-vegetarian group has significantly higher OR for fasting glucose, blood pressure, waist circumference, LDL, total cholesterol (TC) and TC/HDL (P<0.001 for those factor), but low HDL and TG have lower OR(both P<0.001). Besides, the longer vegetarian dietary years, the lower LDL, TC, HDL and higher TG in our study (P<0.001).

Conclusions

An Asian vegetarian dietary pattern is associated with a lower risk of MetS and more favorable profile of lipid profile and MRFs. The longer vegetarian years, the more favorable lipid profile except HDL and TG. According to this study, we can encourage our staff to adapt a healthy vegetarian diet for health-promoting purposes.

Contact: CHEN Che-Jui

Buddhist Dalin Tzu-Chi hospital

40457

Chiayi, TWN

wvverner2005@gmail.com

Session P1.8: Organizational and settings development for better health promotion

Evaluation of implementation of health promotion at hospitals members of HPH-Catalonia

CRUZ-DÍAZ Veronica, JUVINYÀ-CANAL Dolors, BERTRAN-NOGUER Carme, GELABERT-VILELLA Sandra, BAGOT PRATS Marta, CASTANERA DURO Aaron

Introduction

Catalonia has supported to the network of Health Promotion Hospitals (HPH-Catalonia) in 2008, where currently there are nineteen hospitals. The evaluation of the implementation of health promotion (HP) is based in several standards and indicators that complements trough quantitative results of standards and describes the compliance level of HP at HPH-Catalonia centres. In short, these standards want to evaluate and improve the HP activities.

Purpose/Methods

Knowing the present condition of the HPH-Catalonia members from the implementation of HP how a strategy of health assistance improvement. A descriptive study which was realized from Oct. to Nov. 2013 with a sample of five centres of the HPH-Catalonia network. The evaluation was realized through the complementation of ratified questionnaires of HPH international network by the centres' management.

Results

Standard 1: Management Policy; 40% of the objective at centres is HP Standard 2: Assessment of patients and standard 3: Information provided to patients and interventions; When HP programs are developed the involvement of the patients are 40% and the information provided for them is 40%. Standard 4: Promoting a healthy workplace; 100% achieves working conditions regulations. Standard 5: Continuity and Cooperation; 100% has established programs for exchange information among centres.

Conclusions

Evaluation of implementation of health promotion at hospitals members of HPH-Catalonia has to take part of a dynamic system for evaluating and identifying new strategies for improving the centres towards a cultural change, where the HP will be included in the health attention with the purpose of getting better the total quality.

Contact: CRUZ DIAZ VERONICA

Hospital Dr. Josep Trueta Girona

Av. França s/n, 17007 Girona, ESP

isvcruz@hotmail.com

Using Diffusion of Innovations Theory to Establish Friendly and Health Communication Environments in Health Promoting Hospitals (HPH)

LIN Yu-Wen, WANG Wen-Yen

Introduction

Effective health communication is a key strategy for improving medical services. The Diffusion of Innovations theory was used as a basis to construct a communication environment that encourages employees to view problems from a positive perspective, develop correct values, improve employee service performance, enhance the relationship between employees and the organization, establish positive feedback cycles for employee psychological health, and to improve the robustness of healthcare quality and satisfaction.

Purpose/Methods

Utilize the organizational innovation framework of Rogers to implement the following elements in handling medical treatment affairs dispute between employees and patients:

1. Topic setting: Inspiring rather than punishment.
2. Rationalization: Sharing the feedback experiences by intranet system to construct a forwarding characteristic environment.
3. Redefinition: Bring wisdom and spiritual elements into the forwarding interaction circulation to conquer the stressful working environment.
4. Clarification: Continuous communication to improve employee understanding and participation.
5. Standardization: To practice these measures into routine procedures.

Results

From 2012 to October 2014: 730 public commendations were granted. The average participation percentage in sharing and feedback network is 64%. 288 feedback experiences were provided-elevated from 2.25 cases / month in 2012 to 13.4 cases / month in 2014. Results of the Employee and Patient Safe Conduct Survey in 2013 showed that the values of aspects including: safety behaviors and conduct, work satisfaction, management reviews, peer assistance, ethical conscience, and organizational identity were significantly higher than that of 2012.

Conclusions

Hospitals could be influenced by external environment. When introducing innovations for friendly communication, employees' needs in health promotion must be considered seriously. Such measures should be incorporated into existing routine hospital management systems. By effective information channels, systematic trainings and feedback systems, the mental health of employee will be promoted and a positive feedback cycle would be constructed. The Patient Satisfaction Survey showed that the Employee Service Attitude has improved by 4.25% from 4.00 in 2012 to 4.17 in 2014.

Comments

When implementing organizational innovations for HPH, hospitals must introduce innovative measures while implementing effective management in order to generate a healthy and enjoyable organizational culture. This would be the basis for HPH organizational innovations. The model of Diffusion of Innovations was used to initiate changes in the social structures and functions within the organization. New concepts were raised, diffused, and adopted, generating positive results and directing the organization towards positive changes.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road
201 Keelung, TWN
yeeplike@yahoo.com.tw

The Application of Organization Innovation Service : A pilot study of Tea Serving in Friendly Hospital

HUANG Tzu-Hui, TSAI Tien-Sheng, HSU Yu-Shan, KUO Yen-Ting, LIN Hui-Tzu

Introduction

Because the impact of overall social recession, the rise of consumer awareness, the global budget system of national health insurance in Taiwan, the existence of small scaled teaching hospitals is gradually difficult. Using methods of organization innovation, to enhance management of the hospital have already become the trend gradually. The purpose of this study was to get better understanding on the development of Tea Serving. Finally, this research maybe proposed few conclusions and suggestions for reference.

Purpose/Methods

The study adopted the qualitative approach; literature review, personal interviews were also adopted. This study will use informal interviews and in-depth interviews. General interviews is to use a two-stage front; in-depth interviews used in the third and fourth stages, will adopt open-ended questions, supplemented part of closed questions, supplemented, but will follow a systematic structure interviews arranged into an outline, in order to facilitate a more in-depth interviews to guide information, so it can be classified as semi-structured interview questionnaire.

Results

Hospitals face an increasingly competitive environment, introducing a variety of management and innovative approach to reach the hospital management goal and sustainable innovation will be the future trend. The major findings were as follows: 1. Tea Serving enhance outpatient service satisfaction. 2. Tea Serving can be combined with promotion of public health policy advocacy work. 3. Tea Serving can be combined with the use of foreign immigrants volunteer. 4. Tea Serving can be combined with the use of elderly volunteer.



Conclusions

1. Tea Serving in the hospital is an organization innovative ideas of technological innovation: innovation in services, process and equipment technology functions. 2. In recent years, one-stop service (one-stop service) wave combine Tea Serving, which is also accompanied by a more diverse, more Meticulous. 3. From a functional theory (Functionalism) point of view, Tea Serving in the hospital can be regarded as a result of knowledge economy and can maintain system stability.

Contact: TSAI Tien-Sheng

Kaohsiung Municipal Hsiao-Kang Hospital
No.482, San-Ming Rd., Hsiao-Kang Dist
812 Kaohsiung City, TWN
h9471303@gmail.com

Remodeling outpatient chemotherapy room environment to enhance the patient and family satisfaction

HUANG Yi-Wen, HAN Mo-Chun, HUI Luo-Wen, LIU Ya-Ling, CHEN Li-Lin, LIU Y-Fang, CHUANG Shu-Ting, CHIEN Sou-Hsin

Introduction

Since 1990, "patient-centered" as the concept of health care has emerged, its essence was being emphasized to mentally serve the patient. Upholding the "patient-centered" philosophy, we hope to reshape the environment to allow patients body and soul to be more satisfied.

Purpose/Methods

We aim to explore the medical workplace environment, through the interviews we tried to understand the psychological characteristics of patients who were undergoing chemotherapy, sorting out the design criteria based on space function for chemotherapy room distinction, i.e. warm-hearted feeling around the waiting area with privately designed at the therapeutic area.

Results

After reshaping the environment, and after the completion of the interview which included a total of 6 patients and 15 family members, patients satisfaction rate increased from 63.3% to 85%, whereas family members satisfaction rate grew from 65% to 86.3%; Moreover, nurses satisfaction rate rose from 47.5% to 85%.

Conclusions

The results show that the implementation of remodeling room environment of outpatient chemotherapy has not only significantly enhanced the patient and family satisfaction, but also intensified the interpersonal interaction in between patients and their families. On top of that, it heightened the level and depth of satisfaction upon nursing care in the working environment, whereby creating an excellent quality of care .

Comments

Environment towards patients is really influential, remodeling the therapeutic environment would help to generate a comfortable feeling for both the patients and staff, which can increase the positive feelings for both treatment and caring whereby bring up the quality of care. Different cultural backgrounds would make different responses toward the environment, in addition to remodel both the hardware and space, added on cultural elements would be more appropriate to meet the needs of cancer patients.

Contact: CHEN LI LIN

Taichung Tzu Chi Hospital, Buddhist Tzu Chi Medica
Tanzi District, Taichung City, Fung Hing, No 66.88
427 Taichung, TWN
n620522@yahoo.com.tw

Friendly Hospital, Healthy City, Green Earth: An R-O-T Model (Rehabilitate-Operate-Transfer) in southern Taiwan

HOU Ming-Feng, CHENG Tsun-Jen, CHEN Fang-Ming, CHEN Yi-Liang, FANG Yong-Yuan, TSAI Tien-Sheng

Introduction

Based on design principles for Friendly Hospital; following the concept of Healthy City; achieving the structure of Green Earth. KMU System (Kaohsiung Medical University System) tried to reform an old-municipal hospital (Kaohsiung municipal Ta-Tung hospital) by R-O-T Model (Rehabilitate-Operate-Transfer) into a New Kaohsiung municipal Ta-Tung hospital since 2010. New Kaohsiung municipal Ta-Tung hospital used 4 Friendly Principal (Environment-Friendly, Ageing-Friendly, Women-Friendly, Workplace-Friendly) turning towards our new goal: "Quality Care & Healthy Community".

Purpose/Methods

In the light of the premise for Friendly Hospital, Healthy City, Green Earth: New Kaohsiung municipal Ta-Tung hospital According to the concepts of pursuing a healthy, livable and age-friendly city. We were following the protocol of Environment Symbiosis, Building Safety, Green Building and Environmental Control Technology, Green Building Labeling System by Architecture and Building Research Institute, Friendly-Building System, for Ministry of the Interior in Taiwan. Then, we tried to reform the building of our hospital during 2010 to 2013.

Results

1. Certified "Employee-friendly Workplace" by Labor Affairs Bureau of Kaohsiung City Government, 2012. 2. First certified

"Age-friendly Hospital" in Kaohsiung City by Bureau of Health Promotion, 2012. 3. First certified (only two in Kaohsiung) "Friendly Building" (Hospital) by Architecture and Building Research Institute, 2013. 4. First certified the Diamond-rated "Green Building" (especially for old hospital transformed) in Taiwan, by Architecture and Building Research Institute, 2013. 5. Kaohsiung Mayor issued the certificate of women-friendly hospital, 2013.

Conclusions

1. At the present time, New Kaohsiung municipal Ta-Tung hospital have become first 4 Friendly certified hospital (Environment-Friendly, Ageing-Friendly, Women-Friendly, Workplace-Friendly) in Kaohsiung. That is why, we could win age-friendly hospitals excellence award of Bureau of Health Promotion, 2013 & 2014 (again). 2. Following our core values (H:Humanity O:Originality M:Modesty E:Enthusiasm), We will still build up Environment-friendly healthcare system in Kaohsiung Area. And then we will still turning towards our new goal: "Quality Care & Healthy Community" for excellent.

Comments

Keywords: Healthy City, Human Resource, Organizational Commitment, Satisfaction of Management, Active Ageing

Contact: TSAI Tien-Sheng

Kaohsiung Municipal Hsiao-Kang Hospital
No.482, San-Ming Rd., Hsiao-Kang Dist
812 Kaohsiung City, TWN
h9471303@gmail.com

The renewable energy engineering "Cryogenic liquid oxygen"

CHIN Chung-Chiu

Introduction

Taipei Medical University Hospital since 2008, in addition to strengthening the carbon reduction awareness organization, management, personnel, but in electricity, fuel, water and other aspects of the use of facilities, buildings, but also to find ways to reduce, increase efficiency, towards carbon friendly hospital efforts to improve. Court should establish indicators of carbon reduction facilities, especially as solar power as renewable energy facilities, known only enough carbon Hospital.

Purpose/Methods

Cryogenic liquid oxygen is to reduce the gas volume of liquefied oxygen eight hundred magnification, reduce transportation volume, methods to reduce costs for the industry. When the post-compression cooling and liquefaction of oxygen through the power process, from room temperature to liquid oxygen minus 182 ~ 222 °C liquid oxygen transport to the hospital from the manufacturing plant storage, exchange through the evaporator temperature of the surrounding environment allow liquid to gaseous oxygen reduction to the patients.

Results

The melting ice means a small evaporator system will be installed in the stainless steel tank to pump water constantly circulating 0.5HP watering way to the evaporator to be melting ice; ice-melting temperature water is recycled to the rear of the plate-type heat switches, the low water exchange to a central air conditioning ice water, to avoid pressure differences between the two systems problems.

Conclusions

Install temperature and pressure in the pipeline, the US-made frozen meter to calculate the daily tonnage out of a ton of liquid oxygen exchange, since September 24 to December 16, 2014, the daily use of about 1.92 tons of liquid oxygen can be quite recovered 3.46RT frozen. The renewable energy system provides oxygen build views, hoping to give some exchanges HPH members, so that we promote the construction of low-carbon health hospital to continue efforts to put more sustainable environment.

Contact: LU Chung-Ying

Taipei Medical University Hospital
#252, WuXing St., XinYi District,
11031 Taipei, TWN
145006@h.tmu.edu.tw

Environmental Protection & Energy Saving in Daily Matters, Saving the Planet by Eating Green & Ecological Foods -Plans for Refining the Promotion of Ecological Foods, Power Saving & Waste Recycling-

CHUANG Chu Han, WU Cho Yi, CHIU Wen Yun, CHIANG Cheng Yang, WU Jing-Hui, YANG Ming Chong, CHAO You-Chen

Introduction

Since its inception, environmental protection has always been one of the key policies Taipei Tzu Chi Hospital tries to implement at its utmost; in addition to the continuous promotion of the energy saving and emission reduction projects prescribed by relevant laws and regulations, Tzu Chi endeavors to discover each daily item which can be recycled or improved to save power and spares no efforts to promote environmental protection by encouraging hospital staff to eat green vegetables. "Small" energy, if accumulated, will always become the key in inducing changes; let's save our planet together by being grateful to Mother Nature and reflecting upon how to refine our environmental protection actions.

Purpose/Methods

In order to promote the plan for refining the environmental protection in the hospital, we divide it into the following three aspects through the discovery of the recyclable items which



usually occur in hospital operations but we fail to recycle: recycling medical plastic waste & refining the classification of recyclable waste, promotion of ecological foods and further energy saving by effective power control: (1) Recycling medical plastic waste & refining the classification of recyclable waste : apart from the waste sorted and recycled by implemented the hospital, we will set up special recycling facilities for recycling the umbrella cover and paper cups which are prone to be ignored by everyone and will try to enhance the sorting and recycling of packages of dialysis products by requesting the assistance from the medical care personnel in the hemodialysis room. (2)Promotion of ecological foods : we promote the eating of ecological vegetables throughout the hospital by having the professional nutritionists designing vegetarian diets for in-patients conforming to the suggested daily intake of dietary nutrients and setting up a “universal love foods court” at the B1F of the in-patient department where vegetarian meals and snacks of various flavors and styles are offered to the people visiting the hospital and its staff. (3)Further energy saving by effective power control: We adjust the temperature of the iced water hour by hour by dividing a day into five time sections based on the seasonal and indoor conditions through the setting of a sectional control mechanism. We satisfy the demands for air conditioning during the peak hours of daylight in summer while avoiding activating the operational tonnage of large AC main engine during peak hours; large quantity of ice is made on weekends and public holidays or non-peak hours during night so that the demands for iced water can be satisfied during the peak hours of coming days; power costs are saved by shifting the demands on peak hours. Refining the recyclable items- recycle bins for umbrella covers Promoting ecological foods-vegetarian meals for in-patients Further energy saving by effective power control-central monitoring of the main freezer

Results

(1) Recycling the medical plastic waste and refining the classification of recyclable waste
 1. In 2014, at least three additional classes of recyclable wastes are refined with the ratio of achievement reaching 100%.
 2. Compared with the percentage of general wastes recycled in 2012 and 2013, an outstanding growth rate of 12% was achieved.
 3. Since 2012, the percentage of biomedical wastes recycled each year grows approximately by a small margin from 0.5% to 0.7%. (2) Promotion of ecological foods: The reduction of carbon footprint keeps growing marginally each year through the focus of the hospital on the promotion of ecological foods. (3) Further energy saving by effective power control: The results from the statistics by the Energy Bureau, the Ministry of Economics on the energy usage in the medical sector show that hospitals are highly energy-consuming undertakings as their average EUI reaches 200kWh/m².yr (annual power consumption density in an unit of area) while the average EUI for Tzu Chi from 2010 to 2014 is only 178kWh/m².yr, lower than the above statistical average.

Conclusions

This plan aims to be rooted in the basic “daily life of men” and we hope to make people healthier by the promotion of ecological vegetables and save the planet through our joint efforts to implement environmental protection and carbon

reduction by changing a small habit in our life, from meat-eaters to vegetarians; in terms of the refinement of the waste recycling, despite the fact that in recent years everyone is doing their most to carry out the projects strongly recommended by the governmental organs in their policies of resource recycling, energy saving & carbon reduction, we reflect upon the possibility whether wastes we ignore can be re-animated and recycled for daily use to reduce the environmental pollution through such recycling and improving their recyclability to reach the goal of sustainability; in terms of power usage, the mechanism of sectional control and adjustment at non-peak hours enables us to refine our carbon reduction and energy saving efforts. In summary, we will continue to endeavor refining our energy saving & carbon reduction by sticking to the rationale of discovering small recyclable items in daily life. Medical services require humane spirits, which are the promotion of commitment and ethical values-words of the Priest, Zheng Yan, in his reflective meditation

Contact: BIN-HAN Huang

Taipei Tzu Chi Hospital
 Jianguo Rd., Xindian Dist., Taiwan, 23142 New Taipei City, TWN
bennybenny15@gmail.com

Laundry Center Energy Efficiency Improvement Plan

LIN Chi Feng, WANG Chung Wei, WANG Hsuan Jui, WEN-HSIN CHANG

Introduction

Mackay Memorial Hospital(MMH) is one of the oldest medical centers in Taiwan. With a total of four branch hospitals, the two branches in North, have over 2,800 beds. The occupancy rate is over 85%. The washing load reaches 9,000 kg/day. The laundry process consumes a large amount of water, electricity, heavy oil and other resources to complete the work. In particular, steam demand reaches 23,600 kg/day, daily water demand is about 210~250 tons, and 74 tons of hot water is needed.

Purpose/Methods

Improving energy efficiency is our focus 1. Underground and surface water is collected (approximately 55 tons per day) for laundry. Setting storage devices ensure the daily supply. 2. The boiler setup near the laundry center uses gas. It decreased pipeline consumption by nearly 400M. 3. Adaptation of heat pump system for waste heat recovery; it not only improves air conditioning efficiency but recycles waste heat for laundry. 4. Use new fiber material for easy cleaning.

Results

The Laundry Center Energy Efficiency Improvement Plan started from 2012. Not only did it improve the laundry center energy performance, but it also improved the procedure in order to reduce energy consumption. 1. Decreased water usage by about 55 tons/day for laundry. 2. A decrease of nearly 400M of pipeline consumption. It reduced about 103.68L of fuel usage per day . 3. Adaptation of a heat pump system for waste heat recovery reduced 397L of heavy oil usage per day.

Conclusions

This is one of the energy review plans in MMH. Energy management is not only reviewed from engineering or device-improvement perspectives, but material replacement can also reduce energy consumption. For integration and comprehensiveness, MMH's Energy Management Team consists of individuals from different functions including engineers, buyers, IT staff, administrators, etc. Through professional team reviews, we seek to achieve performance improvement goals. Through this plan, several goals were achieved: use of clean energy, improve energy efficiency, reuse of resources, cost down and environmental protection.

Contact: LIN Chi Feng

MacKay Memorial Hospital
No.92 Sec.2 Chung-Shan N. Rd. Taipei, Taiwan
Taipei, TWN
chifeng@mmh.org.tw

The Effect of the Lectures on Encouraging Energy Saving and Carbon Reduction in Kaohsiung

LIN Pei-Ching, WU Jung-Nan, OU Chin-Cheng

Introduction

Energy saving and carbon reduction have become world-wide issues. From the past decade, the growing of the amount of the emission of GHG in Taiwan has almost hit the top against other countries. The Government of R.O.C. has realized that there is a global energy crisis which is caused from people over-consuming the energy expanding the damages to the environment. The government officials hope that from encouraging energy, water, and gas saving by local hospitals, people will make a better use of all the energy.

Purpose/Methods

The intervention period is from February, 1, 2014 to November, 30, 2014. We hope that from the lectures of energy, water, and gas saving given by our hospital, we can teach the citizens the correct ways of energy saving. Questionnaires will be given to the participants who come to the lectures to realize the reactions of people towards the lectures.

Results

So far, we've held six community energy saving lectures and four energy saving campaigns to teach people the right ways and the right concepts. We've had 600 participants and recalled 535 effective questionnaires back.

Conclusions

After the lectures, 72.4% of the participants agree to spread the concept of energy and carbon reduction, 64.1% understand what green products are, and 91.8% are satisfied about the lectures. Through the lectures, we know that the spreading and

the implement of the concept of environmental protection are pretty effective.

Comments

By continuing holding the activities related, we believe that this concept can go deeper into the community making more people understand the importance and effect of environmental protection to us and to the following generations.

Contact: PEI CHING Lin

I-Shou University-Graduate student
No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung
Kaohsiung City, TWN
ed100711@edah.org.tw

Investigating the Effectiveness of Energy Saving and Carbon Reduction Programs of a Century-Old Hospital in Taiwan

SU Li-Ling, LIN Yu-Wen, WANG Wen-Yen

Introduction

The WHO has found that the medical industry tends to expend large amounts of energy leading to high carbon emissions while providing healthcare services. In September 2010, the Health Promotion Administration began to promote low carbon hospitals within the country in order to carry out the missions stipulated by the Task Force on HPH and Environment. Developing energy saving and carbon reduction strategies in hospitals situated in historical buildings over 100 years old will help achieve breakthroughs and reduce expenses.

Purpose/Methods

Top four expenses are identified and targeted for improvement. Hospital operations must be able to implement strategies to improve these items, such as replacing cold water machinery, managing indoor lighting brightness and illumination time. For water use, tap filters and dual-flushing mode switches have been installed at the water faucets and toilets respectively. For fuel consumption, vehicle use has been decreased and carpools encouraged. For industrial waste, biological and medical waste recycling methods were introduced to the hemodialysis room.

Results

Main results as below (2013–2014) : 1. For power usage, a total of 326,880 kWh was saved, equivalent to about 203,646 kg of CO₂. 2. For water, a total of 3,486 kiloliters were saved, equivalent to about 680 kg of CO₂. 3. For gas, a total of 572 liters were saved, equivalent to about 1,293 kg of CO₂. 4. For medical operations waste, a total of 5,864 kg of materials were saved, equivalent to about 12,080 kg of CO₂.

Conclusions

Hospital operations require large amounts of energy, and this was particularly true in older buildings. In response to these high operational costs, effective energy saving strategies for various hospital operations must be developed. After



implementing these strategies for a year, a total of 214,664 kg of CO₂ reduction was achieved, with the best reductions attained through energy saving. The strategies helped to reduce energy wastage and established good energy management policies in the hospital.

Comments

The Taiwanese government has been committed to helping the medical industry achieve carbon reduction measures. Hospitals located in new buildings were able to achieve stellar performance, while those in historical buildings more than a century old would be limited by resources and difficulties in improving the structure. Hence, carbon reduction would need more administrative policies in order to transform high energy consumers to contributors into environmental protection.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road
201 Keelung, TWN
yeeplike@yahoo.com.tw

The effectiveness on the promotion of medical waste recycling. - Base on one of Taiwan's leading medical institution (Mackay Memorial Hospital)

CHEN Yi-Fang, LIU Ying Lan, CHANG Wen-Hsin, LEE Hsi Huang

Introduction

Environmental protection is an important topic globally. To fulfill the environmental social responsibility has become an important subject for the medical institutions. Mackay Memorial Hospital has been devoted to general, infectious and recyclable medical waste management, to increase medical waste recycling volume, and lower medical waste disposal cost. Since 2009, due to the improvement in sterilization technique, some of the infectious medical waste can be recycled. This lowers the infectious medical waste production quantity, and lowers hospital's environmental pollution level.

Purpose/Methods

- 1.1 Routinely hold training classes, and set up cross department checking mechanism.
- 1.2 Implement infectious medical waste recycle program.
- 1.3 Implement medical waste weighing per bag, and charge to it's department.
- 1.4 Cooperate with waste treatment plant, which will check randomly to make sure waste are in correct classification.
- 1.5 Set up paper cup and wiping tissue collection box.
- 1.6 Recycling incentive payment will be rewarded to staff.
2. Plan to set up sterilization equipment, thus infectious medical waste can be sterilize internally, then recycle into plastic products and fuel oil.

Results

1. After establish general waste weighing per bag and promotion, general waste had reduced 6.1% per year. Recycle volume has increased 24.8% per year.
2. After set up paper cup collection box, recycle paper had increased 16.4% per year.
3. Promote infectious medical waste recycle, infectious medical waste volume reduce 31,471kg.
4. It is estimated that by setting up the sterilize equipment, Mackay Memorial Hospital can process 70% of the infectious medical waste internally, and reduce 146,452kg of waste per year.

Conclusions

Medical wastes contain many hidden reusable resources. The key is to recycle systematically. Mackay Memorial Hospital put strong emphasis on staff training programs and checking mechanism. Set up designated waste collection bin, and increase waste recycle categories and volume. Recycling incentive payment will be rewarded to staff. Mackay Memorial Hospital cooperate with government's plastic recycle policy in infectious medical waste, and plan to set up internal sterilize facilities. This aims to generate less infectious medical waste, and maximize resource reuse.

Contact: CHEN YI-FANG

MACKAY MEMORIAL HOSPITAL
No.45, Minsheng Rd., Tamsui Dist., 251 New Taipei City, TWN
yifang.a102@mmh.org.tw

Environmental strategies of hospital management: the experience of the Academic Medical Center Hospital of Trieste

PELUSI Lucia, MASCARETTI Luca, PAVAN Elena Clio, ZAPPETTI Cristina, PERULLI Alfredo, MONTEVERDI Daniela

Introduction

Environmental health is the branch of public health concerned with all aspects of the natural and built environment that may affect human health. The Academic Medical Center Hospital of Trieste and the Municipality are actively involved in a coordinated plan whose goals are promoting work in renewable energy and more efficient technology, which considers energy saving and environmental impact.

Purpose/Methods

A preliminary analysis considering CO₂ emission, energy consumption and waste production was performed in 2010; data collected supported the choice of interventions. For better insulation, window replacement started in 2013. A cogeneration unit was implemented in 2012, which added to the shift to natural gas improved the thermal power plant's efficiency. A new refrigerating plant was completed in 2012,

and as far as waste production is concerned, CER codes and food waste recycling were introduced in 2012.

Results

The window replacement project will be completed in spring 2015, and preliminary data show a significant reduction in energy requirement. The new thermal power plant allowed a reduction of 2400tCO₂/year. The more efficient refrigerating plant resulted in a lower energy consumption (-1.9MWh/year and -1.14t CO₂/year) and finally, the new waste production process resulted in recycling 10.2-10.9t/year of food waste.

Conclusions

The correct proactive evaluation of environmental impact is essential in public company whose mission is human health. The data driven analysis ensures optimum allocation of resources, less costs and lower environmental impact. During 2014 the final project for the complete renovation of our hospital which includes class A efficiency buildings was approved and financed.

Contact: ZAPPETTI Cristina

AcademicMedical Center Hospital "Ospedali Riuniti
strada di fiume, 34149 Trieste, ITA
daniela.monteverti@aots.sanita.fvg.it

Co-Producing Mental Health- the Experiences of Integration with a General Hospital and Governments

FANG Chun-Kai

Introduction

The economic depression had suffered several governments in the world, including Taiwan. Even governments still pay attention to health promotion, mental health promotion is not priority. How to co-product mental health under limited fund is a difficult issue. We want to share our experiences of integration with a general hospital and different levels of governments to promote and co-product mental health.

Purpose/Methods

Since 2010, the mental health service system of MacKay Memorial Hospital in Taipei tried to work together with Taipei city government, New Taipei city government, and Taiwanese central government as an important business strategy. We reviewed all cooperated projects from 2010 to 2014, and analyzed them.

Results

There were 58 cooperated projects from 2010 to 2014. 98.3% of projects supported from Taipei and New Taipei city governments. Total fund were about NT\$ 54,000,000 (about US\$ 1,742,000). 25 projects (43.1%) were related to suicide prevention. 10 projects (17.2%) were related to mental rehabilitation. 20 projects (34.5%) were certificated by Taiwanese Symbol of National Quality (SNQ).

Conclusions

Good communication between Clinical organizations and governments made mental health promotion possible. Governments can control the appropriate budgets. Mental health service system can get extra fund to provide more activities and projects for mental health promotion. Co-producing mental health is possible based on the hospital and governments.

Contact: FANG Chun-Kai

Mackay Memorial Hospital
92, sec. 2, Zhongshan Rd, Zhongshan Dist.
Taipei, TWN
fang0415@yahoo.com.tw

Session P1.9: Supporting tobacco cessation for healthcare patients

Investigate continuous smoking cessation for public smokers who first attended lessons on quitting smoking

TSAI Yi-Fan, HSIAO Wei-Ling

Introduction

Observation of 12 public smokers with CO \geq 5% who first time attended smoking cessation lessons voluntarily. They were tracked and observed for one year over quitting smoking behaviors. A positive result is shown with smokers increase in willingness to quit smoking.

Purpose/Methods

Discuss impacts of public smokers who attended smoking cessation lessons. Observation of 12 public smokers with CO \geq 5% who first time attended smoking cessation lessons voluntarily. They were willing to be tracked for a period of one year over quitting smoking behaviors to achieve research purpose.

Results

12 smokers attended 3 smoking cessation lessons for the first time were cooperative over telephone survey on first and second week, as well as first, quarter, half and one year during the period of quitting smoking. Result shows a decrease in CO value from 5-8% to 3-4%, measuring by CO automatic analysis machine. The willingness for smoke cessation also increases from 43% to 80%

Conclusions

There is an increase in willingness and satisfactions over quitting smoking for smokers who first time attended smoking cessation lesson and cooperate with quitting smoking behaviors tracking.



Contact: TSAI YI-FAN

Taipei City Hospital, Linsen Chinese Medicine Branch
NO.530, Linsen North Road, Zhongshan Dist.
10453 Taipei, TWN
b1717@tpech.gov.tw

Loved to smoking cessation for you – Enhance the success of smoking cessation Project

**CHANG Fu-Sheng, TSAI Hsiu-Jen, CHO
Mei-Lin**

Introduction

Smoking affects the smoker's organs, causing illness or death, endangering national health and increase health care spending. Therefore, to provide recent, affordability, diverse cessation services, increase the success rate of quitting, Taiwan opened "cessation service grant Project." to strengthen the determination smoking cessation, the introduction of plans to enhance smoking cessation success "wholeheartedly and sincerely - to quit smoking, for you," those who want to quit smoking and their families to participate together, improve the success rate of smoking cessation.

Purpose/Methods

Integration of hospital medical department, by quitting the physician screening, health teachers execution, including the tobacco Control Health Education and to strengthen the smoking cessation psychological counseling etc. Assess the degree of nicotine addiction, the detection of cases of breath carbon monoxide concentration, filled in the "Dear: Whether you believe it or not," Oath card, Remarks encouraged and invited the families on oath card, posted in a prominent location at home, always remind myself urge to quit determination.

Results

102 years 777 cases recorded, 102-year plan for the period from May to October the number of 410 people to participate in smoking cessation. Track point quitting success rate: 3-month point reached 65.1 percent, six-month point of 55%. Higher than the national six-month cessation 28.29% success rate. Keep track of one year point to quitting smoking success rate of 23%.

Conclusions

Motivation smoking cessation caused 33% from health care workers, relatives persuaded the proportion was 28%. Support quitters important to children up to 56 percent, a spouse is 33%. Therefore, health care workers and their families through participation in smoking cessation support and encouragement given to smokers essence, can effectively increase the success rate of smoking cessation. After a year and then track their cases smoking cessation the case, there are still 23% continuous smoking cessation.

Comments

Research indicates that social support, stress and success in maintaining smoking cessation are important factors, social support often comes from family, friends and spouses, so help guide families to support smoking cessation, improving the success rate of quitting, you can see the results in this project. Therefore, implementation of the program plan will be included in the regular health education quitting process, expect more people to quit smoking successfully, for the benefit of more people and promote healthy healthy.

Contact: CHAI WEN Lai

Show Chwan Memorial Hospital
No.6 Lane 61, Nanping St.1, Nanyao Village Changhua, Taiwan 500
CHANGHUA, TWN
chd7203270@hotmail.com

The Strategies to Promote Smoking Cessation for Inpatients

**LAI Hsiang-Fen, YEH Hui-Tzu, SHIN Wei-
Chu, FANG Chun-Kai**

Introduction

Tobacco hazard is the number one killer in Taiwan. In each year, more than 18,800 people die from smoking-related diseases. How to promote smoking cessation activities in Taiwan is a very important issue. According to research, the most effective smoking cessation intervention is medication treatment combined with continually monitor, especially during hospitalization, smoking cessation success rate was 1.65 times the general population. In this paper, we introduce the strategies to promote tobacco cessation for inpatient.

Purpose/Methods

We take the following steps to promote smoking cessation: (1) Facilitate health education guidance leaflets to the patients with history of smoking habit according to the admission nursing assessment. (2) Provide guidance and referrals to smoking cessation clinic when patients are willing to quit smoking. (3) An assigned person will lead the patient to smoking cessation clinic for appropriate smoking cessation treatments. (4) Provide health education and necessary medications according to physician's professional assessment of patient's condition.

Results

This study was done in a 2,400-bed medical center in Taipei. 53890 patients' data were collected and analyzed from Jan. 2014 to Nov. 2014. Smoking history was detected in 20.3% of the surveyed patients, of which male and female ratio was 4.5:1. Those who was referred to outpatient for smoking cessation was total of 36 people (about 0.3%), accounting for 6% of the total number of outpatient smoking cessation.

Conclusions

Clinical cessation services is an important strategy to reduce smoking rates. Combining information systems, we can easily grasp the patients with a smoking history. Through the information systems automatically to give health education, specialist guidance and case management, and referral services,

We hope to gradually increase the number of patients involved in smoking cessation.

Contact: LAI Hsiang-Fen

Mackay Memorial Hospital
No. 45, Minsheng Rd., Tamshui District
New Taipei City, TWN
7546.7546@mmh.org.tw

A Study on the Effects of Improving Patients' Recognition of Smoking-Related Health Knowledge During Their Hospital Stay to Their Participation of Smoking Cessation Treatment

TAIN Jia-Yu, TU Shih-Te

Introduction

This study used clinical techniques of smoking cessation treatment to help increase awareness of smoking-related health knowledge among hospitalized patients, and improve participation in and acceptance of smoking cessation projects. Among the 114 smokers who were introduced to short-term smoking cessation treatment, 42.9% participated in smoking cessation counseling services, among whom 46.9% participated in smoking cessation drug therapy.

Purpose/Methods

In order to conduct this study, a stop-smoking team held seven education workshops to promote awareness of smoking-related health risks knowledge among hospitalized patients and their families in 2014. A total of 114 hospitalized patients with smoking addiction to smoke-quitting coaches who used the 5As(Ask, Advise, Assess, Assist, Arrange) and 5Rs(Relevance, Risks, Rewards, Roadblocks, Repetition) techniques, as well as designed specific smoking cessation drug regimens to encourage patients to participate in self-health management.

Results

Between January and December, 2014, a total of 114 patients with smoking addiction were introduced to smoke-quitting coaches by healthcare providers with the purpose of motivating smokers to participate in smoking cessation projects at the hospital. Results showed a 42.9% participation in smoking cessation counseling services, and 46.9% participated in drug therapy. Through guiding smokers to reflect on the value and importance of health during their hospitalization, improved outcomes in smoking cessation treatment.

Conclusions

This hospital implements a smoke-free policy where a supportive smoke-free environment is created by promoting awareness of smoking-related health risks knowledge among hospitalized patients and their families. Moreover, this hospital provides counseling services on smoking cessation, which helps

motivate smokers to quit smoking through reflecting on the connection between smoking and health. Therefore, they are encouraged to conduct health-improving behavior. Other, the case management system assists in the management, caring, tracking, and treatment of patients, contributing to successful quitting and better health.

Contact: JIA YU TAIN

Changhua Christian Hospital Lukang Branch
No.88, Yong'an 1st Rd., Lukang Township, Changhua County
505
Changhua, TWN
706880@cch.org.tw

Tobacco cessation counselling service in Estonia

HARM Tiiu

Introduction

All health care workers should play a leading role in tobacco control and tobacco cessation. Hospitals have been identified as an important place to implement non-smokers protection, to provide support for tobacco users to quit and to ensure continuity of support for patients after discharge. It is clear from the evidence that health promotion added to the patient pathway will improve treatment, results and prognoses.

Purpose/Methods

The National HPH Network of Estonia was set up in 2000. Twenty two hospitals have joined the International HPH Network and five of them are also active members of the ENSH-Global. One of the main activities of the network was the establishment of Tobacco Cessation Clinics network on the bases of HP hospitals. The service is free of charge and accessible for all smokers or tobacco users around Estonia. A face-to-face consultation (up to 50 minutes) with a specially trained counsellor is followed by telephone or e-mail support. More than 500 healthcare professionals (doctors, nurses, general practitioners, midwives etc) are trained as counsellors for tobacco cessation. The programme includes also a motivational interviewing.

Results

Smoking prevalence among the Estonian population is high. According to the health behavioural study among adult population in Estonia (2012), in 16-64 years' age-group 26% were daily smokers, and according to HBSC 2009/2010 in Estonia, among 11-15-year-old schoolchildren 5,7% were daily smokers. Unfortunately, the popularity of alternative tobacco products is growing. On average, 18% of the quitters are staying as non smokers after 12 months from the first tobacco free day. National guidelines for treating tobacco use and dependence and brief intervention for tobacco cessation are used as an integrated part of clinical practice.

Conclusions

In 2015, we plan to join all efforts for better tobacco control: to establish internet-based website on tobacco; to campaign



against second-hand smoking at homes; to provide tobacco free health services, incl. tobacco free surgery, tobacco free mental health and tobacco free maternity; to develop tobacco free health care institutions and workplaces etc. Estonian Health Plan mobilizes all forces to reduce the smoking prevalence among adult population from 26% in 2014 to 18% in 2025. This will be a challenging task require continuing efforts, but which we hope to fulfill!

Contact: HARM TIJU

National Institute for Health Development, Estonia
Hiiu 42
11619 Tallinn, EST
tiiu.harm@tai.ee

Don't smoke your Health!

**ANTONIOLI Paola, MANZALINI M.Chiera,
MARSILI R., BELTRAMI D., MATARAZZO
Teresa, MORGHEN Ilaria**

Introduction

Promotion of healthy lifestyles and prevention of serious health damage from the active and passive exposure to tobacco are priority aims of Italian health policies. To be effective for the protection of health, to establish and guarantee a smoke-free hospital it requires integrated interventions to tobacco control: application of the legislation on smoking ban, the promotion of healthy lifestyles, sanctioning intervention. In Ferrara University Hospital we start taking the opportunity of the opening of new hospital site.

Purpose/Methods

The goal is to use this integrated approach of intervention to increase the chances of being successful in reducing smoking habits among operators. The Project aims to be an opportunity to remind to workforce to be a positive example for patients, visitors and colleagues, to promote healthy lifestyle, to protect the right to health of all, supporting the intention of those smokers (operators - patients and visitors) who would like to reduce smoking or quit smoking in a supportive environment.

Results

Over the years 2013-2014 we: -wrote Hospital Rules on smoking ban, specific signs prohibiting, outdoor smoking-areas - appointed Hospital Promoter Agents (HPAs) for the smoking ban -trained them with a specific course; In collaboration with the Ferrara Center Anti-Smoke, we activated: -smoking counseling for in-patients suffering from conditions at risk (eg. respiratory and cardiac illness, pregnant smokers) -smoking advice and courses to stop smoking for workforce 2015: we will realized a prevalence study on smoking habits and on propensity to quit.

Conclusions

Smoking is a complex phenomenon that has multiple facets: - Socio-cultural, as behavior-lifestyle harmful, socially widespread but tolerated; - Medical-psychological, as addiction and a risk factor for many related diseases; - hygienistic and regulatory framework, because the smoke is an environmental pollutant.

The synergistic combination of the three types of interventions used (Persuasive, Support for cessation and supervising compliance with the legislation) increases the chances of being successful to reduce become a "SMOKE-FREE HOSPITAL".

Contact: ANTONIOLI paola m.

Azienda Ospedaliero-Universitaria di Ferrara
Via Aldo Moro
44124 Cona di Ferrara, ITA
p.antonoli@ospfe.it

The Smoking Cessation Database - a brief review

**RASMUSSEN Mette, SCHOU Anne
Limkilde, TØNNESEN Hanne**

Introduction

Clinical quality databases are used to assess quality of the health care system towards specific groups of patients, based on the individual patient's continuity of care. The Smoking Cessation Database (SCDB) is a priceless tool to improve the quality of national smoking cessation activities, for the purpose of reaching the best solution for helping smokers become smoke-free. Smoking cessation programs are provided by a wide range of agents, and there are several models of assembling the best offer for the individual smoker. Before SCDB there was no systematic way of assessing the effect of the many activities – neither nationally nor internationally.

Purpose/Methods

SCDB has five indicators and corresponding quality standards. The purpose of these indicators and standards is to enable smoking cessation units to quickly identify the areas in need of improvement, and necessary interventions in order to meet the appointed quality standards. Furthermore, they can be used to improve or sustain the results if they meet the standards accordingly. In the long term, the goal is for all smoking cessation services to meet the quality standards.

Results

Results from the five indicators and corresponding quality standards will be presented at the conference.

Conclusions

SCDB serves as documentation and monitoring for effect of the health promotion activities within the field of smoking cessation intervention. The results are used to improve quality of smoking cessation programmes and for each Smoking Cessation Intervention Unit to benchmark their work.

Contact: RASMUSSEN Mette

Clinical Health Promotion Centre, WHO-CC
Frederiksberg University Hospital, Ndr. Fasanvej 57
2000 Copenhagen, DNK
mette.rasmussen.03@regionh.dk

The study of the related factors for smoking cessation intentions among the diabetic patients

YEH ChuShih, HU Yih-Jin, WEI Fang-Chun

Introduction

Smoking is a serious worldwide health problem. WHO has shown in a 2013 survey that smoking seriously threatens global health, causing disease and death by about 6 million of the population worldwide and annually.

Purpose/Methods

In this study, Theory of planned behavior to study architecture, aimed at people with diabetes understand smoking cessation behavioral intentions. Study for a medical center in Taipei smoking diabetic in the cross-sectional study research, a total of 120 samples. Data were collected using the self-structured questionnaire that included the demographic, smoking cessation behavioral intention, attitudes, perceived behavioral control.

Results

The results are as follows: (1) Personal background factors, 109 male and 11 female, mean age 54.5 years old, the mean duration of diabetes of 7.1 years, there are complications accounted for 25%. (2) This study accounted that 33.3% patients who will quit within the next two months, and 66.7% have no intention and uncertainties. (3) The explanatory power up $R^2 = 63.9\%$, show attitude and perceived behavioral control strongly predict behavioral intention to quit.

Conclusions

Smoking behavior is complex, There are only one-third of patients will quit smoking. It is recommended to give the medical staff did not want to quit regardless of patient's age, gender, education level. So that we should be placed in more effective health education strategies, and even regulations more powerful intervention to change the patient's behavior.

Contact: WEI fangchun

Cathay General Hospital
No.280,Sec.4,Ren Ai Road,Taipei,Taiwan,R.O.C
103 Taipei, TWN
273118@cgh.org.tw

Evaluation of the an inpatient smoking cessation in a medical center in Northern Taiwan

WEI Fang-Chun, TSAI Yen-Ping, CHIU Ming-Huang

Introduction

WHO has shown in a 2013 survey that smoking seriously threatens global health, causing disease and death by about 6

million of the population worldwide and annually. Of all deaths due to cancer, 30% are related to smoking, and these smoking people have 2.5 times higher risk of sudden death from cardiovascular disease. Every smoker shorten average life expectancy of 5-10 years, so as soon as possible it is necessary to evaluation tobacco control.

Purpose/Methods

This study has analyzed smoking inpatients in a medical center in Northern Taiwan. Data was collected from 2013. Each of the smoking patients was enrolled and managed by one on one evaluation and received health education from the case manager. The case manager will then track the smoking cessation status of each case and giving support to the cases after 1, 3, 6, 12 months of enrollment. The dependent variables were smoking cessation rate at the 3rd month, 6th month.

Results

145 cases were enrolled, and most of the cases were male patients (n=136, 93.8%) from the Division of Cardiology. The average age were 57.5 years old. The results showed that the success rate for smoking cessation was 44.2% at three months 42.2% at six months. The success rates decreased over time. All the cessation rates were higher than 28.9%, the average cessation rates surveyed by Health Promotion Administration. There are significant between the age of 6 months smoking cessation.

Conclusions

Cross-sector collaboration and case management can introduced the unique function, and charged with systemically following up to management inpatient smoking cessation.

Comments

The success rate for smoking cessation decreased over time. The tobacco control programs were enforced in Taiwan.

Contact: WEI fangchun

Cathay General Hospital
No.280,Sec.4,Ren Ai Road,Taipei,Taiwan,R.O.C
103 Taipei, TWN
273118@cgh.org.tw

Share of promoting the service quality upgrade program for public tobacco-free hospital—an example of some southern Taiwan public hospital

HUANG Chi-Cheng, HUANG Hui-Fang, LIN Gao-Tian

Introduction

The smoking rate of Taiwan adult is 19.99%, which is double of other countries. The intention of tobacco-cessation for smokers is only half of western countries. Tobacco Hazards Prevention



ACT of Taiwan has executed since 2009 and the influence of smoking still serious. The death rate is about 28,000 people. Our hospital is public and promote "the service upgrade program of tobacco-free hospital" during 2013~2014. We won golden award of Taiwan on "Global tobacco-free healthcare service network identification".

Purpose/Methods

Superintendent is in charge of this program and the related staff of all departments team up the tobacco-cessation. Both of them promote together "the service quality upgrade program for tobacco-cessation hospital". From setting tobacco-free policy in hospital, promote the government order, education and training, maintain tobacco-free hospital environment to establish information prompting system of patient smoking status and standard process of tobacco-cessation transfer service that cooperate with community activities to provide integrated tobacco-cessation service.

Results

1. All kinds of tobacco-cessation classes are given, the success rate is above 57.20% 2. The register rate of patients smoking status is 98.20%. 3. The rate of active quit-persuasion by medical personnel is 90.57%. 4. The rate of transfer service accepted by smoking cases is 61.77%

Conclusions

Our hospital actively offer activities with community and school to make employees, patients and the public understand the importance of tobacco hazards prevention. Set up tobacco-cessation consulting window and telephone special line services. Keeping input new creativity and technique by publish hospital periodical and network to instruct the technique of tobacco-cessation. Besides, the novice education course includes tobacco hazards control Act. About 50% of hospital medical personnel take complete training. This is to achieve the goal of tobacco-free hospital program.

Comments

Public hospital plan must match up with government policy program. To keep the program going, the staff of all departments constitute a team later on to enhance the counselling and transfer of tobacco-cessation for smokers. This is for more vivid and vigorous job on future tobacco hazard prevention and more easy to realize the harm of smoking by combining the creativities of all institutions. Also reinforce the tobacco-cessation attitude and reduce the waste of medical resources caused by tobacco hazards.

Contact: HUANG Chi Cheng

Kaohsiung Municipal United Hospital
No.976, Jhonghua 1st Rd., Gushan Dist, 80457 Kaohsiung, TWN
gracsweet@yahoo.com.tw

Varenicline versus Combined NRT in smoking cessation clinic : A real world report in Taiwan

HSUEH Kuang-Chieh, HSUEH Shu-Chun, CHOU Ming-Yueh, PAN Lee-Fei, TU Ming-ShiumCHENG Jin-Shiung

Introduction

Varenicline, the latest medication approved for smoking cessation therapy, has a better smoking cessation rate than bupropion or single NRT, but no direct compare with combined NRT in clinical trial or randomized control study. This study was undertaken to compare the cessation effectiveness between varenicline and combined NRT(transdermal nicotine patch plus nicotine gum) in a smoking cessation program offered by a clinical setting of a hospital in Taiwan.

Purpose/Methods

We enrolled patients who seeking help at a smokers clinic between Aug 2013 and Jun 2014. All patients were aged ≥ 18 years and either smoked ≥ 10 cigarettes per day or scored ≥ 4 on the FTND. Most participants were classified into the varenicline or the combined NRT group on the voluntary basis. The treatment program was offered to participants in maxima 8 weekly sessions in 90 days. 7-day abstinence rates at 3 , 6 months will be obtained via phone call.

Results

A total of 375 participants were enrolled and 32 of them had excluded for use varenicline and NRT in one therapy course or just use single NRT; 270 opted for varenicline and 73 for the nicotine patch were available for analysis. Both groups participants (varenicline vs. combined NRT) had a similar 7-day abstinence rates in the 3 month(42.6% vs. 38.4% ; p = 0.52) and 6 month(38.9 % vs. 37.0 %; p = 0.77).

Conclusions

The results indicate that varenicline and combined NRT(transdermal nicotine patch plus nicotine gum) had a similar abstinence rate at 3 and 6 months follow-ups in treatment-seeking-dependent smokers in the smoking cessation clinic.

Contact: HSUEH Kuang-Chieh

Kaohsiung Veteran General Hospital
386 Ta-Chung First Road, Kaohsiung 813, Kaohsiung, TWN
kjhsuch@vghks.gov.tw

Study into the efficacy of an intensive programme of smoking cessation in patients with acute stroke

SUÑER-SOLER Rosa, GRAS Maria Eugenia, FONT-MAYOLAS Silvia, RODRIGO Joana, GRAU Armand, KAZIMIERCZAK Martha, TERCEÑO Mikel, SILVA Yolanda, SUGRAÑES Jennifer, MALDONADO Eduard, SERENA Joaquín

Introduction

The beneficial effects of cessation of smoking are well known in the early hours of abandonment. Specifically, the risk of having a stroke falls on stopping smoking, but few people manage to leave the tobacco without support.

Purpose/Methods

To analyze the evolution of smoking status in stroke patients after diagnosis and to relate it with the type of cessation intervention (brief versus intensive). A randomized clinical trial, with a control group, open (non-blinded). Participants are smokers hospitalized with acute stroke, in Dr. Josep Trueta Hospital (Catalonia), assigned to the control group or the intervention group at random. The study variables are socio-demographic, disease-related, smoking history, stage of change and perceived self-efficacy, and smoking cessation as outcome variable.

Results

From the outset, February 2014, 40 active smokers were included with acute stroke (90% ischemic, insula involvement 5%), 72.5% men, mean age 55.3 years (SD 12.2), 52.5% (n=21) in the intervention group. Participants consumed an average of 22.1 cig. / day and 42.5% were pre-contemplators before the stroke. In the control at three months 57.5% have stopped smoking without significant differences between groups in the first visit.

Conclusions

Almost 60% of the first included patients are in the action stage in the first follow-up visit (3 months). No differences were observed between the two groups, but it should be considered that both groups received counseling (intensive or brief) during hospital stay, while the intervention is planned for the first two years post-stroke.

Contact: SUÑER Rosa

University of Girona
C/Emili Grahit, 77
17071 Girona, ESP
rosa.sunyer@udg.edu

How Hospital Improve Tobacco Control with Health Promoting in Campus

LAI Chun Huang, HUANG Chi Cheng, HSUEH Wei Chun, LIN Shu Ling, HUANG Hui-Fang

Introduction

Tobacco use kills more than twenty thousand people per year in Taiwan. In investigations the smoking behavior of teenagers, there were 14.1% of senior high school students smoke, over six percent of those students want to quit smoking. The smoking rate of junior high school students is 6.7%, over half percent of

them want to quit smoking. Therefore, there is an urged need to educate students learning how to quit smoking.

Purpose/Methods

My hospital and schools work with quit-smoking courses together. Our team members are all medical professional trained. We use behavior and cognitive techniques to conduct smoking students. We assist the stores follow no tobacco sale in campus policy. We promote smoking damage prevention activities around schools' area. We hold non-smoking competition to promote the idea of smoking-free campus. The students are examed by teachers to investigate how their smoking behavior changes. We also do telephone survey after the courses finished.

Results

1. The quit smoking course reached 47.06% success rate after 3 months, 47.06% success rate after 6 months, and 52.94% success rate after one year. 2. The amount of cigarettes used decreased from 444 to 148. 3. The CO Test before courses was 223 ppm, after courses was decreased to 197pom, the improvement rate is 88.34%. 4. The students understanding the damages of smoking are 95.48% from 79.12%. 5. The satisfied rate after courses are 87.14%.

Conclusions

The methods we used to help students are problems diagnosis, tragedies developments, quit-smoking education involvement, results investigation, and campus smoking-damage prevention with communities. We hope to offer overall positive quit-smoking service to develop and maintain students health. The result of quite-smoking promoting achieved MOHW Excellent Quality Smoking-free Promoting Hospitals

Comments

Our hospital integrate medical treatment, communities and school's resources with positive concerning and acceptable teaching to conduct students quit-smoking. And we find the result not only can help students quit-smoking but also can help students to know how to continue self-developing health control.

Contact: HUANG Chi Cheng

Kaohsiung Municipal United Hospital
No.976, Jhonghua 1st Rd., Gushan Dist
80457 Kaohsiung, TWN
gracsweet@yahoo.com.tw

An Evaluation on the Status for Promoting Smoking Cessation within a University Hospital in Northern Taiwan and Improvement Strategies

HUANG Wei-Ting, SHIH Po-Jen, WANG Wen-Yen



Introduction

Smoking cessation services have been carried out in response to tobacco hazards prevention programs in Taiwan and the implementation of second generation cessation laws. This study was carried out to analyze the results, evaluate the current status, and propose improvement strategies in a university hospital in northern Taiwan in order to increase the number of outpatient cases seeking smoking cessation services and improve smoking cessation success.

Purpose/Methods

This study is traceable to the period between 2012 and 2013 in a university hospital in northern Taiwan. The nicotine dependency rating, smoking frequency, and medication used of each case were analyzed to evaluate smoking cessation success rates and methods for improving success.

Results

The study analyzed 171 patients for a total of 195 outpatient smoking cessation cases of which 136 were male (79.5%). Patients had an average age of 47.6±13.8 years and an average smoking history of 27.3±13.6 years. Average smoking quantity was 26.8±13.2 packs, and average nicotine dependency rating was 6.8±1.7 points. A total of 108 cases used nicotine tablets (55.4%), while 87 cases used dermal nicotine patches (44.6%), with 67 cases (39.2%) succeeded in smoking cessation.

Conclusions

This study found that all smoking cessation patients were admitted through outpatient services even though the second generation cessation program has included emergency and hospitalization services as well. The use of the physician order system as a reminder to transfer smoking cessation cases was recommended. Results suggest that providing only nicotine replacement medication may reduce patient motivation for medical support in smoking cessation. Non-nicotine replacement therapy should be recommended to offer additional choices for smoking cessation.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road, 201 Keelung, TWN
yeeplike@yahoo.com.tw

Exploring the Outpatient Compliance Rate of Second-generation Smoking Cessation Services in Taiwan

HUANG Hsin-Jou, SHEN Shu-Hua, LU Wen-Lan, CHANG Shu-Min, WANG Hsueh-Yin, LU Huei-Lan

Introduction

The second generation of smoking cessation 'service has been launched in 2012 in Taiwan, Patients was included in the smoking cessation services subsidies by government. Maximum annual subsidy twice for participant in smoking cessation services, and 2 courses of replacement drug charges. The purpose of this project was to explore the smoking cessation

compliance rate of inpatient and outpatient who received smoking cessation services in psychiatric hospital southern Taiwan, to understand the compliance rates with different environment of mental patients.

Purpose/Methods

The participants of smoking cessation services were calculated in 2013, The two courses each second to the eighth number-use cessation services, divided by the number of participants attending the first smoking cessation services To calculate the compliance rate of smoking cessation services and compare similarities and differences quitting smoking cessation between inpatient and outpatient.

Results

The result revealed that, the first treatment course is better than the second (33.88% vs. 14.25%), either the first or second treatment course, the second time outpatient clinic had highest smoking cessation compliance rate in inpatient and outpatient, the fifth was lowest compliance. It is noteworthy that hospitalized smokers either first or second course of its compliance are higher in smokers outpatient, inpatient and outpatient smoking cessation smoking cessation treatments twice the average compliance was 28.38% vs. 18.38%.

Conclusions

This study found that the smoking cessation compliance rate of inpatient was higher than outpatient smokers, it would sure that smoke-free environment is helpful for inpatient. This research results could encourage other psychiatric institutions join the smoke-free hospital. In addition, both the first or second treatment course, 5th outpatient compliance rates are lower than the other seven clinics, it is recommended to investigate the reason to help improve and enhance patient compliance rate and thus achieve abstinence.

Contact: HUANG Hsin-jou

Jianan Psychiatric Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist
Tainan, TWN
hsinjou1224@gmail.com

Do patients with a diagnosis of psychosis experience inequities in smoking cessation interventions

KENT Pauline

Introduction

This study investigated whether smokers with history of psychosis and attend mental health services receive the same advice regarding smoking cessation as smokers attending the acute sector with a physical diagnosis. High tobacco use occurs in mental health service users, where up to 70% smoke, compared to 22% in the general Irish population. Individuals with schizophrenia have a twofold-increased risk of death from cardiovascular disease and threefold-increased risk of death from respiratory disease and lung cancer. Yet psychiatric patients are one of the least studied groups of smokers, and little is known about their access to cessation treatment.

Purpose/Methods

This cross sectional study collected quantitative data from 136 smokers (80 with psychosis, 56 with physical diagnosis) in 2013/14. It was a collaborative project between the General acute hospital and community Mental health service. Exclusion criteria for the control group included previous history of anti-psychotic medication and/or hospitalisation for mental illness. Individuals completed a Fagerstrom nicotine dependence test, spirometry test and purpose-designed questionnaire regarding smoking cessation advice. All statistical analyses were performed using SPSS software Version 21. The study also sought to compare the respiratory status of controlled group versus psychotic group

Results

Findings showed 59% of smokers with psychosis had been advised to quit by a health professional compared to 75% of controls. Those with psychosis had less desire to quit smoking (61% compared to 93%) and recorded slightly higher Fagerstrom scores (median difference=1). Participants were offered referral to the smoking cessation services; 6 (8%) smokers with psychosis and 7 (13%) controls attended. However, if only the sub-dataset of those with a desire to quit were included then 12% of cases and 13% of controls attended.

Conclusions

In our study, smokers with psychosis were not given the same level of advice regarding smoking cessation as controlled group. Importantly, smokers with psychosis showed similar willingness to engage with cessation services. Therefore, it is essential health professionals are aware of this inequity and become more assertive in supporting this high-risk population to access and engage with cessation services. The results of the comparative study on respiratory health is work in progress however should be complete next 4 weeks

Comments

The hypothesis for this study arose from an observation that a small % of mental health service users were referred to the intensive smoking cessation programme. This study sought to identify if you have a mental health diagnosis are you less likely to receive a smoking cessation intervention than if you have a physical diagnosis? In addition it sought to ascertain the respiratory health of the psychotic group because we know their consumption and intensity of tobacco use is greater than the control group which could impact negatively on their health.

Contact: KENT pauline

sligo regional Acute hospital setting
The Mall
sligo, IRL
pauline.kent@hse.ie

The Effectiveness of Smoke Cessation Group in Psychiatric Rehabilitation Ward

LEE I-Hsuan, TSENG Yu-Kuei, SHEN Shu-Hua

Introduction

This study was to explore the effectiveness of smoking cessation group in a psychiatric rehabilitation ward. Smoking cessation related health education courses were taught in this group, nicotine addiction scale was used to evaluate the nicotine addiction dependence degree of group members before and after the group session. The result revealed that smoking rate reduced, quitting rate increased and the degree of nicotine dependence declined significantly after smoking cessation education group.

Purpose/Methods

The purpose of this study was to explore the effectiveness of smoke cessation group in psychiatric rehabilitation ward. 8 Subjects were the psychiatric patients who still use tobacco products in a psychiatric rehabilitation. Subjects attend the smoking cessation group once a week sixty minute total 6 sessions. 8 group members received the smoking cessation related health education by registered nurse. Five members full completed six session and 3 dropped out due to unstable condition.

Results

The result revealed that addiction scale is as follows: smoked 10 cigarettes a day or more before 2 people (80%), post-test for 2 people (40%), decreased 2 people (40%). Measuring the degree of nicotine addiction before total score of 35 points (70%), post-test total score of 13 points (26%), decreased 22 points (44%)

Conclusions

The results showed that smoking cessation groups help patients understand the health hazards related tobacco products; the degree of nicotine dependence has decreased significantly. The difficulty of quitting smoking could be evaluated in this smoking cessation group, and help to solve the problem effectively. This study confirmed the effectiveness of smoking cessation groups in psychiatric rehabilitation ward. This smoking cessation group experience was expected to share with nursing care colleagues.

Contact: LEE I-HSUAN

Jianan Psychiatric Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist
71742 Tainan, TWN
latte009@yahoo.com.tw

Cross-sectional survey on the behaviors and intentions to quit smoking among hospital in-patients

WANG Wen-Li, HUANG Chi-Ting, HUANG Liang Kai, HSU Wen-Lin

Introduction

In recent years, the number of deaths and cancer caused by smoking is on the rise. Besides, of all causes of death among the people in Taiwan, 16% of deaths are caused by smoking. It has



been discovered that post-surgical complications can be reduced by 40% if the patient quits smoking a month before surgery. Thus, the objective of this cross-sectional survey is to investigate the behavior of hospital in-patients in the participation of smoking cessation program.

Purpose/Methods

In-patients in a medical center in Hualien is used as the sample for this cross-sectional study. A structured questionnaire was designed and the Theory of Planned Behavior Model was applied to this study to explore in-patients' intention to quit smoking. From April to May 2014, among the 200 in-patient smokers, only 72 copies of the questionnaire was recovered, a recovery rate of 36%

Results

In this survey of in-patient smoking cessation behavior, we found that Quitting Behavior and Attitude, Perceived Behavioral Control, and Behavioral Intentions are of significant differences. The most significant finding was "already quit smoking" in Behavioral Intention study, with the average number of 4.42 (SD = 0.91, $p < 0.001$), followed by "smokers who are willing to quit smoking", with the average number of 3.5 (SD = 0.74).

Conclusions

We recommend smokers to take part in the health education to quit smoking, as they need to understand the impacts of smoking on their wellbeing, in hope that they cultivate active smoking cessation behavior. However, quitters of early stage are prone to break in will, or easily influenced by others when they left the hospital after treatment. Therefore, providing health education and encouragements for patients who are currently in smoking cessation program can raise the chances of success.

Contact: WEN-LI Wang

BUDDHIST TZU CHI GENERAL HOSPITAL

Central Office\707, Sec 3, Chung-Yang Rd., Hualien, Taiwan

Hualien, TWN

ooss47tina@gmail.com

Explore the outpatient who participated smoking consultation in psychiatric teaching hospital in south of Taiwan— First year

SHEN Shu-Hua, YEN Miaofen, LEE Chiung-Ying, HUANG Hsin-Jou, CHENG Ching-Ming, WANG Tso-Jen

Introduction

Smoking proportion of patient with mental illness is higher than the general population. The cessation program for the patient with mental illness needs more explicit and effective assessment. This program is to explore the effectiveness of smoking consultation of patient with mental illness in Taiwan.

Purpose/Methods

The purpose of this study was to explore the effectiveness of outpatient smoking consultation program in psychiatric teaching hospital. 90 subjects were the outpatient participants who received smoking cessation consultation in psychiatric teaching hospital in south of Taiwan. The Fagerstrom test for nicotine dependence (FTND) and Carbon Monoxide Detector tool were used to measure the effectiveness of smoking consultation. We compare the intervention effectiveness among health education and health education counseling with medication.

Results

The result showed that amount of carbon monoxide decreased after consultation program, were reached statistically significant difference. The point quitting success rate of participants in the first 30 days, 90 days and 180 days, respectively, 46.2%, 41.0%, and 46.2%. In multiple regression analysis, found nicotine addiction degrees who want to reduce the high average amount of smoke, the effect of the use of health consultation relative were better result ($B=8.547$ vs. $B=5.986$).

Conclusions

Psychiatric patient with smoking rates higher than general population, their health will not be ignored because of severe smoker. In this study, the empirical method used to explore the effectiveness of psychiatric patient; to stop smoking by government policies for promoting second-generation service quality improvement program, and help patients to quit smoking. This study discover that a high success rate of smoking cessation and CO detection also decreased significantly after six months continued long-term follow up.

Contact: SHEN Shu-Hua

Jianan Psychiatric Center

80, Ln. 870, Zhongshan Rd., Rende Dist., 71742 Tainan, TWN

shuhwa1210@gmail.com

Promotion of Tobacco-cessation success rates by Medical Information Management System (MIMS)

CHANG Fu-Sheng, HUNG Chen-Tse, YU Tzu-Ying, KUO Tsung-Huai, TSAI Hsiu-Jen

Introduction

"Tobacco hazards" is one of the important global issues; about 5.4 million people per year die of smoking-related diseases. Increasing expense of health care imposes a heavy burden on society and economy. To promote health, the Taiwan government implemented the "2nd Project of Tobacco Cessation" in 2012. Our hospital provides tobacco cessation services through institution of MIMS, referral procedures, toll-free call and regular phone tracking, to increase success rates of cessation and make an effort to promote national health.

Purpose/Methods

We offer: 1. Cessation services: enrolling objects from outpatient, inpatient, emergency departments and also objects' family members. 2. MIMS: through "reminder popup window", electronic questionnaire should be completed. 3. Referral flow:

by screening database, evaluating intention to quit, then referring to health coordinators for further services. 4. Toll-free call: providing smokers with cessation counseling. 5. Regular phone tracking: inquiring cessation condition and obstacles encountered in 3, 6, 12 months after enrolling. Through above, we focus on evaluation of MIMS efficacy.

Results

Before setting up MIMS for Tabaco cessation, the 12-month cessation success rate was 21.7% in 2011; after setting up this system, cessation success rates in 12-month, 6-month, and 3-month were 26.5%, 46%, and 54%, respectively in 2014. Besides, satisfaction degree of cessation service was 93%. As for cost effectiveness analysis: cost per LYS was 13556.44NTD/LYS, cost per QALY was 9658.70NTD/QALY, incremental cost per LYS gained 9658.70NTD/QALY, and incremental cost per QALY gained 9676.78NTD/QALY.

Conclusions

By institution of MIMS for tobacco cessation, we provide the public with complete, proactive medical services to promote health and Tobacco Hazards Prevention. Cost of intangible manpower and system implementation were included in quantification in our research, revealing ICER as 9676.78NTD/QALY, being below the NICE's cost effectiveness threshold, implying low extra cost and high QALY gained to be applicable. Thus, by this mode, we wish for the goal of "Tobacco-free Taiwan" and hope our experiences could become other country's reference.

Comments

The progress of civilization makes our life more convenient, and there is a trend of utilizing technology to promote human health. Applying national MIMS to providing resources for smokers is a powerful and proactive measure to eliminate the tobacco hazards. We expect countries all over the world to follow Taiwan's tobacco cessation model, heading to the target of "National No Smoking Day".

Contact: CHAI WEN Lai

Show Chwan Memorial Hospital
No.6Lane 61,Nanping St.1,Nanyao Village Changhua,Taiwan 500
CHANGHUA, TWN
chd7203270@hotmail.com

The Effectiveness of the Second Generation Smoking Cessation Project among Outpatient and Inpatient

SHEN Shu-Hua, HUANG Hsin-Jou, LEE Chiung-Ying, CHANG Shu-Min, WANG Hsueh-Yin

Introduction

The project of second generation smoking cessation treatment has been promoted by Health and Welfare Ministry on 3 March,

2012, the outpatient and inpatient, emergency patients are included in this project, no related study of inpatient and outpatient smoking cessation effectiveness in second generation program, therefore, to understand the effectiveness of smoking cessation among the outpatient and inpatient was important issue of second generation of smoking cessation treatment.

Purpose/Methods

This purpose of this study was to understand the effectiveness of smoking cessation among outpatient and inpatient in a psychiatric teaching hospital in southern of Taiwan. The retrospective and prospective analysis was applied in this study, 203 subjects received 8 section smoking cessation projects in 3 months. The average daily amount of smoke, and CO value through subjective and objective interview, comparing the effectiveness differences between inpatient and community.

Results

This study revealed the smoke amount and CO values among inpatient and outpatients have dropped significantly ($p \leq 0.02$ vs. $p \leq 0.000$), the result found the average smoking amount of outpatient was higher than inpatient especially in the amount of CO value changes, has significant difference. The smoking amount of outpatient on the fifth group section (21.9, $p \leq 0.00$) and CO values (5.5ppm $p \leq 0.00$) decreased the most significant differences reached.

Conclusions

The result of the study revealed that whether inpatient or outpatient receiving inpatient smoking cessation can effectively reduce the amount of smoking, inpatients better than the outpatients in quit smoking, the smoking minimum amount was on the fifth group section of outpatient. the result of average daily smoke amount is the same through and objective interview and CO measurement, so we can be confident that the psychiatric patients referred smoking behavior, is worthy of being admissible.

Contact: SHEN Shu-Hua

Jianan Psychiatric Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist.
71742 Tainan City, TWN
shuhwa1210@gmail.com

The Effectiveness of the "Tobacco Control Educator" the role of tobacco cessation intervention

CHENG Su-Fen, HUANG Meei-Jyhi, WU Chia-Yu, LING Su-Chiu, LIN Mine-Kuei, YANG Meei-Feng, WU Li-Chu, KU Yan-Chiou, HSUEH Kuang-Chieh, TU Ming-Shium, CHENG Jin-Shiung

Introduction



According to the World Health Organization announced, about 500 million people worldwide each year die from smoking-related diseases. In view of the health hazards of smoking and the effects of passive smoking on the health of their loved ones around, especially the people in the hospital, the health problems on itself, Smoking not only affects the prognosis of the disease, for medical expenses and living expenses Similarly impact on improving the quality, it is to help people quit smoking habits of success is still a matter of urgency. Therefore, in recent years, are actively promoting Taiwan "Tobacco Control Educator " role of, by medical personnel to attend a series of training courses to quit after health education, in community and hospital health education cessation of activities, the Court since July 2012 started compiling " Tobacco Control Educator " health education manpower to quit the business, hopes for the benefit of the quitting process.

Purpose/Methods

The purpose of this project are discussing a medical center in Taiwan extended "Tobacco Control Educator " role in the function to quit the effectiveness of activities related to the analysis, In accordance with the National Health Department medical institutes to provide health education to quit the requirements set goals of 3 months and 6 months when the success rate reached $\geq 33\%$ and $\geq 25\%$. Use QCC way to promote of business, (1) professional training and health education staff of the configuration: 5 nurse delivered a five-day training Stage 3 for "Tobacco Control Educator ", the strengthening professional capacity, personnel training is completed in addition to setting in the exclusive guard outside the classroom to quit and arrange for hospital outpatient clinic area guard each classroom; (2) actively looking for cases: with a comprehensive hospital medical records to electronic medical records of the advantages of automatic search by information systems, each day timing provides inpatient and outpatient cases have smoking list, passive to active, actively looking for health education and smoking object, the dilemma is hard to find the case dismissed; (3) the development of incentives: with the implementation of the hospital to provide gifts of health promotion activities, receive health education quit collecting points, And encourage employees to take the initiative to reward referrals of cases accepted smoking cessation health education; (4) advocacy: daily timing hospital smoking propaganda broadcasts, and in the entrance posters to remind quitting; (5) to strengthen the motivation to quit the case: with the intervention of the carbon monoxide and spirometry results when health education, and strengthen the motivation to quit the case, (6) active care: the case of the cases received within 90 days of at least six times by face to face visits by teachers take the initiative to visit the quitting process needs care, the timely provision of assistance and in sections 3 and 6 months in order to understand the way telephone interview; (7) to develop smoking cessation health education standard process: the role of "Tobacco Control Educator "with various measures of health education standards setting process to quit, quit the quality of health education in order to achieve consistency.

Results

After the implementation of the measures in year, the total number to accept the case quit of health education 2388 people, smoking cessation success rates at 3 months of 34%(812 people) and 6 months of 36%(860 people) , significantly more than the target value, quality and merit

awards and won the cessation of the National Health Department.

Conclusions

Although the results of the first heavy smoker quit quitting intention of strength, but still with the multi-cessation measures to assist and, more importantly, professional health teacher coordination center to quit, and quitters measures will be carried out between the suitability of the link help to achieve more success in quitting smoking.

Contact: CHENG Su-Fen

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist
813 Kaohsiung, TWN
ssfcheng@vghks.gov.tw

Obstacles With Nurses in Advising Patients on Smoking Cessation

SU Yi-Lin

Introduction

Tobacco use is one of the major cause of early death and disease. Forty smokers tried smoking cessation but failed in the past year. Only 27% smokers reported that had ever been advised on smoking cessation by health professionals in Taiwan. The purpose of this study was to determine the associated factors with health professionals in advising patients on smoking cessation.

Purpose/Methods

A cross-sectional study design was conducted in 2014. 140 Nurses were recruited using convenient sampling from a regional Hospital of northern Taiwan. Structured questionnaires with Cronbach's α of 0.92 were self administered by study participants.

Results

The top five obstacle factors of advising patients on smoking cessation were 「behavior change of patients are very difficult」, 「care of disease is more important」, 「smoking needs of patients have to respect」, 「lack of training of how to advising patients on smoking cessation」, 「too busy to advise patients on smoking cessation」.

Conclusions

The major obstacle factors of advising patients on smoking cessation among nurses' were related with low perception of importance of patients smoking cessation. The curriculum of nurses' and on-job training should enhance the role of nurses on smoking cessation to improve their attitude, attempt and behaviors of advising patients to quit smoking.

Contact: YI-LIN Su

Sijhih Cathay General Hospital
No.2, Lane 59, Jiancheng Rd., Sijhih Dist., New Taipei City
New Taipei City, TWN
elinesu0227@gmail.com

Effectiveness of outpatient nursing referral to smoke-cessation clinic in a Community local hospital in Taiwan

WANG Min-Fu, TSAI Chung-Hung, LI Chung-Hao, HUANG Shou-Cheng, HUANG Wen-Chi, WU Ping-An

Introduction

Tobacco smoking is the leading cause of preventable morbidity and mortality worldwide. Fortunately, the health benefits of quitting smoke are substantial, included reduced risk of cancer, cardiovascular disease, and respiratory symptoms. The smoking cessation health services is easily accessible in Taiwan. However, these resources are often underutilized due to lack of referral. Therefore, we established a referral program to help smokers to receive smoke-cessation services.

Purpose/Methods

Since June 26, 2014, we applied the AAR (Ask, Advise, Refer) program at outpatient department. All smokers were identified by computerized reminding system at every visit. They were given the educational sheets and then brought to smoke-cessation clinic at Family Medicine department. Patients who were intended to quit smoking received pharmacologic therapy and follow-up by phone call 3 months later. Participants who visited smoke-cessation clinic 3 months before and after AAR program were enrolled into this study.

Results

From April 26 to September 26, 2014, a total of 150 smokers with a mean age of 49.0 year-old were recruited. Their mean score of the Fagerstrom Test for Nicotine Dependence (FTND) was 5.86. There was no significant difference between age, gender, and weight of participants before and after AAR program. However, smokers had significant lower FTND scores of participants after AAR program (5.6 v.s 6.5, $p=0.042$), but the 3-month successful rate of smoke-cessation was similar (31.5% v.s 38.1%, $p=0.440$).

Conclusions

This is a pilot study of investigating the effectiveness of implementing outpatient nursing referral to smoke-cessation clinic in a community local hospital. The number of participants increased after AAR program, and the 3-month successful rate of smoke-cessation was similar even their lower scores of nicotine addiction. Long term effectiveness and feasibility of this program should be further studied in the future.

Contact: TSAI Chung-Hung

China Medical University - An Nan Hospital
No 66, Sec. 2, Changhe Rd., Annan Dist.,
709 Tainan City, TWN
chunghong.kuanyin@gmail.com

Spiritual wellbeing (faith) and health

RESEGOTTI Luigi, FORNERO Giulio

Introduction

WHO was the first to stress that health is not just the absence of any disease, but rather the everyday engagement in promoting own and other people's physical, mental, social and spiritual wellbeing which results in the empowerment of the person and of the community. In this presentation we specially discuss the meaning of a religious faith, that does not mean a confessional position but rather the spiritual factor for the wellbeing of a person

Purpose/Methods

The purpose of this presentation is an overview of the story of the humans and the analysis of what physical, mental, social and spiritual wellbeing means

Results

Important writers both in the past (John Donne, 1600) and at present (Paul Dupont 2000) stressed the central role of spirit and faith in producing health. Faith influences the behaviour of people moving from competition that does not produce wellbeing to cooperation that leads to health.

Conclusions

Religious faith is a fundamental component of spiritual wellbeing and is the key factor that leads from disease prevention that does not produce health but just avoids physical injuries, to health promotion that is essentially the fruit of love and of the empowerment of the members of the society.

Contact: FORNERO Giulio

A.O.U. Città della Salute
Corso Regio Parco, 10152 Torino, ITA
gfornero@cittadellasalute.to.it

Evaluation of Doctor-Patient Relationship in Rehabilitation

DAMBAUSKIENE Rima, KOBILINSKIENE Jolanta

Introduction

Patient-centered approach and patient's involvement is essential in complex rehabilitation services. One of the key aspects of this is an effective patient-doctor relationship. Research shows that overall satisfaction with medical services strongly depends on appropriate communication with the doctor. It is important to understand patients' expectations towards doctors, and make assessments on how they are met.

Purpose/Methods

Session P1.10: Miscellaneous



First, somatic patients' expectations and satisfaction with their consultations with doctors during rehabilitation were analyzed. Modification of Medical Interview Satisfaction Scale-21 (Lithuanian translation) was prepared and included in the questionnaire, which was answered by 57 randomly selected patients. Second, 330 patients evaluated rehabilitation services, including cooperation with specialists, accommodation, and results (in Likert scale). Statistical relationships between communication ratings and other factors were screened for.

Results

All patients asked to give good doctor's characteristics named some personality traits, mostly "understanding", "communicative", "kind-hearted". Less than half of patients mentioned some technical competency. 40% respondents noted, it is most important for them to be comforted by the doctor, to be listened to, and to feel doctor's positive attitude; 76% marked that proper treatment is key. Most patients were satisfied with their doctors: average MISS-21 rating was 5.81(±0.85) in 7p. Likert scale. Older patients and women rate their doctors better.

Conclusions

Somatic patients expect their doctors to express emotional support and empathy. Doctor's communication skills probably affect the patient's satisfaction with the service as much as their proficiency in rehabilitation. Putting the patients in the center of the co-producing health services, it is necessary to fulfil their expectations to be accepted, listened to, and comforted.

Contact: DAMBAUSKIENE Rima

Palanga Reahabilitation Hospital
Vytauto St. 153, LT-00163 Palanga, LTU
dambauskienei@gmail.com

Crossing Boundaries: Health and the performing arts

CULEN Monica, OBI Marianne

Introduction

The use of humour and the performing arts as a complementary therapy in the healing process has become widely accepted, since benefits are increasingly recognized by health professionals and stakeholders. This partnership of the arts and healing recognizes that health is "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." 1.1 Preamble to the Constitution of the WHO as adopted by the International Health Conference, New York, 19-22 June, 1946

Purpose/Methods

Our 304 clowndoctors, professionally trained artists, use culturally-appropriated and specially-designed holistic methods to meet the needs and characteristics of every specific patient. Performances are turned into restorative experiences, creating enabling, participatory and creative environments that aid the development of coping strategies during stressful times. All the

senses are stimulated and an interactive intervention emerges between clowndoctor and patient (children, adult, the elderly). Assisting with the recovery process, we lay emphasis on emotional and psychosocial support.

Results

Our person-centred approach has allowed us to reach out to diverse medical conditions, cultural and socio-economic backgrounds and environments. This has resulted in the empowerment and stimulation of self-confidence, courage and elements fundamental to reducing the vulnerability of all the patients we come in contact with. We also care for refugees, people with mental and multiple disabilities, and those in rehabilitative or palliative care. A more humane and patient-friendly atmosphere arises which is also beneficial for the family and staff.

Conclusions

Creative expression can make a powerful contribution to the healing process. Due to the positive resonance from patients and our collaborating medical/social institutions, we know that our sustainable formula to promote the inclusion of vulnerable groups, improve their overall well-being and help fight social stigmas and discrimination is effective and fruitful. In 2013 RED NOSES Clowndoctors International and its 11 partner organizations addressed the needs of over 639,000 persons in 473 hospitals and care institutions in eleven countries.

Contact: CULEN Monica

RED NOSES Clowndoctors International
Wattgasse, 1170 Vienna, AUT
monica.culen@rednoses.eu

The significance of spirituality and religion in clinical practice of somato-psycho-social health needs of patients and their families

STAWASZ Mariola

Introduction

In the wide range of somato-psycho-social health needs of patients and their families, the spiritual and religious dimension in clinical care has increased in the last decade. Eastern cultures tend to preserve the link between spirituality, religion, and health care despite the fact that Western medicine and culture have had over the past more than one hundred years a significant impact on Asian nations. Learning how to deal with spiritual and religious aspects of medical care is not a typical part of medical school or college curricula. However, more and more evidence is emerging that it is something what our patients need, want and expect from us – health careers to offer as part of the medical care we provide.

Purpose/Methods

This study investigates today's patients' attitude toward prayer as part of holistic medical care. In 2013 the questionnaire sheets with the total number one 120 surveys were distributed to in-patients (t=70), physicians (t=25) and nurses (t=25) in Cardinal Tien Hospital (hereafter: CTH). One 118 surveys were

returned within the period stipulated for the response which is a valid response rate of 99 percent: patients 100%, nurses 100% and physicians 98%. The questionnaire included close and open-questions around the topic of spirituality, religion in medical treatment and regardless of whether religious should be eliciting a spiritual history from a patient for the proper spiritual care.

Results

The outcome of the sample survey done among patients in CTH in Taiwan also showed that 75.5% of patients are willing to accept prayer and 98.6 % talk about their spiritual needs with health-care professionals and others. The 56.5% of clinicians and 46% nurses who have religious faith response that they support the patients' spiritual or religious needs. Even 43.5% of clinicians and 52% nurses who do not admit any religious affiliation are willing to support patients in their spiritual needs.

Conclusions

It is essential for clinicians to understand that the time has passed when the spiritual and religious concerns of patients can be ignored as irrelevant to good medical care. On the contrary, the approach which takes account of spiritual and religious aspects of medical care will fulfill somato-psycho-social health needs of patients and their families. This indicates that spiritual and religious concerns of patients ought to become an integral part of 21st century health care training. It may well come to be seen as the victory of holistic medical care in biomedicine.

Contact: STAWASZ Mariola

Catholic Cardinal Tien Hospital
362, Chung Cheng Rd., Hsintien Taipei Hsien
23137 Tapei, TWN
mariolka2007@gmail.com

Parent's burden related to the caregiving to the children with the cerebral palsy

GUGAŁA Barbara, GUTKOWSKA Dorota

Introduction

Long and continued fight for the child's health improvement is often accompanied by the feelings of hopelessness, guilt and shame. It often contributes to the deterioration of the state of health and the life-quality of the parents. These parents often complain of strong chronic stress, emotional and cognitive problems and somatic disorders. The aim is to outline the evaluation of the state of health of the carers of the disabled children in the context of the mental health prophylaxis.

Purpose/Methods

The study was conducted in the period from May 2013 to June 2014, among 190 parents of children with cerebral palsy. The research method used was opinion pool involving the

connection of the standardised scales (CB Scale, SOC -29, HADS) with the original questionnaire: the data of the parents (i.e. sex, age, education, residence address, family type, the number of children) and the data of children (i.e. sex, age, motor, intellectual disability degree). The accepted level of significance - $p < 0,05$.

Results

The average age of the carers was 40 years old. 41 % of respondents had low level of coherence. 23 % had improper level of stress and 37 % were on the borderline. 20 % presented improper level of depression. Practising believers were featured by higher level of resourcefulness and lower level of depression. The latter was lower among those educated better. The level of burden was directly proportional to the feeling of coherence, the level of anxiety and depression.

Conclusions

Compared to the norm the carers of the children with cerebral palsy have significantly lowered level of coherence, which consequently results in the possibility of the occurrence of the psychosomatic disorders. The presented level of stress and depression identified in the group of respondents calls for the introduction of the prophylaxis programme that would focus on how to cope with difficult situations.

Contact: GUGAŁA Barbara

University of Rzeszow
Al. Rejtana 16 C
35-959 Rzeszow, POL
barbara.gugala@wp.pl

Patient Infotainment Terminals platform build-up and status

YEH Hui-Tzu, LAI Hsiang-Fen, LEE Wen-Ray, FANG Chun-Kai

Introduction

Communication is very important in Medical system, 70% of medical sentinel events was caused by lack of communication. In tradition, most medical information for patients are depend verbal instructions from nurses, but the daily nursing activities are heavy, lack of verbal instructions result in dissatisfied. To build up a information platform is needed for communication between nurses and patients. The purposes of this study are (1) build up bedside information platform, (2) analysis the patient's needs, and improve medical services.

Purpose/Methods

We build up bedside information platform in two pediatric wards there is totally 59 beds, using wired and wireless information devices connect to HIS system, IP-PBX system (IPPhone and Wifi Phone), Divided the patient's needs into 7 parts, Nurse Call, Drip Call, Nursing instruction, Food Order, TV, Web and Radio. System was built and implemented in Jan. 2014. Data from February to November in 2014 were analyzed

Results



During the 6 months after system was built, there were 9323 days of stay, totally 134353 clicks, average 14.4 clicks/person/day, entertainment need was 83.5%, nursing Need was 11%, Food Order was 5%, the result was shown in Figure 1. Health movie was clicked 3784 times, Diarrhea was clicked 560 times (14.8%), Bronchiolitis 446 times(11.78%), Urinary Tract Infection (UTI) was 7.37%, the result was shown in Figure 2.

Conclusions

From our study, a total of 134353 clicks were done during study period. Although bedside information platform was used for entertainment more than other function, but this information helps us to understand what the patient's needs, then we can provide better service for our patients.

Contact: YEH Hui-Tzu

MacKay Memorial Hospital

No. 92, Sec. 2, Zhongshan N. Rd., Taipei City, TWN

a265200@mmh.org.tw

Touchscreen use in the treatment of patients with advanced dementia

**BOIARDI Roberta, BECCHI Maura,
GASPARI Giuliana, CASTELLINI Paola,
RICCO' Daniela, CECHELLA Sergio**

Introduction

Considering the organisation and local diffusion of the network of services, according to Regional Law 5/94 and the Emilia-Romagna Region Dementia Project (Regional Government Decree 2581/99), the basic choice for the care of people affected by dementia and their relatives hinges on the development, qualification and specialisation of the existing social-healthcare network, and envisages some dedicated points such as the Special Dementia Nuclei (NSD) and the Dementia Day Centres (CDD). These are the points in the network of local services with high specialist value and, over the years, they have confirmed their status as a necessary place for the complex management of psycho-behavioural decompensation in patients with dementia. The proposed treatments are pharmacological, but above all occupational and psycho-social. Recently recourse has been made to technological instruments to facilitate the communication and relational process and support cognitive stimulation in the elderly, overcoming the prejudices related to the difficulties in usage and scarce interest of the elderly towards these kinds of supports. We proposed a training session using touchscreens for patients suffering from moderate and severe dementia and BPSD attending the CDD.

Purpose/Methods

The project involved the training of the key personnel (professional educators, health and social workers, managers of health and social activities) for the acquisition of the necessary skills to be used in the ICT activities. We proposed the training with touchscreen to 4 patients, 3 males and 1 female with an age between 78 and 87 years (average = 83 years) with a

relevant cognitive disorder (MMSE<=13) and behavioural and psychological symptoms of dementia (BPSD). To be more specific, we proposed activities to patients with relevant anxiety, wandering and nervousness. They obtained 12 in the items of neuropsychiatric Inventory. The individual sessions scheduled were 2 per week for 1 month. The duration of every session has been defined by the patients themselves: the session has been concluded when a decrease of attention was observed. In order to put the patients in contact with technology, we used a solid computer touchscreen with big dimensions (21 inches) with a free memory game-like software (displaying figure-figure, figure-word, word-word) with an increasing complexity from 4 to 8 cards.

Results

The sessions had an initial duration of about 18 minutes and a final one of 22 minutes (at the end of the month). Touchscreen has been accepted and become understandable thanks to the continued and repeated instructions of the operators. During the sessions a considerable reduction of anxiety, wandering and nervousness has been observed. Patients manifested a clear satisfaction and satisfaction in concluding the exercises required.

Conclusions

The commitment and motivation of the CDD operators in experimenting new methods of cognitive stimulation and in customizing them for patients, allowed us to understand that even technological devices can be effective in the dementia and BPSD treatment and that can support the usual occupational, psychosocial and socialization interventions, already proposed in the CDD prosthetic environment. Taking into account that in the treatment of dementia there are not interventions better than others, the final aim is the constant seeking for an active participation of the people and the continuous focusing of the intervention on personal interests, peculiar characters and functional potentialities.

Comments

Technological devices, touchscreen in particular, revealed their potentiality as a acceptable and understandable method of treatment, even for our patients with an advanced form of dementia and BPSD that had no previous knowledge about ITC instruments. The results obtained with a small group of patients supports us to continue the exploration of the potentialities of technological devices as new opportunities for the cognitive stimulation and as non-pharmaceutical approach in the control over BPSD people.

Contact: RIBOLDI BENEDETTA

Local Health Unit

Via Amendola, Reggio Emilia, ITA

benedetta.riboldi@ausl.re.it

Careplan meeting by videolink

ELKJAER Eva-Karin, KLINT Kjell

Introduction

When patients are in need of support after discharge from hospital, coordinated care-plan meetings are performed in

Swedish hospitals. Participants of the meeting are; the patient, relatives, the responsible nurse in hospital, the community home help service and/or a district nurse. These meetings mean traveling for the participants to the hospital, with take time and climate resources. Our aim was to transfer these meetings into travel free meetings by using video link.

Purpose/Methods

Our goal was to find structure that made information between the patient, relatives, hospital community home help service and/or a district nurse understandable before discharge from hospital. The purpose was to create a feasible structure and safe information transfer for the participants during coordinated care-plan meetings by video link. Contact was taken with the community home help service and district nurse to set form and structure for video meetings. Test took place between May 2013 and October 2014.

Results

The connection and equipment had worked perfectly during test period. Collaborations between patients, hospitals and communities caused no problem during test period. An traditional care plan meeting takes 53 and by video 29 minutes. Community workers save time (in total M=60 minutes) and climate by not traveling (in total M=374 km) too hospital. Findings show that patients and relatives (in total, n = 24) perceived they were understood (n=24) and were a part in the decision-making process (n=24).

Conclusions

This shows that the structure care plan meetings safely can be performed by video link for patients. Video link meetings are going to be introduced as a standard form meeting in western part of Sweden including 17 Hospitals and 49 communities, during 2015.

Contact: ELKJAER Eva-Karin

Sahlgrenska University hospital
Diagnosvägen 11, 41685 Gothenburg, SWE
eva-karin.elkjaer@vgregion.se

Improving mental health through community building

HSUAN HO

Introduction

It is good for elderly mental health to participate community activities. However, older people are not willing to join community activities with comorbid or frail condition. A new multiform program in community was claimed to be effective in mental health in the elderly but lack evidence.

Purpose/Methods

This program was aimed to promote the participate rate of the elderly in community activities and to assess the efficacy of mental health after intervention. Healthy station was set up and

a series of program was started by the Taipei City Hospital, Yangming branch and local community since 2014. We set multiform program such as handicraft, physical message, hygiene speech and exercise. The participants were assessed with questionnaire "Brief Symptom Rating Scale(BSRS-5)" after 4 months intervention.

Results

Among 15 weeks at healthy station, 52(female 42, male 10) people older than 65 years finished the program. The participants were assessed with questionnaire BSRS-5 after 4 months intervention. We found the participants with likely depression (≧ score) was 21% at initial and down to 12% after intervention. The study showed statistically significant improvement in mental health of the elderly after multiform program.

Conclusions

Multiform program not only increased the participate rate of community activities but also promoted the mental health in the elderly.

Comments

After this program, we knew designed program that could promote elderly mental health and inspired older people to participate community activities.

Contact: HO HSUAN

Taipei City Hospital, Young Ming Branch
No.105, Yusheng St., Shilin Dist., 11146 Taipei City, TWN
hohsuan0630@yahoo.com.tw

Being Happiness Catchers for Suicide Prevention and Mental Health Promotion in Community, School and Workplace

FANG Chun-Kai, HSIAO Hsueh-Wen

Introduction

The BHC-5L (being happiness catchers- looking, listening, learning, loving, and living) has been developed not only for suicide prevention but also for mental health promotion since 2010. In the beginning, BHC-5L was designed to promote general population to find those who were in suicidal risk; moreover, it became a way to teach people how to think positively and how to change your mind. Since 2014, we tried to expand capacity and influence of BHC-5L.

Purpose/Methods

Based on the previous programs to construct the model, we designed 3 standard lectures of BHC-5L for community, school, and workplace. There were 33 full trained lecturers to teach the



BHC-5L. The manager of BHC-5L arranged the trainers to offer one hour lecture among three different groups. We observed the acceptance of audiences and the efficiency for promoting knowledge of suicide prevention and mental health promotion in New Taipei City from January 2014 to December 2014.

Results

There were 257 lectures of BHC-5L including 70 in community, 74 in school, and 113 in workplace. Total audiences were 24,649. The range of the acceptance rates (0-5 score) were 4.30 in community, 4.12 in school, and 4.36 in workplace. The means of the 10-item test were 83.77 in community and 82.18 in school. In workplace, the means of the test were 86.41 in public enterprises and 83.75 in private enterprises.

Conclusions

As an Eastern model of gatekeeper for suicide prevention, the BHC-5L provide more factor than the QPR, because the BHC-5L emphasized positive thinking and mental health promotion. The BHC-5L became an easy acceptable model for suicide prevention and mental health promotion in Taiwan. The BHC-5L began in New Taipei city, but expand to the other administrative area recently. We hope the model to help more and more people.

Contact: FANG Chun-Kai

Mackay Memorial Hospital
92, sec. 2, Zhongshan Rd, Zhongshan Dist., Taipei, TWN
fang0415@yahoo.com.tw

Psychological and behavioral correlates of depressive symptoms among middle-aged women in South Korea

KWON Eunjoo, NAH Eun-Hee, KIM Hyekyeong, JOE Sook-Haeng, KO Seung-Duk, KIM Myung, KIM Young-Bok, CHO Han-Ik

Introduction

Depression is a serious medical condition that can affect not only people's mood but also their physical well-being. Studies have shown that women during midlife have the highest rate of depression out of any age or gender, and various psychological and behavioral factors are correlated with depressive symptoms. However, these studies were limited by relatively small samples sizes or limited control of confounding factors. None of these studies included all relevant socioeconomic, health-related behaviors, and psychological factors in a single study.

Purpose/Methods

The purpose of the study was to investigate the association between psychological and health behavior factors, and depressive symptoms of middle-aged Korean women. This cross sectional study investigated 1,638 middle-aged women visiting

16 KAHF health screening centers by self-administered questionnaires. Beck Depression Inventory(BDI), the Korean version for Brief Encounter Psychosocial Instrument(BEPI-K) and State-Trait Anxiety Inventory(STAI) were used to assess women's depressive symptoms and psychological states. Health behaviors such as eating, exercise, alcohol use and quality of sleep were also measured.

Results

High levels of depressive symptoms were present in 13.98% of middle-aged women. Multivariate logistic model suggested that high levels of depressive symptoms were significantly associated with lower education level(OR=2.00, $p<.05$), poor perceived health status(OR=4.29, $p<.001$), higher level of stress(OR=5.88, $p<.001$) and trait anxiety(OR=9.69, $p<.001$), fair eating habits(OR=2.44, $p<.001$), frequent alcohol drinking(OR=2.73, $p<.05$), and poor quality of sleep(OR=3.783, $p<.001$).

Conclusions

This study suggested health promotion programs for middle-aged women should incorporate stress/anxiety management and health behavior practices to prevent and manage depressive symptoms.

Contact: KIM Hyekyeong

Korea Association of Health Promotion
1111-1 Hwagok 6-dong, Gangseo-gu, 157-705 Seoul, KOR
hkkim9394@gmail.com

Using Evidence Based data for Designing and Implementing Community-based Health Promotion Intervention for Non-Communicable Diseases' Prevention: A Case Study of Ilero Community, Nigeria.

ALIU Michael, ONASANYA Adeleke, OLADEPO Modupeola, AFUN E., ADEKOYA G,

Introduction

A silent epidemic of non-communicable diseases is spreading rapidly in Nigeria with increasing population morbidity estimated at 11% and 5% respectively and rural communities are largely disadvantaged in respect to screening. Furthermore, evidence-based, community-based participatory health promotion and education interventions are rare. This study uses a participatory screening approach to determine the morbidity pattern of Hypertension, diabetes and visual acuity during a community's event in Nigeria. Information derived was used in designing and implementing a health promotion and education intervention.

Purpose/Methods

A free health screening programme was organized based on community demand. Following a jointly designed and

implemented awareness programme by community members and the health team, diagnostic tests for hypertension, diabetes type II and visual acuity (short and long sightedness) were conducted using Mercury sphygmomanometer, glucometer and Snellings' chart respectively followed by counseling and referral to higher level health facilities for those with high values. Selected community members participated in organizing infrastructure and clients as well as in record keeping.

Results

A total of 108 clients were screened comprising 58 (54 %) males and 50 (46 %) females). Slightly more than half (52.8%), had abnormal blood pressure (Hypertensive BP > 140/90mmhg). The severity of hypertension among male clients shows 48% as mild (140/90-159/99mmhg), 28% moderate (160/100-179/109mmhg) and 24% severe (>180/110mmhg) compared with 32%, 43% and 25% among females respectively. 14% of the clients had abnormal RBS grading (>140mg/dl). More females (17%) had abnormal values for visual acuity, compared with 11% of males.

Conclusions

Hypertension is the most prevalent followed by diabetes and poor visual acuity with more women affected with the three conditions screened. Greater attention should be placed on the health conditions of the female population in rural communities. Based on findings after a participatory screening, a more effective community health promotion and education intervention programme can be designed and implemented to create awareness about these findings, emphasize possible risk factors and preventive actions that should be taken with active community participation.

Contact: ALIU Michael

Adeleke University, Ede
Ede. PMB 250, Ede, Osun, NGA
mikealiuero@yahoo.com

Medical application of Instant Messaging App to promote health care in Taiwan's remote area

LIU Yen-Tze, SUN Hung-Yu, YANG Yu-Wen, LIN I-Ching

Introduction

In the remote medical service providing by urban medical centers, cooperation with the local residents and pharmacist can provide immediate medicine prescription and timely counseling. Traditional communication by telephone is likely to cause medical errors. Due to the advancement of instant messaging, immediately communication via new app called LINE provide the co-production of health by patients, pharmacists, and doctors. The advantages include improved accuracy, safety, efficacy, and economical benefit. This study is to evaluate patients' satisfaction with this service.

Purpose/Methods

Remote medical services provided by Changhua Christian Hospital included five villages in Shengang township, Changhua County, Taiwan. The five villages were Biantou, Shidi, Dingshing, Chiuanshing, and Datung respectively. The satisfaction questionnaire were randomized assigned to 50 people, 10 people among each village. The questionnaire consists of eight aspects, included accessibility, ability of patient care, medical equipment, environment-friendly healthcare, waiting times, staffs' attitude, communication skills, and efficacy. All of the 50 questionnaires were completed and statistical analysis was done.

Results

Based on the satisfaction scores in sequence revealed as follows: accessibility, staffs' attitude, waiting times, communication skills, ability of patient care, efficacy, environment, and equipment. Further investigation revealed the reasons why they felt convenient are the nearby medical stations and accessible local pharmacy. The investigations from the medical staffs and local pharmacists also revealed that the communication via app LINE got much efficient and accurate. These results showed that remote area healthcare achieve better via the new technological instant messaging.

Conclusions

Instant messaging (IM) is a type of online communication technique which offers real-time and bi-directionally text transmission over the Internet. Inconvenient, inaccurate, and inefficient communications between medical stations and local pharmacy are the main challenges in the past in remote area healthcare. Through advances in the new technologies, we apply it to co-produce healthy. We played the roles of the collaborator and facilitator, not just medical expert or counselor. Therefore, we could provide an effective and safe health care services in the remote areas.

Contact: LIU Yen-Tze

ChangHua Christian Hospital
135 Nanhsiao Street, Changhua, TWN
144084@cch.org.tw

Promoting 'Tea-time training in Chichibu' with the City authorities to prevent Locomotive Syndrome

YAMADA Masaki, SUGAWARA Kumiko, KOBAYASHI Yoko, SIMIZU Kuniyo, HASEGAWA Tetsuya, SIBUYA Kazuhiko, KUMAGAYA Aki

Introduction

Chichibu area is becoming remarkable aging. To extend the lifespan living healthy, we need 'Exercise to prevent Locomotive syndrome, improvement diet to prevent sarcopenia, oral hygiene and to prevent dementia with people living in our area. We made 'Tea-time training in Chichibu' which is very easy to do during drinking tea. We delivered about fifty thousand posters to the home and the public facilities in January, 2014.



Purpose/Methods

1 We train the instructors to promote 'Tea-time training'. 2 We support the groups that work on 'Exercise to prevent Locomotive Syndrome' in our area. 3 We survey by questionnaire to outpatients and make use of them to teach medical treatment. 4 We open the class 'Promotion of the public's health' and spread 'concrete practice of exercise' and 'low-salt diet with a good balance'.

Results

The city authorities train about 250 instructors of 'Tea-time training'. Our hospital has a section where the patients can experience in the waiting room. We make advisers to spread 'Tea-time training' to the people in our neighborhood. The group of working on 'exercise to prevent locomotive syndrome' is better at standing on one foot with eyes open. By the lifestyle questionnaires, grip strength of a quarter women in their seventies are under 20kg and many women have experienced falling down.

Conclusions

The local residents, the city authorities, medial workers and welfare workers are requested to maintain connections to promote health comprehensively –HPC (Health Promoting Community) – to all people living in our area. Our hospital will have to work on one of the bridge to promote 'exercise, nutrition, oral hygiene and prevention of dementia'.

Contact: SATO Yuko

Medical co-op Saitama

1317 Kizoro, Kawaguchi-shi,Saitama, JPN

ikuseisienka@mcp-saitama.or.jp

Promote the workplace health in professional drivers

HWANG Lee-Ching, CHEN Yu-Hua, LEE Shu-Chen, HU Nai-Fang, CHANG Chia-Mei, CHEN Chen-Chiu

Introduction

According to the Taiwan Department of Labor's survey in 2013, there were much more deaths from work injuries in Transportation and Courier Service industry than that in Construction Industry. Higher rate of smoking and cardiovascular diseases within professional drivers were noted. These drivers' diseases due to occupational characteristics would have indirect negative impact on public transportation safety. We collaborated with Taiwan Taxi Company on setting up a healthy workplace for the professional drivers.

Purpose/Methods

Purpose: We expected to promote the drivers' health, to benefit their family, to make the drivers more competitive in their work, and to improve the public transportation safety. Method: We originated a health station in the company and executed health survey. Tobacco hazards, beta nut chewing

hazards and high cardiovascular disease rates were discovered. According to the principle of "the Ottawa Charter", five projects developed for promotion of drivers' health. (A) Build healthy public policy: Make the Non-Betel Nut Workplace pledge with the general manager of Taiwan Taxi against smoking and betel nut chewing. Help the Taiwan Taxi to pass the healthy workplace certification. (B) Create supportive environment: To found the Taiwan Taxi as a healthier workplace. In headquarter of the company, we set the "Taiwan Taxi-Mackay Hospital health service station", where were equipped with sphygmomanometer and weight-height measurement device. We kept management, following-up and analyzing their condition of blood pressure and body mass index. Oral cancer screening for the drivers and following up of the positive finding cases were held. (C) Develop personal skills of healthy life: Conduct the "Drivers Quit Smoking Class" to promote the competition "Winning just after no smoking". For the drivers' health needs, we designed health issues, held health lectures and encouraged the drivers to express their opinions on the company's newspaper. (D) Strengthen community action: Hold the "Health Counselor" volunteer training courses to help the other drivers to do the health measurements. They became the seeds in our health promoting project and helped to strengthen their colleagues' health concepts and to construct a healthier workplace. (E) Reorient health service: Analyze, review and adjust our health promotion policy in the health service station joint conference, held 2 times a year.

Results

During August, 2013 to October, 2014, out of 717 persons, the percentage of those whose blood pressure and BMI were both within normal limits increased by 14.15%, the percentage of those whose BMI > 24 decreased by 11.49%. However, the percentage of those with abnormal blood pressure increased by 9.89%, and it might be due to the increasing relative ratio of abnormal blood pressure in the different year (the numbers of persons taking the measurement in 2013 was 231 persons and in 2014 was increasing to 432 persons). In the analysis of data between August-December in 2013, we had found that the percentage of those with either abnormal blood pressure or abnormal BMI dropped by 11-12%, the percentage of those whose blood pressure and BMI were both within normal limits increased by 14%. The positive rate in the oral cancer screening was 11% in 2013 and 15% in 2014, which revealing increasing screening rate. We were working towards the goal of "Early Detection, Early Treatment", for further preventing diseases from exacerbation. The rate of smoking cessation in quit smoking class was 29% in 2013 and then increasing to 58.8% in 2014, which was a great accomplishment in our project. We worked together with the Taiwan Taxi to pass the healthy workplace certification, winning the Taipei City healthy workplace prize out of 114 workplaces in 2013.

Conclusions

The achievement of professional drivers' healthy workplace building can be done by difference health promotion policy. On the basis of these policies, we improved the drivers' health knowledge, form the self-health management skills and then promote their health status. Besides, the health accomplishment of the professional drivers was strengthened, and that helped to upgrade the whole workplace health. Eventually, it will be a driving force to promote the competition of the company and help to build a good corporate image.

Contact: CHC mmh

Community Health Center, Mackay Memorial Hospital,
No. 92, Sec. 2, Zhongshan N. Rd.
Taipei City, TWN
mmh1089@ms1.mmh.org.tw

Using the National Health Insurance Database to Analyze Medical Utilization of Taiwan Man with Erectile Dysfunction

CHIU Ching-Wen, SHIH Shu-Fang, LIU Chieh-Hsing

Introduction

Erectile dysfunction is a common medical disorder that primarily affects men older than 40 years. Clearly, erectile dysfunction is now regarded as a major health problem for the increasingly healthy ageing population. There is no comprehensive and official information about the medical utilization of man with erectile dysfunction in Taiwan. Therefore, this study aimed to investigate the medical utilization of man with erectile dysfunction from outpatient clinics during the years of 2004 and 2009.

Purpose/Methods

The study is a retrospective study. A nationwide data released from the national health insurance research database were analyzed. We extracted data from the files of Ambulatory Care Expenditures by Visits (CD files) to get medical utilization data of man with erectile dysfunction (ICD-9-CM code 60784 or 30272), including age, usage rate, the registered departments and the cost in the years of 2004 and 2009.

Results

From the data bank of ambulatory care, due to medical treatment of male erectile dysfunction, there are respectively 1511 and 1404 patient in the years of 2004 and 2009. Descriptive analysis demonstrated that the age group of 50-59 was the top (22.3-28.3%), 60-69 was secondly (19.6-21.4%). Departments of urology was the primary caring departments (84%), chinese medicine was secondly. Then, regional Hospital for medical treatment to the main level of the hospital.

Conclusions

Erectile dysfunction is a common disorder, but it can easily be ignored. Understanding the medical utilization of sexuality can help to improve the life satisfaction of the elderly in general and sexual life of the elderly in particular through physical exercise, medication and counseling. Positive and appropriate interventions from professionals are needed.

Comments

The results indicate that erectile dysfunction is an important public health concern, and emotional problems likely contribute to the experience of these problems. This study could become a

reference for the medical practitioner to promote the health education when they face this kind of patients.

Contact: CHING WEN chiu

National Taiwan Normal University
5F., No.17, Tanxing St., Shulin Dist., New Taipei City, TWN
irene0723@cgh.org.tw

Patients' perception on safety level of directly distributed drugs by pharmacies of the Reggio Emilia Local Health Authority

MASTRANGELO Stefano, RAGNI Pietro, GAZZOTTI Federica, DIPEDE Sara, BUSANI Corrado, CHIARENZA Antonio

Introduction

Drugs are a precious resource for curing diseases and keeping symptoms under control, but they must be taken correctly, following prescribing physician's instructions. Incorrect use of medicines represents a source of danger for patients and can cause adverse events which can, at times, be serious. The Reggio Emilia local health authority has intervened in the area of direct dispensation of medicines to improve safety level of patient's self-medication management.

Purpose/Methods

Improving patient safety and drug's therapy compliance. During some Safety Walkarounds (SWAs) performed at the local health authority's pharmacies, patients' perceptions of safety and need for information were evaluated with a brief questionnaire composed of 6 questions and a space for proposals and suggestions.

Results

The data on patients' perceptions of safety are currently being processed and will be presented at the Congress. The requirements for information which the patients indicated concerned how to take the medicines and how to store them correctly. The following improvement actions were put forward: - Drafting of a treatment plan to be given to patients containing instructions on how to take and keep the medicines correctly - Changing the organisation of direct dispensing activities.

Conclusions

Direct involvement of patients is essential to increase treatment safety and compliance. In this context, direct interaction between the pharmacist and patient is particularly important as it facilitates the patient to obtaining correct information and contributes to reaching improved disease's management. The SWA model allows issues with the drug management process to be analysed both from medical point of view than the layman, allowing improvement activities in terms of treatment safety and compliance.

Comments

The approach using the SWA technique allows us to analyse the criticalities of the drug management process, from the point of view of both professionals and citizens, and to implement improvement actions focusing on both care safety and compliance with treatment.

Contact: RIBOLDI Benedetta

Local Health Unit

Via Amendola, Reggio Emilia, ITA

benedetta.riboldi@ausl.re.it

Health promotion activities for the residents by health promoting community pharmacy in Nishiyodogawa, Osaka Japan

HIROTA Noritake, INAGAKI Mayumi, UTSUNOMIYA Reiko

Introduction

The Aozora (blue sky) Pharmacy is a community pharmacy located in Nishiyodogawa-ku, Osaka City, Japan. It has long been active in health promotion in collaboration with the Nishiyodo Hospital for a quarter century, mainly with dispensing prescriptions. This is a report on the practice of the Aozora Pharmacy.

Purpose/Methods

Aozora Pharmacy holds the ISO9001-2008 certification, and is working on the followings as a health promoting community pharmacy. 1) Home pill control for patients, 2) Dispensing germ-free injection medicine for patients under home care, 3) Sales of OTC drugs and pharmacy-prepared medical products, 4) Pharmacist's activity at schools, 5) Publications of health information: Newsletters "Pharma Plan News", "Use Our Website", 6) Holding health learning group meetings for local people, 7) Promotion of self-examination on diabetes test (HbA1c check).

Results

Japanese pharmacy's major role is dispensing medicine. But since its establishment, Aozora Pharmacy also provides information on health and medical products for community people. Using the newsletter "Pharma Plan News" and website, timely information is actively published on daily basis. The pharmacy holds many health learning classes for local people, and sends pharmacists to community meetings as teachers. Through such collaboration, the resident's awareness toward health and medical products are now higher, enhancing health promotion of the community.

Conclusions

Since its establishment in 1990, the Aozora Pharmacy has operated various health promotions for three stakeholders (clients, local residents and staff). In August, 2014, it has

changed its organization form from profit-making to nonprofit organization, and undertook the "nonprofit and cooperative" works. Japan will enter a new era in 2025 by introducing the "comprehensive community care" system. In preparation, we want to enhance our health promotion activities more than ever as a pharmacy closely related to the community.

Contact: HIROTA Noritake

AOZORA Pharmacy, Osaka Pharmaplan

3-6-8, Nozato, Nishiyodogawa-ku, 555-0024 Osaka, JPN

n-hirota@faruma.co.jp

The third year of empowerment model of short-term volunteer service in Ladakh: the role of pharmacist in health promotion

LIANG Tzu-Hsuan, HUANG Yen-Ming, WU Chia-Fang, LO Yi-Ting, YANG Kuen-Cheh

Introduction

In 2012, we began to implement an empowerment model of short-term volunteer service of 250 children in Ladakh, division of Jammu and Kashmir State in northern India with height over 3000m. After health examination, we built a basic dispensary for common health problems. The service was expanded into three schools between 2013 and 2014. We aimed to enhance the function of self-operated healthcare center with local medical resources investigation and advanced training program in terms of the pharmacist's profession.

Purpose/Methods

In 2012-2013, we completed health examinations, nutrition survey, primitive medical resources investigation and dispensary set-up. With the assistance from the pharmacist, our first goal was to substantiate the local medical resources map in detail. Secondly, we upgrade the dispensary by creating the management system of the drugs for healthcare center. Thirdly, our multi-discipline team, composing of doctors, nurse and project manager designed the training program for health-workers with focusing on medication administration safety and operation of drugs in 3 schools.

Results

We visited pharmacies accompanied by health-workers to understand how to get the drugs. We also analyzed the price, dosage form, different generic or brand drugs after interviews with local pharmacists. The map of medical resources was plotted. The health-workers accepted the curriculum about pharmaceutical administration, correct drug dosage and frequency, which were instructed by the pharmacist. General health education of the proper use of drugs was also delivered to the caregivers who are responsible for taking care of children.

Conclusions

According to strategies for health promotion of WHO and empowerment model, the self-operated healthcare center was localized after replacement of local drugs. It was also intensified with continuing training program for the health-workers. Their

competency and confidence to manage a dispensary also increased. In these 3 years, our multi-discipline teamwork offered continuing health examination, health education and health-worker training programs. Based on the current results, we hope to develop the further primary health care system according local needs and culture.

Contact: LAING Tzu-Hsuan

National Taiwan University Hospital
No.25, Ln. 442, Sec. 1, Jinguo Rd., East Dist., Hsinchu City
Hsinchu City, TWN
h71078@gmail.com

A Study on the Current Status of Pharmaceutical Counseling of Elderly Patients in Integrated Outpatient Services of a University Hospital in Northern Taiwan

LIU Hui-Pei, SHIH Po-Jen, WANG Wen-Yen

Introduction

Medical resources in Taiwan are highly accessible and provide convenience for those seeking medical aid. However, this also gave rise to repeated and multiple medication. Studies show that people use larger quantities of medication as they age. Elderly patients would be exposed to higher risks of drug interaction or adverse drug reactions (ADR). Provision of pharmaceutical counseling for elderly patients in integrated outpatient services would be important in the medical profession.

Purpose/Methods

This study targeted pharmaceutical counseling cases between June 2013 to May 2014 of a university hospital in northern Taiwan to analyze common pharmaceutical issues experienced by elderly patients, help improve awareness among senior citizens on the importance of proper drug use, reduce repeated drug use, and minimize the incidence of drug interaction and ADR.

Results

A total of 1,886 counseling cases were analyzed. Of which, 113 individuals were elderly patients from integrated outpatient services, with 36 being male (31.9%) and 77 being female (68.1%) with an average age of 76.3 ± 8.1 years. Cases took an average of 6.9 ± 3.7 drugs. Common questions were drug use indications (30.1%) and methods (28.7%). Few asked about side effects (3.4%) or interactions (4.5%), showing that elderly patients were less aware about drug interaction or side effects.

Conclusions

Physicians could issue appropriate prescriptions by using a robust computer-based reminder and warning system as well as effective cloud-based medication history inquiry systems. Pharmacists shall implement periodic or routine inspection to evaluate medication objectives, treatment effects, and necessity of continued treatment amongst elderly patients in outpatient services in order to eliminate unnecessary drug use,

reduce the number of drugs prescribed, and minimize drug interaction and ADR.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road, 201 Keelung, TWN
yeeplike@yahoo.com.tw

Health promotion practices and research in private sectors of Korea: Focusing on the experiences of Korea Association of Health Promotion (KAHP)

YOON Cheong-Ha, KIM Hyekyeong, JUNG Hye In, LEE Jeonghee, CHO Seon, PARK Jiyeon, KIM Sungdae, CHO Han-Ik

Introduction

To address the emerging health problems and medical costs, health promotion should be the focus of all nationwide health improvement initiatives. While the government of South Korea has done the major role in health promotion since mid-1990s, there is a need to break through traditional boundaries within government sectors and to promote partnership with private sectors for health promotion actions.

Purpose/Methods

This study aims to discuss the current situation of and future directions for health promotion practices (HPPs) and research in private sectors in Korea.

Results

Publications and web-site information of public health organizations, WHO-Health Promoting Hospitals member institutes, health/medical academic societies, and professional unities were collected and reviewed. Activities of Korea Association of Health Promotion (KAHP) were described in detail considering its leading role in health examination and promotion field in Korea.

Conclusions

To promote HPPs and research in private sectors, a system for financial sustainability should be introduced. They also need scientific evidence from research. 'Borderline medicine', a discipline specialized in management of high risk borderline group, could lead HPPs to sustainable private practices.

Contact: PARK Jiyeon

Korea Association of Health Promotion
350 Hwagokro, Gangseo-gu
Seoul, KOR
ppodaiejija@naver.com



The Effectiveness of Self-Health Management for community residents -Using Diffusion of Innovation Theory

SU Yi-Lin, YU Wei-Hao, CHANG Chih-Chieh, LU Hsiu, YANG Jui-Neng, CHIEN Chih-Cheng

Introduction

Chronic disease is now a global health issue and major cause of death. The impact of chronic disease on individuals and society means the care of chronic disease has become a critical health issue. This study investigates the innovation process and adoption of Health Promoting Hospitals (HPH) at one Taiwanese hospital using the Diffusion of Innovation Theory developed by Rogers.

Purpose/Methods

2013 began to use of the Diffusion of Innovation Theory, according to the Ottawa Charter Health Promotion Programme planned "health self-management - love yourself Hold Health" campaign, to promote the establishment of Xizhi District Health Management Board to construct health management, establish health management positions, for a health lectures and activities, build reward system, the establishment of community support network, set up community care system.

Results

During 2013, the study of results for the 1,493 of community residents, achievement rate of self-health management was 35.4%, participation rate of weight control classes was 32% , weight loss achieve rate is 60.6%.; achievement rate of continue exercise 100%、regular walking rate is 96.9%.

Conclusions

Hospitals and public health personnel to shoulder defenders, but for the purpose of achieving sustainable development, the concept of health and health self-management concept deeply rooted in the hearts of people in the community is crucial. By community wealth of business experience, deep community, empowering communities to directly meet the needs of the people, let the spirit of deep planting plan.

Contact: YI-LIN Su

Sijhih Cathay General Hospital
No.2, Lane 59, Jiancheng Rd., Sijhih Dist., New Taipei City
New Taipei City, TWN
elinesu0227@gmail.com

Using intervention mapping to develop a program of health promotion for community residents

SU Yi-Lin, YU Wei-Hao, CHANG Chih-Chieh, LU Hsiu, YANG Jui-Neng, CHIEN Chih-Cheng

Introduction

Under the worldwide aging trend in recent decades, the complicated healthcare markets and chronic diseases epidemic made the healthcare provision should be reoriented. To slow the deterioration of this situation, there is a focus on prevention, continued with the community empowerment dialogue. The objective of the present article is to describe the systematic development and content of the tool using Intervention Mapping Protocol (IMP).

Purpose/Methods

The study used the first five steps of the intervention mapping process to guide the development of the tool. A needs assessment identified health concept of community residents. The intended outcomes and performance objectives for the tool were then identified followed by theory-based methods (put prevention into practice) and an implementation plan.

Results

The tool was designed to be a self-led tool that can be used by any person with community residents. The results were for the number of participants totaling 1,969 people, breast photography completion rate of 55.0%, FOBT completion rate of 75.4%; abnormalities of ankle-brachial index 20.9% , Hospital attendance rate increases to 54.0%; body weight control rate 56.0%; smoking cessation rate 35.0%.

Conclusions

Intervention Mapping is a valuable protocol for designing complex guidance tools. The process and design of this particular tool can lend itself to other situations community based. By community wealth of business experience, deep community, empowering communities to directly meet the needs of the people, let the spirit of deep planting plan.

Contact: YI-LIN Su

Sijhih Cathay General Hospital
No.2, Lane 59, Jiancheng Rd., Sijhih Dist., New Taipei City
New Taipei City, TWN
elinesu0227@gmail.com

Impact of different married status on chronic disease in Taiwan elder people

HSIEH Ming-Li, WANG Bing-Long, LIN Yen-Nien

Introduction

Many factors have been associated with development of chronic diseases. Previous literatures demonstrated people with spouse have lower risks of chronic diseases. However, in Taiwan, little is known about the association between chronic diseases and married status of elder people.

Purpose/Methods

This study aimed to determine the effect of different married status on development chronic diseases in elder Taiwan people. Used collected data from "the Survey of Health and Living Status of the Middle Aged and Elderly in Taiwan" within 1999 and 2003. There were 4,400 people with the age more than 53 year old in 1999. After excluding with cancers, hypertension, heart diseases, diabetes, incomplete medical data, and those who was dead in the following 4 years, 1,844 people were enrolled. Analyzed the effects of different married status on hypertension, diabetes, and heart diseases 4 years later utilizing SPSS statistics 21.0 software.

Results

People with divorced, widowed, or separated status had higher risks of heart diseases, which achieved statistically significance (OR 1.475, $p=0.02$). People who were married or not showed no significant different outcome of heart diseases. In addition, different married status resulted no impact on risk of developing diabetes or hypertension.

Conclusions

This study showed the married patient had lower risks of heart disease comparing with divorced, separated, widowed, and singled people. This suggests the importance of marriage. How to establish a good social/mental support, disease prevention in patients with other married status is also essential.

Contact: HSIEH MING-LI

CHINA MEDICAL UNIVERSITY HOSPITAL
10F.-15, No.300, Sec. 1, Hanxi E. Rd., East Dist.
401 Taichung City, TWN
shil.mingli@gmail.com

First-aid stations for Xiuguluan River Rafting in Eastern Taiwan

CHERN Jimmy PS, TSAI Hsin-Chih, LIN Yu-Xiang

Introduction

White water rafting on the Xiuguluan River is popular in eastern Taiwan and attracts many tourists every year. Tourists took some safety precautions prior to boarding their rafts, but accidents and even deaths sometimes occurred. However, it takes about 50 minutes one way for an ambulance to reach the nearest hospital, so in order to reduce the number of accidents and save lives, Hualien General Hospital set up an emergency medical care delivery system for Xiuguluan River rafting in 2009.

Purpose/Methods

The purpose of this report is to show its results. For the busiest part of the rafting season, the 80 days between June 23 and September 10, two first-aid stations are established, one in Qimei at the midpoint of the rafting trip, and the other at Everlasting Rainbow Bridge, the endpoint. All patients visiting the first-aid stations can receive proper care and if they need further treatment, the medical team will transfer them to Hualien City for more advanced care.

Results

Between 2009 and 2014, the number of tourists engaging in the Xiuguluan River Rafting each year ranged from about 60,000 to 100,000, and the number of tourists needing first-aid ranged from 126 to 213. Thirty-seven of these patients were transferred for more advanced medical care. The reasons for transfer included near drowning, fractures, severe laceration or cutting wounds, head trauma, asthma attack, dyspnea, and concussion. Following the establishment of the Xiuguluan River Rafting first-aid stations, no further deaths have occurred.

Conclusions

The establishment of the Xiuguluan River Rafting first-aid stations has effectively saved lives and delivered high-quality medical care services at the cost of only 50,000 USD each year. This unique and innovative healthcare services system is not only cost-effective but also cost-efficient, and could be replicated at other travel hot spots with scanty medical care services.

Contact: CHERN Jimmy

Hualien General Hospital
No. 600, Jung-Jeng Road
970 Hualien City, TWN
pschern@hwln.mohw.gov.tw

Application of Info-communication Technology using a Healthcare Platform to Provide Comprehensive Home Care Services

HUANG Shu-Li, SHEN Chung-Hsiu, LAI Hsiu-Yun

Introduction

By the end of 2013, the aged population had reached 11.5% in Taiwan, indicating a rapid increase. Long-term care has become an important issue, and the government is actively promoting long-term care measures with the goal of enhancing "aging in place." Therefore, Hsinchu Hospital provide innovative services, establishing inter-professional teams, and building a Healthcare Information Platform using info-communication technology to effectively integrate medical /nursing care, improve case management, and provide comprehensive long-term home care services.

Purpose/Methods



The Healthcare Information Platform was composed of professionals from different fields, including physicians, nurses, pharmacists, dietitians, physical therapists, social workers, and psychologists. Home care nurses were responsible for providing home visits, health assessments, telephone consultation, and developed care plans and other care services, as well as timely assistance. When other medical professionals were needed, online consultation was provided through home care nurses using remote connections via the Healthcare Information Platform.

Results

To effectively improve the quality of home care, Hsinchu Hospital home care team integrated professional medical resources and began to provide online health education counseling for professionals through the Healthcare Information Platform in 2014. Care recipient satisfaction surveys revealed that compared to 98.7% in 2013, in 2014, 99.5% of care recipients thought, "the nurse was able to respond quickly to solve my problem." The overall satisfaction rate also increased from 95.9% in 2013 to 96.5% in 2014.

Conclusions

The Healthcare Information Platform has become the bridge between care recipients, nurses, and hospitals, thus allowing better in-home care, reducing the numbers of medical consultations, and decreasing the time and effort expended by the care recipients in commuting to the hospital. Through effective teamwork and the Healthcare Information Platform, we can provide the most appropriate care guidance and highest quality health services for care recipients, while also effectively improving in-home care quality and enhancing care recipient satisfaction.

Contact: SHU-LI Huang

National Taiwan University Hospital Hsinchu Branch
NO.25, Ln. 442, Sed.1, Jinguo Rd.
Hsinchu City, TWN
ebuy.huang@gmail.com

Integrated Telecare Services (ICS) for elderly patients in remote area

HUANG Hsiu-Yi, TSAI Wan-Shin, HSIEH Hui-Lung

Introduction

The elderly represents 11.85% of Taiwan's population according to the Ministry of Interior (15.9% in the Chu Shan region, October 2014). Demands for long-term healthcare needs are on the rise due to limitations to accessing healthcare and increasing health issues. CSSC Hospital's IHS team established Telecare Center to provide integrated health care to elderly patients with physical, heart, mental health and pharmaceutical use. This multi-disciplinary service improves the health and wellbeing of the elderly and aging population.

Purpose/Methods

From April 2013 to date, the Telecare Center monitors patients who live alone or with one partner (43%) and patients with

multiple chronic diseases (20.1%). ICS provides 24-hour telephone support with health managers. Patients also have access to family physicians, nurses, pharmacists, dieticians, rehabilitators and social workers depending on the needs of each individual case. ICS makes referrals to appropriate services in order to maintain continuity of integrated care.

Results

High blood pressure, diabetes and heart conditions are the most common diseases in studies of 26 cases (9 male/17 female, mean age 78.2 y/o). Following comprehensive assessment, 11 pharmaceutical intervention cases were identified; all became ICS cases and 8 recorded improvement (72%). 7 out of 11 Dementia cases were identified for ICS and 5 recorded improvement (71%). 9 out of 11 patient-fall cases with falls in the preceding six months became ICS cases and all recorded improvement (100%).

Conclusions

CSSC Hospital's IHS provides care and intervention suited to each patient's needs. Health and associated professionals' collaborative approach proves to be beneficial to each patient receiving care and demonstrates significant improvements in a high percentage of cases. The results of this study support that a diverse and integrated healthcare model in caring for individuals and communities relieves the burdens of aging and achieves its goal of self-reliant living for the aging population.

Contact: PEI JIN YANG

Chu Shang Show Chwan Hospital
No.75, Sec. 2, Jishan Rd., Zhushan Township, Nantou County 5
NANTOU, TWN
yellow7469@gmail.com

Effects of three-week stair climbing exercise for weight control: A case series study

OH Bumjo, SHIN Shi Jung, KIM Jong Seung, LEE Sang Hyung

Introduction

Obesity population has been gradually increasing that makes people more likely to have conditions like insulin resistance, dyslipidemia, and high blood pressure. Successful weight-loss treatments should be done by eating fewer calories and being physically active. However, people are more focused on dietary control. It is the fact that the effectiveness of dietary control for weight loss outweighs the exercise, but this study has been designed to check whether exercise is effective for various health indicators.

Purpose/Methods

Four obese people were selected and we measured their weight, body fat percentage, and muscle quantity by using the InBody. In addition to that, we tested their pulmonary function,

lower-extremity strength, volume of thigh muscle and fat by using PFT, Isokinetics, and thigh CT respectively. We suggested that the participants take 3-week exercise climbing-up stairs more than five minutes, twice a day. After three weeks of exercising, the participants took the same test they did at the beginning.

Results

After 3-week exercise, the body weight of the participants was reduced by 3.35kg on average, and body fat mass by 2.53kg. We also found that strength of lower extremities improved about 5% and pulmonary function was improved (FVC 10.5% and FEV1 5%). In addition to that, the slight loss of thigh fat (Rt 3.2%, Lt 13.4%) was confirmed by thigh CT but the muscle did not grow significantly, which is regarded as the effect of exercise alone not followed by protein ingestion.

Conclusions

It is suggested that stair climbing, an accessible activity, is an effective way for weight loss as continuous climbing stairs for three weeks offers benefits like losing body weight, improving respiratory function, strengthening of lower extremity and losing of thigh fat. Treatment of obesity can be achieved by improved nutritional content of the diet and modest increases in physical activity, but it might be jumping to the conclusion that climbing stairs is the effective way for the weight loss because only four people as a target may not be representative.

Contact: OH Bumjo

Seoul National University Boramae Hospital
20, Boramae-ro 5-gil, Dongjak-gu
156-707 Seoul, KOR
bumjo.oh@gmail.com

Promoting and Inhibiting Factors in Influencing Nursing Information System Users

**CHANG Rei-Tung, TSENG Wan-Ting,
HONG Robin, LEI Pi-Ying, LIN Chihung,
CHENG Yu-Han**

Introduction

A nursing information system (NIS) is a computer-based IS that assists nurses to perform their duties in medical and healthcare workplaces. In the past, the nurse provided the NIS in the hope of increasing working efficiency and avoiding errors. Nevertheless, promotion of the system was often hindered and procrastinated by some affected nurses. The study, therefore, aims to deliberate factors in the implementation of the NIS so as to understand the promoting and inhibiting reasons for the future implementation.

Purpose/Methods

This study is conducted based on Davis's Technology Acceptance Theory (TAM) in 1989, and combined with Bhattacharjee and Hikmet's Resistance of Change Theory (RTC) in 2007. Accordingly, the study presumes that Perceived Ease of Use (PEOU) has positive influence upon Perceived Usefulness (PU) and Behavior Intention (BI), PU has positive influence upon BI, and Resistance of Change (RTC) has negative influence on BI. Via questionnaire, the study investigates Nursing Information System users in a medical organization in which the Nursing Information System is currently implemented.

Results

This study uses Stratified Sampling Method. 125 copies of questionnaire are issued, among which 120 copies returned. Invalid questionnaires are removed, and ultimately there are 102 copies of valid questionnaire. Analyzed by the regressive model, the study finds: First of all, PEOU has positive influences on PU and BI. Secondly, PU has a positive influence on BI. Finally, RTC has a negative influence on BI.

Conclusions

A well-designed NIS increases the productivity of medical treatments and healthcare activities, resulting in faster patient recovery, better healthcare quality, and profound health promotion knowledge. These benefits cannot be realized unless it is accepted by the nurses and its functions are fully-utilized. This study provides an initial understanding of elements that influences the implementation of the Nursing Information System. When the system is easily accessible to the nurse, they not only are willing to use it but feel that the Nursing Information System is practically helpful. However, while the nurse resists the System, they would not like to use it certainly. Our result accords with the current promotion of the Nursing Information System: thorough communication with users is required during the implementation of the Nursing Information System. Resistance is reduced when users realizes that the Nursing Information System is helpful to their jobs. It will ultimately lead to a smoother implementation process of the Nursing Information System.

Contact: TSENG Wanting

Chi Mei Medical Center, Liouying
No.201, Taikang, Taikang Vil., Liouying Dist.
Tainan, TWN
wanting@mail.chimei.org.tw



Session P2.1: Supporting lifestyle development in hospital patients

Improving the Execution Rate of Physical Rehabilitation Among Patients in a Post-acute Ward

**CHIANG Tzu-Jung, CHEN Chiu-Feng,
HUANG Hui-Chun, LIN Tzu-Chia**

Introduction

Post-acute care is the period of transition between acute care and long-term care. It has been demonstrated that activities of daily living (ADL) and mobility could be improved through interdisciplinary care and rehabilitation. However, the execution rate of physical rehabilitation (PR) among patients in our post-acute ward was only 72%. The aim of the project was to enhance the execution rate of PR among patients.

Purpose/Methods

A situation analysis was conducted to investigate the difficulties of performing PR among patients and the barrier of health professionals. Four major causes were identified as follows: (i) insufficient knowledge and the absence of practice of training programs among health professionals; (ii) poor communication between health professionals; (iii) difficulties in memorizing the rehabilitation procedure among patients/family; (iv) unawareness of the importance of PR among patients.

Results

We proposed approaches included: arranging experiential education in the training program for health professionals, using cloud-based collaboration platform for interdisciplinary shift, developing PR pamphlets and a DVD, and applying behavior modification strategies to patients. The execution rate of physical rehabilitation (PR) among patients in our post-acute ward increased from 72% to 92.5%.

Conclusions

Through implementing those strategies, the execution rate of PR among patients was enhanced. Also, the satisfaction of team communication also increased to 4.7 points. The project could serve as a reference for clinical practice.

Contact: LIN TZUCHIA

Chia-Yi Christian Hospital
No.539, Zhongxiao Rd., East Dist., Chiayi City 600, Chiayi, TWN
11518@cych.org.tw

Health-promoting lifestyle

CHEN Shu-Ling

Introduction

Interventions to encourage patients to practice a health-promoting lifestyle appear effective for delaying or preventing the onset of diabetes. However, although health Life Style Program interventions have proven effective for inducing positive lifestyle changes in people with diabetes, they are rarely applied in people with pre-diabetes.

Purpose/Methods

A convenience sample of people with fasting blood sugar of 100-125 mg/dl during the previous 3 months were recruited from the health examination center of a hospital in Kaohsiung, Taiwan in 2014. Participants were randomly assigned to either an experimental group or a control group. The experimental group (n=42) participated in a 4-month health Life Style Program designed to promoting lifestyle by awareness raising, behavioral modifying and checking results step. The control group (n=45) received routine clinical care. Health-promoting lifestyle, blood sugar, body mass index and self-efficacy were measured at baseline, 1 week and 3 months after intervention. Statistical analyses included descriptive statistics, independent t test, paired t test, and generalized estimated equations.

Results

After controlling for the difference at baseline and considering the interaction between group and time from baseline to 1 week and 3 months post-intervention, the generalized estimating equation showed a significantly larger improvement in health-promoting lifestyle, blood sugar and self-efficacy in the experimental group compared to the control group. The experimental group also showed a larger reduction in body mass index at 3 months post-intervention.

Conclusions

The empowerment program has a short-term positive effect on behavioral, physical and psychosocial outcomes in a Taiwan population with pre-diabetes. The results of this study can provide a reference for clinical application, nursing education and policy making.

Comments

Therefore, hospitals and community organizations associated with diabetes care should consider how to educate their staff in performing empowerment interventions.

Contact: SHU-LING Chen

Kaohsiung Municipal United Hospital (ROCC)
No.976, Jhonghua 1st Rd., Gushan Dist., Kaohsiung City 80457
80457 Kaohsiung City, Taiwan (R.O.C.), TWN
juno3180@gmail.com

Effects of the lifestyle modification program on dietary behavior and physical activity for the adults with cardiovascular disease risk factors: 3-month post-intervention results

PARK Jiyeon, NAH Eun-Hee, KIM Hyekyeong, KIM Sungdae, YOON Cheong-Ha, SHIN Mi-Kyeong, CHO Han-Ik

Introduction

Lifestyle interventions have positive health effects on health behaviors and cardiovascular risk factors. Some studies have shown that lifestyle counseling in primary health care improves health behaviors and health status. Lifestyle counseling contents have to be consisted of self-management for health behavior change. There is evidence on the effectiveness of self-management interventions in people with cardiovascular risk factors. In this reason, MEDICHECK health promotion centers of KAHP have provided a lifestyle modification program for self-management.

Purpose/Methods

The study aims to evaluate the effects of a lifestyle modification program for Korean adults with cardiovascular disease risk factors on their health behaviors and health status. A total of 448 adults with abdominal obesity and additional cardiovascular disease risk were randomly assigned to either an intensive intervention group(IIG) or a minimal intervention group(MIG). Participants in the IIG received lifestyle modification program which consisted of health counseling with nutrition assessment and health booklet, while those in MIG received minimal information.

Results

The participants in the IIG significantly improved dietary habits($p<.05$), restrained eating($p<.001$), external eating($p<.01$) behaviors, leisure time physical activity($p<.05$), dietary self-efficacy($p<.01$), exercise self-efficacy($p<.01$) and MetS score($p<.001$) after 3 months. In addition, the participants in the IIG showed more improvement in dietary habits($p<.05$) compared with those in the MIG.

Conclusions

The lifestyle modification program was effective in improving some health behaviors, behavioral determinants and cardiovascular risk factors for a short term. To provide more insight in the effectiveness of lifestyle intervention, we will need to continue study in the long-term.

Contact: PARK Jiyeon

Korea Association of Health Promotion
350 Hwagokro, Gangseo-gu, Seoul, KOR
ppodaejjja@naver.com

To investigate the ability of habilitated psychiatric patients' autonomous life management

CHEN Chun-Hua, CHANG Shu-Min, SHEN Shu-Hua

Introduction

To investigate the healthy autonomous life management and their own ability of management. By this way, patients can to learn the process of autonomous life management and to promote the interactions of people and socialization behaviors. It also establishes autonomous living skills in order to elevate the ability of independent living in group altruism.

Purpose/Methods

The subjects are patients which came from rehabilitation wards of specialist psychiatric hospital. We using questionnaire to evaluate the ability of autonomous life management and interview as our research tools. The contents include basic data of patients, living function evaluation and the will to learn the ability of autonomous living self-management. Case collection period from 2014/04/01 to 2014/12/31. We perform analysis of demographic characteristic and ability of autonomous life management. These contents are listed below: 1. To perform groups of autonomous activity training every month. 2. To share experience between members. 3. To set up incentive mechanisms. 4. To praise excellent performer at group activities. 5. To handover duty and mission and accept commendation in public.

Results

All 48 male cases with diagnosis of schizophrenia are 92.75%. Age range 20 to 29 is 4.5%, 30 to 39 is 20.1%, 40 to 49 is 34.5%, 50 to 59 take the most part is 36.4% and the second is 60 to 65, which is 4.5%. Patients with other diagnosis are 6.25%. Factor analysis shows that patients with poor self-management take 40%, those with low frustration resistance and apparently psychological symptoms are 20%, 6% with occasional violation behaviors and 4% with interpersonal interaction conflicts. The conferring of power let patients to be patriarch, head-patriarch and head of dormitory. This idea can teach them to learn mutual and take care each other. Finally, there are 16 patients successes at last and continue their duty till the end of the term of office. And their ability of self-management is enhanced.

Conclusions

The degeneration of independent autonomous living functions by patients because of long term hospitalization. They also lost aggressive attitude and motivations with ignorance of personal responsibility and self-management. Most patients depend on our staff to supervise and remind them. This will lead the increase of dependence and degeneration of self-management function. Training the mentally ill live learning self management, helps return community life

Comments

In order to promote self-life and self-management ability at all aspects, we are using methods which include individualize and



group interview of psychological health education. And evaluate the effects of such learning to promote their ability of autonomous management and interpersonal interaction. These will enhance their confidence and self-esteem, sense of fulfillment and responsibility. This is very important to the care of psychology.

Contact: CHANG shu-min

JIANAN PSYCHIATRIC CENTER

NO.80,Lane870,jhongshan RD.,Rende Dist., Tainan, TWN

shu@mail.cnpc.gov.tw

The Effect of Cardiopulmonary Physical Therapy's Intervention on Obese Patients

CHENG Ya-Hsing

Introduction

According to reports issued by World Health Organization (WHO) and Taiwan Ministry of Health and Welfare (MHW), the population of overweight and obesity has increased substantially worldwide, including Taiwan. This trend of increase is not limited to only adults, as the population of overweight children is also increasing every year. In addition, many medical journals point out that a raised body mass index (BMI) is a major risk factor for diseases such as cardiovascular disease, type 2 diabetes, osteoarthritis and many types of cancers. Therefore, it is crucial to find solutions as soon as possible to reduce the obese population.

Purpose/Methods

At the moment, there are many programs designed to assist obese patients lose weight, such as the ones recommended by WHO, Taiwan MHW, Department of Health Taipei city government. MacKay Memorial Hospital and many other hospitals also provide various treatments for obese patients. Most of these programs/treatments include behavior changes, diet control and regular aerobic exercise. However, they all have one key problem in common. They fail to consider the effect of one to one cardiopulmonary training exercise led by physical therapists.

Results

The purpose of my study is to discuss whether aerobic and flexibility exercise designed by physical therapists can be more effective and efficient in losing weight for people who are overweight and obese. Some researchers found that physical therapists that set a moderate to high training program for obese patients by using treadmill or lower extremities ergometer for aerobic exercise, accompanying with diet control, are more successful in helping patients to lose weight. These researches also indicate that appropriate exercise training and diet control can decrease BMI and the risk of cardiovascular disease.

Conclusions

In conclusion, adding training exercises designed by physical therapists as part of a weight loss program can help obese patients lose weight more effectively and have a healthier life.

Contact: CHENG Ya-Hsing

MacKay Memorial Hospital

4F, No.318-1, Sec. 2, Nei-Hu Rd., Nei-Hu Dist., Taipei

11449 Taipei, TWN

yahsing.c@gmail.com

Strategies for promoting a healthy meal pattern

KUO Su-E, CHENG Hui-Hua, KO Yuh-Jane, HUANG Chinying, HSU Wei-Ting, LU Hsin-Chin, TIEN Shih-Ting

Introduction

Hospitals are places not only for disease treatment but also responsibility for health promotion. The mission of Department of Nutritional Services is providing nutrition-related services for inpatients and outpatients. Besides, we also expand services to hospital staff and the communities, for example, offering healthy meals, dietary education associated with health promotion and disease prevention.

Purpose/Methods

The purpose of our program was to develop strategies for promoting a healthy diet pattern for internal (hospital staff) and external customers (patients and the community). The strategies were as follows: (1) Develop new teaching tools based on nutrition guidelines, such as food puzzle, magnetite, mouse mats, placemats (2) Provide lunch boxes or vegetarian meals with low calorie and high fiber (3) Hold dietary education programs at the hospital (4) Conduct nutrition education programs around communities

Results

Our results showed that: (1) 96% of participants agreed those 5 new teaching tools were better than word illustration. (2) The numbers of ordering-meal compared to those in 2013 was increased by 73%. (3) 82 sections of dietary education were held in the hospital. Topics were about weight loss, food tips for various diseases and cancer prevention etc. The overall satisfaction got 3.8 point from four-point scale. (4) 41 sections of nutritional education programs were held in communities in 2014, and 2050 persons attended. The overall satisfaction got 3.6 point from four-point scale.

Conclusions

Health promotion and education are ongoing and endless process. The important role of hospital is to offer human-centered service, not only treat people but also educate people how to live a healthy lifestyle. We provide nutritional information and concepts throughout a variety of strategies, and customers will gradually make it a rule to have a healthy diet pattern. This will extend to everyone's home and all communities.

Contact: KUO Su-E

National Cheng Kung University Hospital
No.138, Sheng Li Road, 70413 Tainan, TWN
susan@mail.ncku.edu.tw

Availability to consumption: healthy food within a health service environment

CORBEN Kirstan

Introduction

As a leading Victorian health service, Alfred Health recognises prevention as a key driver for the organisation. A key priority has included the creation of a culture of healthy eating. The introduction of a green, amber and red food and drink classification system across its retail, vending and catering services has seen substantial increases in the availability of healthy choices. Efforts are now in place to ensure increased availability of healthy foods and drinks is associated with increased consumption.

Objective

To ensure an association between availability and consumption of healthy foods and drinks within a health service environment Voluntary targets guide onsite retailers to ensure at least 50% availability of green and no more than 20% availability of red foods and drinks. The same targets are contractually applied within snack and beverage vending services. The removal of red rated drinks from display (maintaining availability but preventing display) was also applied within the retail setting.

Results

Alfred Health substantially increased availability of green foods and drinks across its retail settings to 53% in 2014 (from 30% in 2010) and reduced red to 24% in 2014 (from 42% in 2010). Removal of red drinks from display substantially influenced consumption; the proportion of red drinks sold reduced by 11% (approximately 320 drink units per retailer per week). Total drink sales were unaffected. Alfred Health won a prestigious 2014 VicHealth Award in recognition of its promotion of healthy eating.

Conclusions

Alfred Health has proven it is feasible and financially sustainable to increase the availability of healthy foods and drinks across retail, vending and catering and that availability significantly influences consumption. Supported by other cultural change initiatives, healthy eating within a health service setting can become the norm rather than an innovative concept. In partnership with retail outlets and suppliers, Alfred Health is influencing the nutrition of more than 1.8 million employees and visitors each year.

Contact: CORBEN Kirstan

Alfred Health
Commercial Road, 3004 Melbourne, AUS

k.corben@cgmc.org.au

Nutritional risk profile in a university hospital population

TANGVIK Randi J

Introduction

The prevalence of nutritional risk varies according to several factors. We aimed to determine the nutritional risk profile in a large Norwegian hospital population, specifically by age, disease category and hospital department.

Purpose/Methods

Nutritional surveys are performed routinely at Haukeland University Hospital, Norway. During eight surveys in 2008-2009, 3279 patients were categorized according to the Nutritional Risk Screening tool (NRS 2002).

Results

The overall prevalence of nutritional risk was 29%, highest in patients with infections (51%), cancer (44%) and pulmonary diseases (42%), and in the departments of intensive care (74%), oncology (49%) and pulmonology (43%). Further, nutritional risk was identified in 40% of patients aged ≥ 80 years compared to 21% of age < 40 years. Nutritional risk was most common in patients with low BMI (< 20.5 kg/m²) (95%), however it was also high in patients with BMI ≥ 25 kg/m² (12%).

Conclusions

Nutritional risk was most common among patients with high age, low BMI, more comorbidity, and with infections, cancer or pulmonary diseases. However, the highest numbers of patients at nutritional risk had BMI in the normal or overweight range, were 60-80 years old, and were found in medical or surgery departments. Importantly, younger patients and overweight patients were also affected.

Comments

We suggest nutritional risk screening should be performed in the total patient population in order to identify, within this heterogeneous group of patients, those at nutritional risk.

Contact: TANGVIK Randi J

Haukeland University Hospital
Sveom, 5200 Os, NOR
randi.tangvik@helse-bergen.no

Inpatient and Outpatient Small Group Nutrition Education Program (Nutrition Bits)



TEO Angena, CHEONG Magdalin, TAY Rachel, PHOI Yan Yin, TAN Joanna, THONG Debbie, MOH Pei Shi, LAU Adeline

Introduction

Dietitians help to prevent and manage chronic diseases by improving medication effectiveness, preserving nutrition status and preventing harmful complications. One type of nutrition intervention is group dietary counselling, which is a successful and cost-saving method to teach people what to eat and thus improve their health. The proposed intervention served to investigate if educating patients and caregivers in Singapore via small group lessons on nutrition principles is effective in increasing their nutritional knowledge and making healthier food choices.

Purpose/Methods

Patients, family members and caregivers were gathered in outpatient waiting areas or wards for a nutrition session. First, participants signed a consent form and completed a pre-survey on their diet-related medical conditions, nutritional challenges and KAP (Knowledge, Attitudes and Practices) on nutrition. Next, the dietitian conducted the session and participants were invited to ask questions. Participants were then followed-up over the phone to assess if their nutritional knowledge had increased and if their diets had improved by attending.

Results

A comparison of the pre-survey, week 4 and week 8 surveys showed that participants of inpatient and outpatient Nutrition Bits had increased their knowledge, and improved their dietary practices.

Conclusions

Small group education sessions are an effective method for increasing nutritional knowledge and improving dietary practices. Our results indicated that there is a desire by patients and the public to learn more about nutrition. The current intervention can be further developed to provide more opportunities for health promotion. Other disciplines may also apply the same teaching technique to educate the public.

Contact: TEO Angena

University of Leeds

135 Rivervale Street, 540135 Singapore, SGP

angena.teo@cgh.com.sg

LEE Shiang-Juei, CHEN Jiyuen-Tieng, TSAI Hsiao-Jung, TSAI Chia-Lun, LIN Su-Ji, CHIEN Pei-Li

Introduction

There are more and more patients with cardiovascular disease, such as hypertension. Studies indicate that a high salt/sodium-diet is associated with high risks of hypertension. We are currently living in a high-risk environment because we eat many high-salt/sodium meals. People are used to eating and drinking high-sodium foods including seasonings, ingredients, foods, or beverages. They believe high sodium foods are more delicious than low-sodium foods.

Purpose/Methods

To create delicious and low-sodium meals that promote public health. Between May and August 2014, we first collected recipes for Cycle Menu 1, then analyzed and calculated their sodium content. Secondly, we substituted high-sodium ingredients with low-sodium ingredients to modify the recipes that were on Cycle Menu 2. Finally, we organized tryouts for Cycle Menu 2. The taste questionnaire's data were collected before and after tryouts. We compared the sodium content and taste questionnaires between Cycle Menu 1 and 2.

Results

We modified 10 recipes in the Cycle Menu. The sodium content was $1,127 \pm 212$ mg and 777 ± 39 mg in Cycle Menu 1 and 2 respectively. The sodium content in Cycle Menu 2 decreased $29 \pm 14\%$. We collected 47 and 50 taste questionnaires before and after tryouts, and there were no differences in the taste scores. This result indicates that slight reductions in salt content does not reduce the deliciousness of the recipes.

Conclusions

We flavored the meals with natural low-sodium ingredients including ginger, shallot, celery, garlic, chili, cayenne pepper, basil, sesame, cashew, almond, and mushrooms. The slight reduction in sodium content did not affect the taste of the meal. The cuisine was worth promoting, and we created a healthier public environment for people.

Contact: TSENG Renee

Taiwan Adventist Hospital

424, Sec.2, Bade Road

105 Taipei, TWN

jmt318@yahoo.com.tw

Maintain the flavor of meals with low-sodium ingredients

Weight management program at a regional hospital: an interactive model for small group therapy

LIN Yu-Ru, OUYANG Chung-Mei, CHAN Yi-Ting, LU Ching

Introduction

Based on the National Nutrition and Health Survey in Taiwan, 43.8% of adults were overweight or obesity. It was a challenge for obese individuals to change diet and exercise behaviors by themselves. Small group education or counseling is considered as a cost-effective way to treat people for changing lifestyle behaviors. Additionally, some research demonstrates that small group weight loss counseling may be equally or more effective than individual treatment.

Purpose/Methods

The purpose of this study was to determine the effectiveness of the short-term weight management program through an interactive model. Sixteen overweight or obese subjects participated in the program of 2014 and 10 of them completed at the end. Weight, waist circumference and % of body fat changes were calculated. Participants received 8 weight management courses through an interactive model such as discussing the diet logs and barriers of choosing low-calorie foods, and 4 exercise classes in two months.

Results

All participants (n=10) had a BMI of 30.1 ± 4.6 kg/m² in the beginning and 28.9 ± 4.9 kg/m² at the end of the program (P=0.001). The median weight loss for all participants was 3.1 kg or 4.1% of initial weight in two months (P=0.002). The median percent of body fat loss was 1.6% and the median of waist circumference reduction was 5.9 cm (P=0.002). Weight-related nutrition knowledge was increased 2.2%, dietary and exercise adherence were increased 15.6% (P=0.018) and 34.3% (P=0.009) respectively.

Conclusions

A regional hospital-based weight management program emphasized on lifestyle interventions through small group education and peer support can result in important short-term weight losses. It may also be effective way for those people who try to learn the recommended skills of weight management.

Contact: LIN Yu-Ru

National Taiwan University Hospital Hsin-Chu Branch
Lane 442, Sec. 1, Jingguo Rd, 300 Hsinchu City, TWN
loutwo1209@gmail.com

Auricular Acupressure is a therapeutic method by which specific points on the auricle are stimulated to treat various disorders of the body through palpation and massage. Magnetic pellets (Erzhu) and Semen Vaccariae are used for TCM Erzhu Auricular Acupressure. The areas of application for TCM Erzhu Auricular Acupressure include weight reduction, insomnia and dysmenorrhea which resolve patient's discomfort and improve their conditions. This research shows an improvement of patients' quality of life through TCM Erzhu Auricular Acupressure in weight reduction.

Purpose/Methods

To investigate how weight reduction affects patients' quality of life through TCM Erzhu Auricular Acupressure. 30 obese patients with BMI greater and equal to 24kg/m² and waist length greater than 80cm underwent TCM Erzhu Auricular Acupressure voluntarily. Four magnetic pellets were placed at four ear-acupoints, mouth, stomach, endocrine and jidian, on each side of the ear. The patient had to press each acupoint 20-30 times per session and thrice daily. An observation on weight loss was made after 3 months.

Results

There was an average weight loss of 3.5kg and reduction of 5-10% body mass for 30 patients who underwent TCM Erzhu Auricular Acupressure (who had BMI greater and equal to 24kg/m² and waist length greater than 80cm originally). A total weight loss of 109.3kg were observed for these 30 patients over a period of three months. By using SF-36 framework analysis, the result reflects an improvement of their quality of life from 56.1% to 74.23% after the therapy.

Conclusions

TCM Erzhu Auricular Acupressure reduces body mass for obese patients and improves their quality of life effectively. It provides an alternative therapy for healthy weight reduction. TCM Erzhu Auricular Acupressure supports patient empowerment through supporting self-management, such as pressing the magnetic pellets, and working with patient in an equal partnership on equal platform.

Comments

Keywords: TCM Erzhu Auricular Acupressure, weight loss, obesity, quality of life.

Contact: TSAI YI-FAN

Taipei City Hospital, Linsen Chinese Medicine Branch
NO.530, Linsen North Road, Zhongshan Dist.
10453 Taipei, TWN
b1717@tpech.gov.tw

Investigate impacts on life quality for obese people who underwent TCM Erzhu buried

TSAI Yi-Fan, LIN Yen-Yi

Introduction



Session P2.2: Addressing mental health of somatic patients & health promotion for psychiatric patients

“I too can join hospital”. Pets (dogs and cats) in Ferrara University Hospital

ANTONIOLI P., MANZALINI M. Chiara, ALVONI L., DALPOZZO V., MACCANTI M., CONTI L., LONGO S., CARLINI E., FABBRI P., GAMBERINI O., TEODORINI M.

Introduction

By time are recognized the positive effects due to the interaction man-animal in terms of well-being and health for humans and the possibility that such this interaction would improve the quality of life and act positively on the physical, social, cognitive and emotional of man. In December 2013, the Emilia Romagna Region approved 'the rules for access to companion animals in public and private hospitals in the event of a hospitalized patient. In 2014 Ferrara University Hospital prepared its Rules.

Purpose/Methods

Regulate the access of pets in the Ferrara University Hospital facilities, with: -constitution of a multidisciplinary team, coordinated by Infection Control unit, that analyzed documents and relevant legislation on this theme -Analysis of Hospital facilities and outside green areas -Drafting of the Hospital Document and of Informational tools for workforce and users - Impact assessment in January 2015. With "Chiara Milla" Pet Therapy Association we started the Project "With a tail blink", activity assisted interventions by animals for Pediatric inpatient.

Results

The Document is applied in all structures of Ferrara University Hospital: -pets allowed are only cats and dogs, including guide dogs for the blind -are excluded ICUs, Emergency Units, all surgical and operating rooms, diagnostic and interventional areas It's applies also to regulate the movement of pets in outdoor areas and areas open to the public. The information on the rules to access and permanence in Hospital are described in a simple folding " I TOO CAN JOIN HOSPITAL".

Conclusions

Are well known the positive effects that pets can have on well-being and health. This interaction can improve the quality of life and act positively on physical, cognitive and emotional. In the hospital there are frail patients with many diseases for which we need a quiet environment, hygienic and safe. To ensure the right of all we have defined rules to a safe and hygienic access.

Contact: ANTONIOLI paola m.

Azienda Ospedaliero-Universitaria di Ferrara
Via Aldo Moro
44124 Cona di Ferrara, ITA
p.antonoli@ospfe.it

Improvements in the Psychological assessment of Hospitalized Patients

CHEN Shu-Chin, LIU Yi-Ting, LI I-Ju

Introduction

The hospital statistics unit-found that the rate of evaluating patients with the Brief Symptom Rating Scale (BSRS) was only 87.9% and the average patient satisfaction rate for psychological assessment .BSRS score of greater than 6 only represents 1.1% of the patient population. In addition, a suicidal event occurred as one patient slashed his own abdomen with a knife and emergency surgery. Therefore, the motivation of this study was to improve the quality in psychological care of hospitalized patients.

Purpose/Methods

Designed three types of facialemotion cards (happy, calm, and sad) remarked with aphorisms. A self-assessment written survey using BSRS was given to the patient while admitted for hospitalization. The nurse would explain the use of the emotion cards and record the results each day. 1. Established a standard nursing protocol of psychological care in patients. 2. Increasing the implementation efficiency of the psychological assessment rate in patients receiving surgery to 100%. 3. Improved the BSRS assessment to ensure its validity.

Results

After executing the standardized psychological assessment operation protocol in the surgical ward for the patients, the implementation of BSRS assessment rate in the patients improved from 87.9% to 100%. The BSRS score >6 rose from 1.1% to 3% of the total patients was noted after using the standardized operation protocol.

Conclusions

The successful execution of the psychological assessment measures was not only created the confidence and cooperation with the patient, but also rising the quality for the patients' physical, psychological, spiritual or social barriers with empathy, respect and humanity. The application of emotional cards in the surgical ward improved the satisfaction, and therefore will be widely promoted in the whole hospital, even all the world to achieve the consensus of holistic care.

Contact: I-JU LI

Taipei Tzu Chi Hospital
No.289, Jianguo Rd., Xindian Dist.
New Taipei City 231, TWN
bella_ms9@yahoo.com.tw

A Longitudinal Analysis of Physical Symptom Distress of Hospitalized

Patients with Lung Cancer and Related Factors

CHANG Hsiu-Lin, LIN Min-His, SUN Pei-Lei, CHENG Jin-Shiung

Introduction

Background: Most of the patients with lung cancer cared in clinical fields suffer from severe physical symptom distress and are in urgent need for assistance, improvement or control. The common influences are reduced quality of life and increased family burden of patients.

Purpose/Methods

Purposes: The main purpose of this study is to understand the physical symptom distress of patients with lung cancer during hospitalization period and related factors. Method: This longitudinal study used convenience sampling and structured questionnaire to enroll subjects. The inclusion criteria were: patients aged 20 and older diagnosed with lung cancer who were conscious and able to give consent. This study excluded the patients who were hospitalized to receive chemotherapy, expect for those receiving the treatment of complications. This study enrolled a total of 93 patients, and the research tool is physical symptom distress Record Form for Patients with Lung Cancer (including basic information and disease data).

Results

The results showed that, most of the patients were male (52.7%). The average age of the patients was 67 years old. For the type of lung cancer, most of them suffered from non-small cell lung cancer (77.4%), and the stage was mainly stage IV (89.3%). In addition, the physical symptom distress included: (1) during hospitalization period, the average score of severity from the highest to the lowest was sleep disorder (insomnia), weakness, fatigue, poor appetite, and pain; (2) there was no significant correlation between Physical symptom distress and level of education, age, and treatment. However, there was a significant correlation between physical symptom distress and complications and daily physical status. 10 of the important predictors affecting physical symptom distress could explain 13.5% of the total variance.

Conclusions

The research results may be beneficial to the planning of future clinical care guidelines and development of interventional care measures. It is advised to provide individualized nursing guidance and care according to patients' subjective feelings and individual differences, establish care guidelines to meet the needs of different stages, and put emphasis on timely intervention to provide complete health education, fulfill the unique functions of nursing, and further improve patients' physical symptom distress, quality of life, and cancer care quality.

Contact: LIN Chang

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist., Kaohsiung City 81362

Kaohsiung, TWN
hsulin600818@gmail.com

ICU diaries at the Department of Anesthesiology and Surgical Intensive Care, SMZ Süd/KFJ Vienna, Austria

KRUMPEL Albert, TREMMEL Silke

Introduction

Due to unconsciousness or clouding of consciousness a long-term ICU stay may cause a posttraumatic stress disorder which may substantially restrict quality of life for patients. ICU-diary entries help to restore patients' incidents which happened during their time in the ICU.

Purpose/Methods

Since 2012 the ICU staff writes diaries for critically ill people. The aim is to give patients a tool to reconstruct memory gaps or correct misinterpreted perception and to maintain their recovered physical and mental health.

Contact: KRUMPEL Albert

SMZ Süd
Kundratstrasse 1-3, 1100 Vienna, AUT
albertkrumpel@hotmail.com

Evaluation of quality of life (QOL) and mood state in patients with moderate to severe Obstructive Sleep Apnea Syndrome (OSAS) - preliminary results

ONG Jun-Hui

Introduction

Obstructive Sleep Apnea Syndrome (OSAS) occurred due to a repetitive either partially or complete collapse of the upper airway. As a result, sleep fragmentation and arousal occurred throughout the night and thus affecting the daytime activities and might have some impacts on the QOL and mood state of OSAS patients. Men with older age and greater in body mass index are high risk in developing OSAS.

Purpose/Methods

This study was conducted to evaluate QOL and mood state in OSAS participants besides to the impact of exercise on these aspects. Fourteen OSAS participants were matched into pairs with control participants. Baseline results on QOL and mood state for both groups were collected using WHOQOL-BREF and Taiwanese Depression Questionnaire and were analyzed. In OSAS group, one month of physiotherapy intervention (either



CPAP, tongue muscle training or threshold inspiratory muscle training) will be carried out and followed by re-evaluation.

Results

The baseline characteristics between groups (Age: OSAS =46.64±13.04 years, control =42.14±10.57 years; Body Weight : OSAS = 78.45 ±12.78 kg, control = 76.92 ±13.51 kg; BMI: OSAS = 27.10 ±5.10kg/m², control = 25.84 ±3.83kg/m²; AHI index: OSAS =40.13 ±24.58) were not significant different. A trend toward statistical significant found in physical domain of WHOQOL (p=0.057) but not for other results in baseline. No significant changes found on QOL and mood state pre-and-post physiotherapy interventions in OSAS participants (till date only 5 participants).

Conclusions

QOL and mood state were no difference between groups in the baseline data. Comparing to the baseline data, no significant changes found in the QOL and mood state after physiotherapy intervention in OSAS groups. However, it might be differ with a larger sample group upon completion of the current study.

Comments

As more people developing OSAS, it is important to know the impact of OSAS in QOL and mood state. Besides, Weakness of Genioglossus muscle is one of the main factor of developing OSAS. However, till date physiotherapy intervention which focusing in strengthening this muscle have not been develop.

Contact: JUN HUI Ong

National Cheng Kung University
Room 810,Sheng-Li Dorm 6, No 1, University Rd, East District
70101 Tainan, TWN
junhui5252@gmail.com

Using Logotherapy in a Patient With End-Stage Liver Disease

TSAI Su-Hua

Introduction

End of life how to achieve physical, social and spiritual health. The objective of this article described nursing experience of caring a 82-years-old female, who suffered from end-stage liver disease. The period of nursing care was from March 2, 2013 to March 30, 2013. The author use Gordon's 11 functional health patterns assessment tool to collect data and found the following issues about: Hopelessness and Caregiver role confusion.

Purpose/Methods

Logotherapy is used in the implementation of the nursing process, the key methods include guided thinking, life narrative, artistic creation. This Patients received a Japanese education and good at Ikebana. The author also guide to flowers in full bloom, to be put, to be bud, representing the past, present and future, flowers and foliage of the natural cycle of ecological change is a microcosm of the universe eternal, so the patient understand the plant and life eternal realm.

Results

This case during the nursing process, through continuity of care, active companionship, listening and empathy, to understand my patient the disease, prognosis, death, responsibility, family, and the meaning of life and other ideas.

Conclusions

Assist inform the disease, the patient use of logotherapy concepts to rebuild a final value of life, to accept the reality, the experience of the disease process, immediate planning end of life time, promote patients and their families physical and mental spiritual well-being. This case report aims to share the nursing experience and provide a reference for similar cases.

Comments

Logotherapy through meaning, even if the end of life is full of meaning. This patient involved in the care plan, promotion the of the healthy life in end-stage.

Contact: TSAI Su-Hua

Kaohsiung Medical University Hospital (KMU)
No.100, Ziyou 1st Rd., Sanmin Dist., 807 Kaohsiung, TWN
830266@ms.kmu.org.tw

To recall life course via art activity in nursing home

LIN Tzu-Chuan, YEN Chia-Chi, LIANG Shioh-Ching, LEE Hsien-Ju, WEN Hsin-Ning

Introduction

This study intends to recall the life course of residents in nursing home. To record life experience by using artistic creation. There is a chance to recall and rebuild their sense of life. Works of art improve interaction with family members, and quality and value of life. Recalls of life course inspire the older residents to encourage more people to think about themselves and life issues. Families and administrators use listening and conforming to strengthen the older residents communication with people.

Purpose/Methods

To recruit the participants, all residents were assessed their physical function by a nurse and a social worker. A 8-sessions program was proceeded, two hours for each session. Six residents participated. In this program, the theme of each session was led to guide elders to tell their life stories. With the help of artist to create their art works, those presented their memorable friends, families and life events.

Results

According to observation and evaluation records of eight session participation in group activities increase self-confidence, self-understanding and awareness, to enhance the sense of reality. Improve interpersonal relations, it help the residents to adapt to the new social life and to reduce the incidence of misbehaviors. Participation in learning activities

assist older patients to organize the past life and plan the future life. Thus confirm the value of life and sense of self.

Conclusions

Art work does not need talent or specific ability. Through thinking and hand work, the elders complete their works, Those are exclusive art creations. During the process of life recalling, they examine role and meaning of their life, and discuss in unpleasant past to regain self-esteem. To help the older patients face the physical and mental changes then adapt to their new life . It will enable them to live more comfortably.

Comments

Activities were conducted to find the elders change positively. To confirm effectiveness, more participants will be recruited, under cooperation with physicians, nurses, social worker, rehabilitation therapist. Using the MMSE, BSRS, ADL, interpersonal and other measurements. To measure differences between pre-test and post-test to show positive effect. Family members or other organizations are also encouraged to develop this program, to promote the elders of the physical, psychological and social function of health status.

Contact: LIN Tzu-Chuan

kaohsiung Municipal Min-Sheng Hospital
No.134 Kaixuan 2nd Rd
kaohsiung, TWN
cinci08@yahoo.com.tw

Gender Issues and Mental Health Care Provision in Ireland

BERGIN Michael, WELLS John, OWEN Sara

Introduction

Mental health policy in Ireland describes a partnership approach between services users and providers. However, it is criticised for lacking a gendered perspective and being gender neutral. Gender is considered a critical determinant of mental health and strategies for care provision cannot therefore be gender neutral. Indeed, gender is present in almost every aspect of mental illness, from risk to health care delivery to funding priorities. Consequently a more 'gender sensitive approach' for mental health care provision is required.

Purpose/Methods

Aim: To explore gender issues and mental health care provision in Ireland Methods: Using Layder's (1998) adaptive theory and social domains theory as a framework for the study, interviews (n=54) with twenty six service users and twenty eight service providers were conducted within one mental health service in Ireland. Data was analysed through NVivo 8.

Results

Gender issues are identified at individual, relational, resource and organisational levels. Responsiveness of services for men and women regarding equality, integration of care, minority

groups, diagnoses, symptoms, stereotyping and parenting are among some of the issues identified.

Conclusions

Results indicate that Irish mental health services need to be more aware and sensitive to the gendered needs of the men and women that engage such services. This involves developing a gender perspective for mental health policy and service provision.

Contact: BERGIN Michael

Waterford Institute of Technology, Ireland
Cork Road
Waterford, IRL
mbergin@wit.ie

A Case Study on Quitting Addiction of Patients with Schizophrenia Who Repeatedly Committed Suicide

LAI Yi-Ju

Introduction

To terminate the vicious circle of patients' amphetamine abuse, relapse of mental illness, depressive mood, and suicidal behavior-related comorbidities.

Purpose/Methods

Used motivational interviews and adopted cognitive behaviors and skills training in the beginning of recovery period of quitting addiction, including eight procedures : (1) to understand patients inner thoughts; (2)to increase their motivation and commitment to quitting addiction; (3) to reflect on inappropriate decisions; (4) to respond to high-risk situations; (5) to learn the refusal skills; (6) to develop positive activities; (7) to strengthen self-affirmation; (8) to practice problem-solving skills.

Results

The results showed that the mental symptoms and depressive mood of patients were both improved, their suicidal intent was reduced, they had developed the motivation to quit addiction before being discharged from hospital, and they could return to clinic after being discharged from hospital. The 3-month follow-up showed that, the patients did not abuse amphetamine anymore, and neither did they have suicidal intent.

Conclusions

This study used motivational interviews and patient-centered five major principles, including expressing empathy, disclosing the contradictions, avoiding controversies, treating resistance, and supporting self-efficacy, added cognitive behaviors and skills training in the beginning of recovery period of quitting addiction, to improve patients' perception of need to change and motivate them to quit their addiction.

Comments



When faced with patients with mental illness in combination with substance abuse, nursing personnel are advised to provide general mental illness care, use motivational interview, and provide cognitive behaviors and skills training along with addiction treatment cycle to provide patients with more complete care.

Contact: LAI Yi-Ju

Tsaotun Psychiatric Center
No.161, Yuping Rd., Tsaotun Township, Nantou County
542 Nantou, TWN
iju827@yahoo.com.tw

Factors Affecting Psychiatric Patients' Participation In Daycare Rehabilitation Program

HUANG Chun-Wei, CHANG Su-Yun, CHEN Shan-Hua

Introduction

The rehabilitation program of psychiatric daycare setting can provide not only pharmaceutical but also various kinds of treatments to improve the self-care and re-adaptation of patients. However, the occupancy rate was decreasing by year. We want to understand the needs of psychiatric patients who want to participate in daycare program so that we can provide higher quality of services.

Purpose/Methods

This study aims to determine which factors can affect psychiatric patients' participation in daycare rehabilitation program. Questionnaires were used to investigate those who fulfill the criteria of admission into our daycare setting, including psychiatric patients from ambulatory services and those who have already admitted into our setting, and also their family members. The investigation was performed in July 2014, and totally 93 questionnaires were recycled.

Results

The most common diagnosis is Schizophrenia (76.9%), average age 45.24±11.08. 44.4% of samples were not informed to consider daycare rehabilitation program in the past. Most of them consider single purpose of rehabilitation rather than multiple ones. Factors affecting participation positively are comprehensive treatment, interesting program design, traffic convenience, improving communicating skills, opportunity to get a job, etc. Females focus more on comprehensive treatment, and those younger than 45 tend to consider opportunity to get a job more than the older.

Conclusions

This study has shown that patients from ambulatory services are less interested in the daycare rehabilitation program. Those younger than 45 tend to consider opportunity to get a job more than the older. This might be considered in the future program design to improve the quality of care and rehabilitation.

Contact: CHEN Shan-Hua

Lotung Poh-Ai Hospital
No.83,Nanchang St.,Luodong Township
Yilan, TWN
887034@mail.pohai.org.tw

Grooming Improvement Program in Psychiatric Rehabilitation Ward

CHEN Jing-Ju, LU Huei-Lan, PI Shu-Yuh, SHEN Shu-Hua

Introduction

The patient with chronic mental illness has multifaceted dysfunction, such as unkempt appearances, dirty, do not pay attention to others and their own impression, therefore enhance the quality of patient grooming is very important.

Purpose/Methods

The purpose of this project was to enhance the grooming quality of psychiatric patient. The cause of patient grooming sloppily were lack of motivation ,knowledge, and skills, staffs do not pay attention to patient grooming; retouching tools inadequate; busy in morning activities,ignored; lack of self-management activities designed. The solution project included 1.to increases the knowledge, skill and motivation of grooming; 2.to improves the instrument for grooming; 3. To adjust the morning activity operation mode;4.to revise the self-management activities designed.

Results

The completion rate of self grooming or grooming by reminding: hair cleaning increased from 52.39% to 90.48% ; face, ear, nose and mouth increased from 62.38% to 88.57%; hand, toenail increased from 62.38% to 91.43%; dressing increased from 63.37% to 90.48%; bearing increased from 68.32% to 94.29%.

Conclusions

The project effectively enhance the grooming quality in psychiatric rehabilitation wards, providing opportunities for social interaction, design an attractive self-management activities, and increase grooming actively of chronic psychiatric patient.

Contact: HUANG Hsinjou

Jianan Mental Hospital
No.80,Lane870, Jhong-shan Road , Rende District
Tainan, TWN
14516@mail.cnpc.gov.tw

The effect of Group Metacognitive training for patients with Schizophrenia

TSENG Hsin-Yi, HSU Sheng-Chun, LIU Chih-Min

Introduction

Connections between cognitive bias with the positive symptoms of Schizophrenia are discussed in numbers of studies. Metacognitive training (MCT) is a manualized group therapy based on cognitive-behavioral paradigm, which is available online and free to download (www.uke.de/mct). It is shown that MCT is effective on reduction of false beliefs in Schizophrenia in many findings. The aim of this study is to examine the benefit of MCT for schizophrenia patients.

Purpose/Methods

In this pilot study, 11 daycare patients are diagnosed as Schizophrenia spectrum disorder. The patients participate in the eight-session MCT group training and are assisted by trainers; one clinical psychologist and one resident psychiatrist. Each session last 60 min in one week. PANSS, Beck Depression Inventor-II and SQLS-R4 are assessed to evaluate changes of symptoms, mood state and quality of life (QoL) before and after MCT group. SQLS-R4 comprised two parts. One is cognition and vitality QoL and the other one is psychosocial feelings QoL. MCT group will continue after the pilot study. This group training will continue in next two months and more data will be collected.

Results

Subjective feedback from patients about this training is beneficial for them to practice MCT techniques into their life. It is shown relatively reduction in BDI score and in Vital QoL of SQLS-R4 after eight weeks in the pilot study. It is also observed relatively reduction in the PANSS positive syndrome score.

Conclusions

The pilot study of group metacognitive training demonstrates some effects in the reduction of positive syndrome and depressive mood. The improvement of quality of life is observed as well.

Contact: TSENG Hsin-yi

National Taiwan University
No.7, Chung Shan S. Rd., Taipei 100, Taiwan
Taipei, TWN
nydsia@gmail.com

Call Out Service for Suicidal Attempters from Different Administrative Area

FANG Chun-Kai, HSIAO Hsueh-Wen

Introduction

The case management system is effective for suicide prevention. However, not all hospitals have their own case management system for suicidal attempters, even in Taipei. In southern Taipei, there is not any one suicide prevention center

in general hospitals. The project is try to provide call out service for suicidal attempters from different administrative area.

Purpose/Methods

In southern Taipei, if suicidal attempter were sent to the emergency rooms, the medical staff had to report them to the Bureau of Health in Taipei. Then the Bureau of Health transferred the information to the Suicide Prevention Center of MacKay Memorial Hospital which was located in the different administrative area. The case managers called out for supporting and encouraging the suicidal attempters. We tried to evaluate the service system.

Results

In 2014, there were 180 suicidal attempters transferred. 179 of them could accept the call out service. Only one rejected. In phone, almost suicidal attempters could talk their problems and the reasons of suicide. 23% suicide were happened after conflict with their family (high tension in family). Until December 2014, all of them were alive. 64 of them were security and closed for case management. The others will keep accepting the service.

Conclusions

Because the resources of suicide prevention are not available for all areas, the call out service base on the case management system is considerable from the different administrative area. Some mature suicide prevention institutes may play an important role to provide suitable services.

Contact: FANG Chun-Kai

Mackay Memorial Hospital
92, sec. 2, Zhongshan Rd, Zhongshan Dist.
Taipei, TWN
fang0415@yahoo.com.tw

The Experience of Applying Mindfulness Based Cognitive Therapy in a Patient with Major Depression and Recurrent Suicidal Behavior

YANG Ya-Hui, CHEN Huan-Hua, TSENG Yu-Kuei, SHEN Shu-Hua

Introduction

Depression carries a high risk of suicide. It is a key symptom of the disease. The mindfulness based cognitive therapy(MBCT) has been developed by renowned cognitive psychologists, and became an effective treatment for depression, therefore it is used clinically in depressive patient with recurrent suicide, to enhance the ability of stress management, and help patient return to the community.

Purpose/Methods



The depressive patient with recurrent suicide was taught how to thinking and observation, to see here and know, 3 minutes breathing, and to aware the thought linking, mood list, autonomy action, and the method to build up plan, using self-awareness to know the here and know event, and be a observer with no criticize attitude to view the mood change, training a empathy and compassion mind, cut depression cycle, reduced depressive symptoms recurrence.

Results

Patient could prove his self-control ability through the action of quit smoking, and use situational exercises and role play, rebuild confidence and incentive to work and learn to take control of their own success, and also makes family members feel the improvement of patient and participate in follow-up treatment plan.

Conclusions

MBCT could help patients with major depressive disorder do affirmations and positive thinking exercises to enhance patients' confidence and ability to solve problems and rebuild their motivation for the future and reduce suicidal behavior.

Comments

This limitation of this study is the continue care in the future, femally need more support, family therapy was recommended in outpatient department, combined with community health care visiting resources, and includes the case management system, which is the future direction of the health care system and the government social-sharing efforts.

Contact: YANG YA-HUI

Jianan Psychiatric Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist
71742 Tainan City, TWN
uv31211@gmail.com

Session P2.3: Health promotion for chronic diseases - diabetes, kidney diseases, orthopaedic and other conditions

Lifestyle counseling in Type 2 Diabetes patients – Nurses' documentation in patient records

JÄRVINEN Sari, JOHANSSON Heidi, POSKIPARTA Marita, KETTUNEN Tarja

Introduction

Type 2 Diabetes has increased dramatically in the last decade and patients may have an urgent need for lifestyle change, specifically in relation to diet, physical activities and weight management. Lifestyle counseling is an aspect of patient care

which is made visible by documenting. Little research on lifestyle counseling documentation has been done; instead, the research focus has tended to be on nursing documentation.

Purpose/Methods

The purpose of this study was to find out what nurses actually write when documenting lifestyle counseling in type 2 diabetes and what differences, if any, were there between primary and specialized health care. The data comprised documentation on Type 2 Diabetes patients who had attended primary and specialized health care (n=43). The data were analyzed using inductive content analysis. In addition, the data were analyzed identify the priorities in the documentation of type 2 diabetes lifestyle counseling.

Results

As a whole, the documentation of lifestyle counseling was found to be minimal, fragmented, mainly nurse-driven and multifaceted in primary, than in specialized health care. Documentation resembled nurses' notes with important information about the patient's lifestyle but patients' viewpoints being less documented. No clearly goals were set for lifestyle changes and evaluation of the maintenance of appropriate health behavior was very low. Mostly, the documentation concerned methods of supporting lifestyle changes, while adjustment to lifestyle change received the least attention.

Conclusions

This study raises an important question of how nurses can make sure that lifestyle counseling continuity, if documentation is so minimal. In addition these findings suggest that lifestyle counseling documentation should include the patient's point of view more often than is currently the case. Furthermore, the multifaceted documentation of lifestyle counseling would enable the evaluation patient practice of life, which would be extremely important.

Contact: JÄRVINEN Sari

University of Jyväskylä
Keskussairaalantie
40620 Jyväskylä, FIN
sajojarv@gmail.com

Improving the Care Knowledge of Patients with Diabetes in Acute Psychiatric Wards

HU Hsin-Jung, LEE Pin-Hsien, CHAO Wei-Ting, HSU Tzu-Ling

Introduction

Patients with psychiatric disorders frequently register weight gain, and their self-care abilities are affected by cognitive decline patients with internal disease account for 45.1% of all admitted patients.in our department, and diabetes is the most common internal disease (21.1%). Data analysis revealed that

our patients demonstrated low levels of perceived knowledge regarding diabetes care. Through team work to facilitate integrated care, the self-care abilities and the quality of life of patients with psychiatric disorders can be improved.

Purpose/Methods

Quality control teams were formed and participated in a problem-solving activity to design a questionnaire pertaining to diabetes care for patients in acute psychiatric wards. Team discussions involved physicians, pharmacists, nurse practitioners, and dietitians. A plan-do-check-action method for strategy improvements was implemented to enhance psychiatric patients' perceived knowledge on diabetes-related disease processes, medication, and dietary intake.

Results

According to pre- and post-test questionnaire analysis, the primary reasons for low levels of care knowledge were "unhealthy dietary intake concepts," "insufficient health education," and "multiple types of medicine." After improved strategies were implemented, perceived knowledge on diabetes among the patients in the acute psychiatric ward improved from 48.2% to 89.6%. The patients demonstrated an improvement in "healthy dietary concepts" (from 48.6% to 91.7%), "provision of relevant health education" (from 65% to 82%), and "medication integration" (from 66.6% to 92.6%).

Conclusions

Cognitive ability is a focal topic in health literacy. Through quality improvement processes and the use of integrated care, standard operating procedures can be established to provide hospital staff members with guidelines. In the future, in addition to increasing promotion and conducting periodic follow-ups and reviews to continually improve the standard operating procedures, integrated care can be implemented to provide patients with high-quality health care.

Contact: HU Hsin-Jung

Taipei Hospital, Department of Health, Taiwan, R.O.C
No.127, Su-Yuan Road, Hsin-Chuang District
New Taipei City, TWN
gra120711269@yahoo.com.tw

Outcome of Diabetic Shared Care Program in a Primary Care Clinic: 3 Years Follow-Up

TAI Brent, TAI Thomson, LIU Tzu-Yin

Introduction

Diabetic people with or without metabolic syndrome increase all over the world. It means complications such as cardiovascular disease or chronic renal disease increases too. In Taiwan, the prevalence of diabetes and cost of medical care for diabetes increase yearly. Diabetic shared care program (DSCP) had been promoted in Taiwan since 15 years ago. At present, more primary care clinics have been enrolled in DSCP. Herein,

we presented the outcome in a primary care clinic managed by a general physician.

Purpose/Methods

From July 2005 to June 2010, 143 patients were treated at least 3 years and followed up under DSCP guideline. 11 patients did not follow the rules of DSCP regularly and were excluded. Totally 132 patients were evaluated. The patient's data were collected and analyzed. The program required physicians, diabetes nurses and dietitians to work together. Education program was held every 3 months. All data were analyzed by SPSS software

Results

HbA1c level, waist circumference (≤ 80 , female; ≤ 90 , male), cholesterol, triglyceride, cholesterol/high density lipoprotein ratio and plasma glucose level decreased if age and gender adjusted. Severity of HbA1c (HbA1c < 7 , 7-9, > 9) analysis revealed decrement of patients (HbA1c > 9) from 22.0% to 9.8%. High density lipoprotein, lower density lipoprotein, body mass index and urine albumin/creatinine ratio did not improve after 3 years follow-up.

Conclusions

Previous studies have revealed the benefit of integrated care and diabetes education on glycemic control. Our report proved that diabetic patients in DSCP handled by a primary care clinic can gain improvement after 3 years follow-up. If participants adhere to the program, they can not only improve HbA1c status, but also their dyslipidemia. In a primary care clinic, participants have more close relationship with health educators. The disadvantage is participants can visit any clinics or hospitals freely without doctors' referral.

Comments

Diabetic shared care program is a patient-centered care program. In this program, patient can adhere to the management more than those not involved in this program. Therefore, it could not only decrease HbA1c level but also decrease morbidity associated with different metabolic risk factors.

Contact: TAI huilung

Shih-Ren clinic. Chanhua city.
82 Cihsiou Rd.,
50059 Changhua City,, TWN
tailiu88@gmail.com

Enhancing the Rate of Diabetes Care Improvement Program

CHEN Ying-O, FANG Miao-Ju, HSIAO Yu-Ling, LIN Shu-Chao, CHANG Shih-Pao, LEE



Jez-Yau, LO Hsien-Yi, TSAI Tsung-Lung, CHEN Meili

Introduction

Diabetes is a chronic problem worldwide, and the cause of death in 2013 was at the fifth place in Taiwan. Participating in "pilot program to improve diabetes health care payment plan", the patients completed the necessary tests and outpatient diabetes care quality is indeed higher than those not joined. But the rate for people with diabetes care still is low. Therefore, how to improve the rate of diabetes care becomes an important issue in current health care.

Purpose/Methods

The purpose of this subject is how to improve the rate of diabetes care, and to prevent complications. The responses were formulated: (a) Info Unit prompted the establishment of case enclosed hint and tracking system.(b) Establishment of communication and coordination between cross team and physicians.(c) Screening of the case not enclosed at the day before an appointment, telephone reminded the patients for fasting. (d). Applying the list to the physician. (e). Incorporation of integrated clinic. (f) Providing Diabetes small snacks.

Results

After enclosing the case of diabetic patients, individualized health education will be given by physicians, health care instructors, and nutritionists. After the project implementation, the enclosed cases of diabetes care increased from 39% to 69.3%. The number of cases increased from 385 people to 584 people, and the progress rate was 77.6%. An additional benefit was improving outpatient satisfaction to 91.6% and medical income of \$ 883,600 per year.

Conclusions

The use of computer information systems, cross-team collaboration, and patient-centered management will enhance the rate of diabetes care. Through health education and case management, health care consumption would be reduced, complications would be prevented, and health would be promoted. Providing good holistic medical care would result in patients' self-care ability, implement diet control, exercise programs and change lifestyle.

Contact: FANG Miao Ju

Potz Hospital
zhongxiao Rd.
600 Chiayi, TWN
maryfang168@gmail.com

The effectiveness analysis of groups weight loss help for diabetes care

KUO Chao-Tsen, LO Su-Huey, CHEN Shun-Ping

Introduction

Epidemiologic studies, about 60% of type II diabetes are overweight. The negative impact of obesity and overweight includes confidence declines, increased blood pressure, lipid level and blood glucose abnormalities. It also lowers quality of life and is unhealthful. Therefore, the Diabetes Center of TYGH performs weight loss exercise program for obesity and high-risk patient group. In addition to teaching weight loss skills and food substitution methods, our medical team also hold group activities as riding a bicycle exercise to regular exercise habits. We hope that our patients can have the weight loss concepts in related activities, the habits of maintaining ideal body weight, the effectiveness improvement of self-management and reducing diabetic complications. Thereby they have health life.

Purpose/Methods

We lunched weight loss seminar. The contents is knowledge about ideal body weight, the impact of obesity on the disease, the daily diet guidelines, eating and cooking tips and ticks ... etc. The nutritionists teach low-calorie foods and calorie calculation method. Professional teachers instruct participants performing aerobic rhythm courses personally once a week for eight-weeks. We have not only indoor weight loss programs, but also building up a bike team for the first time. We plane the bicycle path from easiness to difficulty. Our medical team rides out outdoors with participants quarterly to implement the weight loss ideas into daily life. We check body weight and blood sugar in view of the effect of program. Besides getting exercise, the patient understand the glycemic control and have a health world view with positive feedback.

Results

There are 19 participants (11 males, (57.8%), 8 females (42.1%)) with an average age of 51.7 years old (SD ± 11.4). The average weight is 70.8kg (SD ± 17.3) in 10 month activity and reduced to 68.7 kg (SD ± 17) P value of 0.000 (improvement rate: 94.7%), greatest reduction 6.1 kg, group total reduction of 38.9 kg after the activity. The average body fat from 29.1% reduced to 26.9% (P value 0.000), improvement in the rate of 94.7%. The average glycated hemoglobin before the event is 7.3% (SD ± 1.4), after the event is reduced to 6.8% (SD ± 1.5) (P value 0.279), improvement in the rate of 54.5%. : LDL improvement rate: 53.8% (mean 109.8 reduced to 99.8 mg/dL); TG improvement rate: 46.1% (mean 124.6 reduced to 99.0 mg/dL); HDL promotion rate: 46.1% (mean 47.7 reduced to 45.8 mg/dL). After the study, there were 80.9% participants in the habits of regular exercise.

Conclusions

Weight Control for improving blood glucose, blood lipids and blood pressure is very important. According to the statistics data of TYGH Diabetes Center, BMI ≥ 27 (mild obesity) is as high as 29.7%. The study found the program of weight loss has effective improvement in body weight, body fat, blood sugar and nonHDL level. It's also make a positive attitude to promote the patients to have active movement habits. Except for encouraging weight loss concept, we can provide methods, techniques by team approach. Through the strength of the team to motivate each other, the patients can realize the benefits of diabetes control. They can have the concepts of ideal body weight control and weight loss with regular exercise in daily life. There is a considerable benefit in patients' physical and mental health enhancement in future.

Contact: CHAO-TSEN Kuo

Tao-Yuan General Hospital
492, Chung-Shan Road, Taoyuan City, Taoyuan
County, Taiwan, Republic
Tao-Yuan, TWN
emilyguo6498@yahoo.com.tw

Intervention of Health education for the effectiveness of diabetes self-management care

TSAI Hsiu-Jen, WANG Chih-Chien, HUANG Ling-Ting, LO Hsin-Yi, CHIANG Shang-Chi

Introduction

Good diabetes control can prevent or the postponement complications occur; Patient's self-managed behavior related with glycemic control. Diabetes self-management education for patients in health knowledge, attitudes and behaviors have a positive benefit. So hope through health education intervention to enhance the ability to improve the condition of diabetes self-managed prevention of complications occur, to reduce the burden of health care costs and improve the quality of care.

Purpose/Methods

The object is A1C more than 8% above case during execution is half year. Including of personalized education, groups health education, by doctor, nurses and dietitians, carries on the pedagogical activity in view of the understanding disease with the self-management, including healthy diet, taking medicine, blood sugar monitor and knowledge skill training. Each month carries the telephone visit, understood at home Self-managed behavior, Medication advice, question processing, the enhancement case healthy faith, maintains good life state, the promotion case life quality.

Results

Plan period accepts cases 125 people, 45-65 year old accounted for 87%, Comparison of diabetes self-management checklist, Except the healthy coping not the remarkable difference, healthy diet, taking medicine, monitoring, being active, reducing risk and problem solution all reached the remarkable difference. Self-monitoring of blood glucose increased 4%, the regular exercise increased 15.8%, A1C average dropped from 10.1% to 9.5%, Fasting blood sugar drops from 212mg/dl to 180 mg/dl achieves the remarkable difference.

Conclusions

The active control blood sugar reduction complication is diabetes treatment goal. By way of the team cooperation pattern, first gives individual of health education, Groups of health education, then by the specialist telephone consultation prompt involvement, by way of the blood sugar self-monitor result adjustment diet, the active and the adjustment insulin use dosage, promotes the self-care ability and the self-confidence, Mitigate the risk of hyperglycemia or hypoglycemia caused, improve quality of life, achieve target glycemic control.

Comments

Provides patient who seeks the improvement health positively, the correct health maintenance method, enables the patient to be possible to complete the self-care, then improvement disease maintains the health, is one the medical care personnel this load responsibility which is engaged in the health to promote. How therefore continues to enable the patient to be possible to maintain the healthy behavior, is we must the continuously diligently goal.

Contact: CHAI WEN Lai

Show Chwan Memorial Hospital
No.6 Lane 61, Nanping St.1, Nanyao Village Changhua, Taiwan 500
CHANGHUA, TWN
chd7203270@hotmail.com

Integrated care pathway between hospital and territory for the management of diabetic foot in the district of Reggio Emilia (Italy)

MANICARDI Valeria, TRIANNI Rosa, SBORDONE Prisco, MANICARDI Enrica, GANASSI Marco, ROMANI Sonia, GRECI Marina, CHIARENZA Antonio

Introduction

Injuries Diabetic Foot require a competent team and rapid intervention in case of infected foot. The diabetes clinic in Reggio Emilia is territorial, inserted in the Primary Care' Department of Territorial Health Agency of Reggio Emilia, manages 8,000 diabetics, who have a referral hospital in the city Hospital (AoSMN). To deal with appropriateness the lesions of diabetic foot was built an integrated care pathway (PDTA) involving professionals from both Agencies health: diabetes Territorial Service (SDT), territorial nursing service (SIT), podiatrist, hospital diabetes team (TDO).

Purpose/Methods

The SDT performs activities of prevention with education group, and has started a weekly clinic for diabetic foot: acute injuries are evaluated, made dressings and debridement, then patients are assigned to nurses SIT until healing dressings. In case of infected foot or critical situations the SDT sent directly the patient to TDO, which receives urgent with direct access. Resolved the acute phase, the patient is reassigned to the SDT and the SIT, reducing hospitalization time.

Results

In 2014 have been taken into care 220 patients (of which 137 for ulcers in place), were performed 465 dressings and the remaining were assigned to SIT until healing; 1 patient underwent a major amputation, 29 minor amputations; 27 patients had vascular foot, neuropathic 33, 10 deformity; 18 patients were sent urgently to TDO for complex lesions. The Podiatrist has evaluated more than 600 patients.



Conclusions

An integrated pathway between hospital and territory for diabetic foot ensures taking charge of patients from prevention to wound healing, the appropriateness of the services and continuity of care hospital-territory.

Comments

The prevention and treatment of a severe complication such as Diabetic Foot requires multidisciplinary experts teams and care pathways who take care of patients from the hospital to the territory and vice-versa. In a good Public Health the citizen must not realize that there are more health companies.

Contact: RIBOLDI BENEDETTA

LOCAL HEALTH UNIT
VIA AMENDOLA
REGGIO EMILIA, ITA
benedetta.riboldi@ausl.re.it

anDIAMO - Nordic Walking to improve health status of type 2 diabetes patients

PERSI Y., CALZOLARI G., TRIPI F., FORAPANI R., FERGNANI A., ILARDO F., PIETRANTONIO A.M., LOMBARDI A., ARCOLIN E., BORELLI N., BERNAROLI L.

Introduction

Literature shows that proper nutrition and regular physical activity are highly decisive for the prevention of complications resulting from diabetes, moreover, can improve adherence to medical treatment through the understanding of healthy lifestyles. Sports Medicine Department and Diabetes Center in District 2 AUSL Modena, in collaboration with the National Nordic Walking Association, Ethical Gyms & Secure Area Fitness and Sapiro of Mirandola, carried out a project on physical activity targeting a specific group of type 2 diabetes patients.

Purpose/Methods

The programme implies: At the beginning, subministration of a weekly food diary, detection of anthropometric measurements, blood parameters and pressure and release of nutritional indications. Subministration of Kilometer Twelve Short Form Health Survey test and questionnaire. Delivery of My Wellness Key for detecting physical activity for two weeks. Start of Nordic Walking groups twice a week and workout once a week. Evaluation of outcomes imply: recognition of postprandial blood glucose and pressure, Kilometer test and questionnaire subministration, delivery of the Key.

Results

12 of 20 patients have completed the course. The results: weight loss in 75% of patients, reduction of ratio waist-hip in 83% of cases, reduction of glycosylated hemoglobin in 67% of cases, drop in blood pressure in 58%, improvement in aerobic

capacity in 100% of cases. In some patients it was possible to reduce drug therapy.

Conclusions

Goals were achieved on time and according to planned actions. All patients had positive opinions about the project and reported significant improvement of health outcomes at the personal level. After the end of the project, patients continued to practice regular self-managed physical activity. The hope is to keep this healthy practice over time, and extend it to a wider pool of patients, through easily available opportunities to practise healthy life styles, with the combination of healthcare institutions and physical activity organisations.

Contact: TRIPI Ferdinando

AUSL Modena
viale dello Sport
41122 Modena, ITA
f.tripi@ausl.mo.it

Enhance healthcare quality for diabetes patients via demark steno diabetes center–diabetes dialogue tool

LIU Su-Yen, CHEN Ming-Hui, CHEN Jia-Lin, LUO Xiu-Wen

Introduction

: It is necessary for diabetes patients to maintain a regular life style and good self-management, in order to cope with relevant diabetes control. International as well as local study also pointed out that enhanced patient self-management comes with better glycemic control and less complications. Currently health education for diabetes has been oriented with the implementation of "improve patient's healthy behavior and self-management". While health education emphasize patient oriented objective, such target is the foundation to drive behavior changes to achieve a successful self-management. Utilize "diabetes dialogue card from steno diabetes center in Denmark"(hereafter as steno diabetes dialogue card) as a tool to conduct group health education. Through concise figure and sentence to assist patient to identified their respective challenges. Followed by peer interactions to share their experiences with regard to living with diabetes.

Purpose/Methods

This study has a sample size of 80 patients via oral sugar reducing drug and insulin injection group, with 36 patients and 44 patients respectively. Study period is from December 2012 to April 30 2013. Utilize structural questionnaire such as DAWN insulin awareness questionnaire, and DAWN diabetes self-management assessment table. Also apply group discussion, telephone consultation, and compare HbA1c and blood sugar variation prior and post meals. Statistic method is Pair-T-Test for analysis

Results

Organized 14 group health educational courses with three themes. A total of 140 telephone calls to conduct health education consultation and out-patient follow up. The activities were done between 8:30 to 10:00 before the clinic started since there are many patients came earlier for out-patient service. We also make phone calls one day ahead to remind the appointment. Due to the fact that most patients came fasting, provide low calorie breakfast can correct their dietary awareness and practice for breakfast. 22.2% convert from oral administration to insulin injection. Insulin awareness improve rate is 46.3% ($p < 0.001$). Patient's self-management improve rate is 20.08% ($p < 0.001$). Fasting blood sugar values prior and post activity intervened are 201.76 ± 64.89 mg/dl and 156.60 ± 57.69 mg/dl ($p < 0.001$) respectively. HbA1c values prior and post activity intervened are $9.76 \pm 1.83\%$ and $8.78 \pm 1.86\%$ ($p < 0.001$) respectively

Conclusions

The intervention of STENO diabetes dialogue tool provide individual patients an opportunity of discussion and encourage each other. It is a vital process to sustain patient's self-effectiveness. Incorporate the concept of self-learning for patients and induce the capability of self-learning can enhance their practice of self-healthcare.

Contact: LIU su yen

CHI MEI FOUNDATION HOPITAL
901, Chung Hwa Road, Yung Kang City, Tainan Taiwan 710, TWN
easy159@gmail.com

Diabetes diet media intervention as a better way to increase the basic Diabetes knowledge

HOU Yi-Cheng, CHIUNG Yao-Cha, CHANG Ya Lin, CHEN Yi-Chun

Introduction

Background: The beginning for diabetes nutrition counseling often need to introduce a common basic knowledge then on individual education. Diabetes diet knowledge media intervention (DDKMI) before nutrition counseling should effectively be used as a tool to improve patient's quality of basic knowledge for diabetes.

Purpose/Methods

Objective: To investigate whether nutritional media intervention can improve patient's basic knowledge. Methods: 50 diabetes participants without past diabetes diet education were enrolled in dietitian outpatient department of Taipei Tzu Chi Hospital since November 2014. 15-item of diabetes diet test score about basic diabetes knowledge diabetes knowledge media. At control group, trained dietitians used 15 item of diabetes diet test to evaluate the score before and after individual diabetes education; At DDKMI group, trained dietitians used 15 item of diabetes diet questionnaire to

evaluate the scores before and after individual diabetes education and the scores after DDKMI intervention.

Results

Results: The control and DDKMI group each enrolled 25 participants. Age from 18 to 80 years, BMI (body mass index) 26 to 27 kg/m², resting SBP (systolic blood pressure) 126 to 137 mmHg, resting DBP (diastolic blood pressure) 89 to 90 mmHg, resting HR (heart rate) 75 to 83, duration of diabetes were 4 years, exercise 2.3 to 2.8 times per week, SMBG (self monitoring of blood glucose) 1.1 to 1.8 times per week, education level from elementary school to master, there's no significant from baseline of participants characteristics despite education level. Diabetes diet knowledge test score before (54.8 to 56.4, $p = 0.348$) and after (86.8 to 94.2, $p = 0.201$) dietitian education from two groups were no significant. Within DDKMI group in diabetes diet knowledge test score, increased (55.2 to 94.2, $p = 0.000$) after dietitian education; after DDKMI (56.4 to 80.4, $p = 0.000$); after DDKMI combined with dietitian education (79.5 to 94.2, $p = 0.019$). Personal nutrition counseling can provide patients with a good knowledge and satisfaction, but if DDKMI was prescribed with subsequent before nutrition counseling, diabetes diet knowledge test score can significantly improve.

Conclusions

Conclusion: The intervention of DDKMI with subsequent personal nutrition counseling was an effectively tool to improve patient's quality of basic diabetes knowledge.

Contact: YI CHENG Hou

Buddhist Tzu Chi general hospital Taipei Branch
No.289, Jianguo Rd., Xindian Dist., New Taipei City 23142, TWN
anny321@tmu.edu.tw

The Effects of Monthly Group Gatherings for Diabetes Patients in Two Local Hospitals Taitung, Taiwan.

CHENG Biwen

Introduction

Lifestyle intervention is an important issue in prediabetes that can improve body weight, blood pressure, and glycemic levels [1-4]. However for diabetes individuals, lifestyle intervention is also important. They should constantly be reminded the importance of a lean healthy diet, exercise, and self diabetes managements [5]. The purpose is to set up a monthly group gathering for diabetes patients to re-enforce the importance of lifestyle intervention and self diabetes management to promote better diabetes control.

Purpose/Methods

The group gathering consist not only discussion of common diabetes problems but also teaches many practical aspects of lifestyle assessment and intervention. The participants were made aware the importance of a healthy diet in choices of foods, and the advantages of regular exercise activities. They



were also re-enforced the importance of SMBG and diabetes managements in cases of hypoglycemia and hyperglycemia. The group gathering was held in open discussion with occasionally fun oral quiz and prizes. There were 10 participants from two local hospitals in Taitung, Taiwan. We questioned the effectiveness of these gatherings one year after by an evaluation quiz, whether if the knowledge obtained had improved a healthier lifestyle and a better diabetes control.

Results

The goal and methods were accepted by all 10 participants. A follow-up evaluation quiz of 15 questions after a year showed changes in their lifestyle intervention, with reference to better knowledge of healthier choices of food (8/10 individuals score correctly on food knowledge questions), more time spent on exercise activities (6/10 individuals established routine daily exercises), and increased frequency of SMBG (8/10 claim their increased SMBG frequency). All patients believed the gathering is a positive influenced to diabetes control.

Conclusions

In order to improve healthier lifestyle and diabetes control, diabetes patients should participate in monthly group gatherings to constantly review healthy lifestyle interventions. A diabetes team of doctors, nurses, nutritionists, social workers, and family members can play important roles by setting up a network between diabetes patients to promote healthier lifestyle influences on one another.

Comments

REFERENCES

1. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346(6):393–403.
2. Knowler WC, Fowler SE, Hamman RF, et al. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet* 2009;374(9702):1677–86.
3. Vojta D, Koehler TB, Longjohn M, Lever JA, Caputo NF. A coordinated national model for diabetes prevention: linking health systems to an evidence-based community program. *Am J Prev Med* 2013;44(4S4):S301–S306.
4. Hernan WH, Brandle M, Zhang P, et al. Costs associated with the primary prevention of type 2 diabetes mellitus in the diabetes prevention program. *Diabetes Care* 2003;26(1):36–47.
5. J.J. Linmans, C. van Rossem, J.A. Knottnerus, M. Spigt. Exploring the process when developing a lifestyle intervention in primary care for type 2 diabetes: a longitudinal process evaluation. *Public Health* 2014; In Press

Contact: CHENG biwen

Mackay Memorial Hospital
4F-3, No.15, Lane 72, Zhong Shan N.Rd, Taipei, TWN
ped4858@gmail.com

Improve Diabetes Self-Care Quality with Health Education in Small Groups

LAI Chin Lien

Introduction

To overcome traditional challenges in diabetes health education, a patient-oriented approach enables patients to identify and solve health issues via active participation. Visualization health education tools used in Conversation Map small group format are easier to explain blood sugar control theories in a vivid way, establish personalized targets and facilitate substantial changes.

Purpose/Methods

Participants are diabetes clinical cases with over 7% HbA1c. Personal information collected includes gender, age and blood test values (HbA1c, AC, PC, T. chol). Cases are divided into 8-10 people per team. Each team receives health education program on “Diabetes Conversation Map” for two months, including “Experiencing Life with Diabetes” and “Diabetes and a Healthy Lifestyle”, trying to improve self-care quality among diabetes patients. Surveys are conducted before and after course for analysis. The control group, 40 cases in total, receives usual outpatient health education without “Diabetes Conversation Map” program for comparison.

Results

93 patients participate in the experiment, including 37.7% of males and 62.3% of females. HbA1c value on average beforehand is 10.7% in experimental group, and it falls to 8.5% six months after the program finishes, decreasing by 2.2%. The total weight in experimental group before Conversation Map program is 3047.3 kilograms, and falls to 2944 kilograms afterwards, decreasing by 103.3 kilograms. Average BMI after Conversation Map program in experimental group falls from 26.7 to 25.8. After Conversation Map program, 39 out of 45 participants (86.6%) maintain or enhance their weights. “Healthy diet and exercise” awareness survey results improve from 56.9 points to 86.6 points after the program.

Conclusions

“Interactive discussion” in small groups enable patients to speak out their minds, share their thoughts among one another, and look for possible improvements to relevant issues in daily life. “Peel influence” and support are critical to motivate changes and enhance habits. Small group format minimizes distance between nutritionists and patients. It is helpful to understand dietary patterns and concerns from patients, as well as create bonds among patients.

Contact: CHIN LIEN lai

Cheng Ching Hospital
no.139,Ping-Tien Street, Taichung, TWN
lien4329@gmail.com

Clinical Evaluation of OneTouch® Diabetes Management Software System among Patients with Type 2 Diabetes

KIM Jung Min, KIM Keum Ok, LEE HeyJean, WON Jong Chul, KO Kyoung Soo, RHEE Byung Doo

Introduction

OneTouch® Diabetes Management Software (OTDMS) is a way to track and monitor the blood sugar level. It is possible to download data from a OneTouch Ultra™ via the meter's data port, and to transform the numbers of the blood sugar level into a graph, a chart, or statistics.

Purpose/Methods

We designed this study to evaluate whether the use of OTDMS improve patients' knowledge of diabetes, compliance, doctor-patient reliability, satisfaction, and glucose control more. We randomized 121 patients into OTDMS using OneTouch Ultra™ and control not using it. Both groups got conventional DM education. OTDMS group used OTDMS and data for explanation during consultation. We tested patients' knowledge, compliance, doctor-patient reliability, and satisfaction at enrollment and after 6 months. We also checked HbA1c at enrollment, after 3 and 6 months.

Results

We completed follow-up with 92 patients as follows; 42 patients in OTDMS and 50 patients in control. Both groups showed significant improvements in knowledge, compliance, doctor-patient reliability, and satisfaction. Both groups also became to control blood glucose level better based on the HbA1c results. Mostly, OTDMS and control groups showed no significant differences. Patients in OTDMS group showed more improvements in 'compliance for the weekly checking blood sugar level' and 'trying to follow doctor's order'.

Conclusions

Diabetes education seemed to be helpful to improve knowledge, compliance, reliability, and satisfaction. OTDMS system itself might more helpful to improve self-help, especially for checking blood sugar level and trying to follow doctor's order.

Contact: LEE HeyJean

Kangwon National University Hospital
Baegnyeongro 156, 200-722 Chuncheon, KOR
vishue@gmail.com

Effectiveness of Active Intervention via Telephone in Patients with Hypercholesterolemia

LIN I-Ching, YANG Shih-Chun, YANG Peu-Yu Yang, YANG Yu-Wen, LIN Ying-Li

Introduction

Hypercholesterolemia is a major risk factor for cardiovascular disease (CVD), which is a leading mortality cause in Taiwan. Lowering cholesterol levels by lifestyle modification is the

primary approach for reducing the risk of coronary heart disease. The aim of this study is to assess whether an active intervention via telephone education program for patients with hypercholesterolemia is an effective method to improve patient's knowledge, attitude, behaviors, and blood cholesterol.

Purpose/Methods

This study is a randomized controlled and single blinded trial. Active intervention via telephone education and counseling was delivered monthly. Participants were followed for 1 year. The control group had been given education at clinics but no telephone intervention. All participants will be evaluated for knowledge, attitude, and behavior by a developed questionnaire and for blood cholesterol levels at baseline and 1 year after the initiation of the program. Intention-to-treat analysis was used.

Results

117 participants completed this trial. It was found both groups had significant improvement in knowledge, attitude, and behavior score but no significant difference of knowledge, attitude, and behavior between pre-test and post-test. Change in knowledge had positively correlated with the attitude, however, changes in knowledge or attitude had no correlated with the behavior improvement. The effectiveness of telephone intervention could make total cholesterol decrease more than 18.3 mg/dl.

Conclusions

Because of the low-cost telephone intervention for health education and counseling and no distance barrier approach, based on the findings of this study, the active intervention for health education and counseling via telephone in patients with hypercholesterolemia may be an effective way for medical institutes to perform good healthcare delivery system service.

Contact: LIN I-Ching

Changhua Christian Hospital
No. 135, St. Nan-Xiao
500 Changhua, TWN
licypy01@gmail.com

The Comparison of Health Promoting Lifestyle between Hemodialysis and Peritoneal Dialysis Patients in Taiwan

CHEN Ling-Shou, YEH Te-Feng, CHEN Cheng-Hsu, CHANG Yu-Chia, HUANG Li-Ling, LIAO Lung-Chuan

Introduction

Lifestyle is the most important factor that affects the health status, and the first and foremost task for chronic disease care is to establish a satisfactory lifestyle. In Taiwan, the incidence



and prevalence of end stage renal disease (ESRD) were remarkable in the world. In order to maintain long-term health of patients, health promotion activities are necessary to change the patient's lifestyle, and thus improve the quality of life of patients and reduce the mortality of the disease.

Purpose/Methods

In this study, hemodialysis and peritoneal dialysis patients in a medical center were conducted to explore the differences of health promotion lifestyle between two patients groups and their associated factors. Self-administered structured questionnaire and medical record review were used in this study. Self-administered structured questionnaire contained individual patient characteristics, self-reported health status, self-care, self-efficacy, and health promoting lifestyle(HPLP). Medical record review contained the dialysis quality indicators and the laboratory tests.

Results

Those who had better HPLP were 50-64 years old, with education above high school, single status, and the good habit of exercising 3 time or more a week. In addition, they also felt happy, were economic independent, and had normal body index, good perceived health status and a job recently, but no comorbidity in diabetes and lupus erythematosus. However, there was no difference between hemodialysis and peritoneal dialysis patients. A positive association between HPLP and self-care and self-efficacy was observed.

Conclusions

As the worse of health promoting lifestyle and self-care self-efficacy, we (1) provide easy to understand and implement health education contains for patients with lower education level, (2) encourage, escort, and listen to patients, and if necessary, refer to social welfare organizations. The health professionals should pay special attention to patients with or without comorbidity diseases in order to strengthen health education contains. Nursing staffs should improve communication techniques and health education skills for health promotion.

Comments

Keywords: hemodialysis, peritoneal dialysis, health-promoting lifestyle, self-care self-efficacy

Contact: **CHEN Ling-shou**

TAICHUNG VETERANS GENERAL HOSPITAL

1650Taiwan Boulevard Sec,4

40705 Taichung, TWN

wcls1022@hotmail.com

A Qualitative Approach to Physical Activities of Hemodialysis Patients

CHEN Nai-Jung, FANG David, HUANG Hui-Ting, CHUO Ying-Hsiang, LIN Hsin-Ying

Introduction

Taiwan has the world's highest prevalence of hemodialysis dialysis. Because hemodialysis patients can't metabolize toxins

in urine, hemodialysis patients with fatigue and anemia symptoms are rarely involved in physical activities. Therefore, hemodialysis patients and cardio fitness becomes relatively weak in the long run. However, little qualitative research of has been done on hemodialysis patients of physical activities.

Purpose/Methods

The purpose of this study was to explore factors affecting hemodialysis patients' physical activities. Six hemodialysis patients in a district teaching hospital of the northern Taiwan agreed to participate. Researchers used qualitative study with content analysis to analyze data.

Results

Hemodialysis patients were well aware of that physical activities can optimal health. Hemodialysis patients' physical activities were moderate-intensity exercise, such as qigong, stretching exercises, and walking. During non-dialysis days, hemodialysis patients were willing to have physical activities at least 30mins per time three times per week. Family can motivate and accompany hemodialysis patients' physical activities. In the meantime, encouragement of clinical staffs meant to hemodialysis patients significantly.

Conclusions

Hemodialysis patients understood through physical activities to maintain their optimal health. Social support from family and clinical staffs were important factors.

Comments

Therefore, social support should be a treatment system that needs to be considered in the care of hemodialysis patients.

Contact: **NAI- JUNG CHEN**

Taiwan Adventist Hospital

No.424,Sec.2,Bade Rd.,Taipei,Taiwan

105 Taipei, TWN

nylon@tahsda.org.tw

Reducing the Infection Rate of Peritonitis Among Patients Receiving Peritoneal Dialysis: An Improvement Project

WU Chiu-Feng, CHNE Hsiag-Chun, WANG Ching-Chiu, YUAN Shu-Li, CHANG Yu-Cheng

Introduction

Peritoneal dialysis is a renal replacement therapy for patients with end-stage renal disease. Peritonitis is the primary cause for patients withdrawing from peritoneal dialysis. The prevalence rate of peritonitis in the studied institute was 3.18/100 person-months in 2013, which was higher than the national prevalence rate of peritonitis at 1.35/100 person-months. Among the 55 infected patients, 11 used hemodialysis for renal replacement

therapy because of recurrent infection. The dropout rate was 20%.

Purpose/Methods

The objective was to reduce the peritonitis prevalence rate by 30% and attain an prevalence rate of 2.2/100 person-months, reducing the peritoneal dialysis dropout rate because of peritonitis infection by 50%. Medical record reviews regarding current patient situations, technique assessments, and surveys of the patients' knowledge and skills regarding solution exchanges during peritoneal dialysis were conducted and analyzed. We found that the primary causes of peritonitis infection were technical problems during the solution exchange process, malnutrition, and environmental problems. After analyzing the current patient situations, identifying problems, and referencing relevant research, we established solutions based on institute staffing and cost considerations. The solutions included cross-assessments, focus groups, and immediate interactions using a PC version of LINE software.

Results

Two professional nurses cross-assessed the technical aspects of the solution exchange process. The process was assessed a minimum of once every 3 months for each patient. Consequently, the technical completion rate increased from 88.27% to 96.7%. Moreover, because the patients and their families were too shy to express their feelings and opinions and because the original health education model adopted by the institute was interactive, the focus group model eventually became an alternative health education model. The PC version of the LINE software enabled the patients and their family to report problems immediately. The photograph upload function mitigated the gap in verbal communication, thereby inducing favorable responses from the patients and their families. The prevalence rate of peritonitis between August 2014 and December 2014 was 2.07/100 person-months. The dropout rate of peritoneal dialysis caused by peritonitis infection was 27%.

Conclusions

Cross-assessments helped reduce the blind spots of single-person assessment, thereby increasing the accuracy of the techniques used during the solution exchange process. We suggest that the focus groups be led by professionals to increase the level of experience in the exchanges and the emotional support between patients and their families. A LINE chat group was established on the PC version to create a support group over the Internet in which the patients could share their experiences and express difficulties they encountered at home. However, the video function of the PC version of LINE was unsatisfactory. After this technical problem was resolved, remote video monitoring could be performed to examine the patients' techniques in dialysis solution exchange, observe their home environments, and provide immediate instructions, thereby establishing a mutual communication channel between the patients at home and the medical staff.

Contact: WU Chiu-Fehg

Ditmanson Medical Foundation Chia-Yi Hospital
No.539,Zhongxiao Rd.,East Dist.

Chia-Yi, TWN

cych10480@gmail.com

A kidney transplant patients produce nursing experience of acute rejection

HUANG Hsin-Yi

Introduction

This study details the nursing experience during care of a 24-year-old male patient who experienced acute rejection after a kidney transplant from a deceased donor. During care, the patient experienced feelings of despair, helplessness, anxiety, and fear after learning of his acute kidney rejection

Purpose/Methods

From August 12 to September 5, the author performed an overall assessment using Gordon's 11 functional health patterns. Analysis revealed the patient had three care problems: a potentially dangerous infection, pain, and anxiety. This served as the motivation for an in-depth investigation. The author used listening, empathy, and encouragement to lead the patient in expressing his feelings

Results

A medical team including doctors and social workers was also integrated to provide post-transplant guidance, to help treat the patient's pain, to prevent infection, to offer emotional support, to help the patient successfully face post-transplant rejection, and to help him accept the necessity for future hemodialysis

Conclusions

It is hoped that this nursing experience can serve as a reference for the future care of kidney transplant patients

Contact: HUANG HSIN_YI

Far Eastern Memorial Hospital

Sec. 2, Nanya S. Rd No.21, 220, New Taipei City, TWN

atvian1020@yahoo.com.tw

New Challenges of Health: liver transplant patients climb the highest peak in North East Asia, Yushan.

JIUNN-CHANG Lin, LI-MIN Yang

Introduction

Liver transplant patients who were affected by end stage liver disease had lost the sense of control to health. Liver transplant patients are not easy to re-cultivate the habit of regular exercise, but also reduce the chances of social participation. If liver transplant patients overly focus on their sick role and lack positive achievements of performance experience, they will have an adverse adaptation of life such as depression, low self-identity, low self-confidence, etc.

Purpose/Methods

We expect that liver transplant patients can cultivate the habit of regular exercise, and improve their physical function, and have more opportunities for social participation. We set three



different levels of hiking activities. The liver transplant patients were accompanied by liver transplant team members, including surgeons, nurses, and social workers, to go hiking. In addition, we encouraged patients to maintain exercise habits through the supportive group, and we conducted some courses for the physical training, alpine environment, alpine rescue, etc.

Results

We set three different levels of goal. The first, there were eight patients participate to climb the Chixing mountain (altitude : 1120m), only one of whom did not complete the course on October 10, 2013. The second, there were seven patients participate to climb the Datun mountain, all of whom had completed on February 28, 2014. The third, on October 21, 2014, Three patients had successfully completed to climb the Yushan (3952m). In feedback of patients, we found that they had positive influence and self-identity.

Conclusions

We found that patients involved in mountaineering activities had a positive performance experience through the milestones they reached. They not only improve their sense of control over the body and self-confidence, but also actively develop exercise habits. In addition, we arranged patients who had participated in mountaineering activities to share their experience with those who didn't participate. We discuss the importance of healthy exercise habits, and encourage them to establish of good exercise habits and become a model of successful learning.

Comments

We can plan more moderate and diverse forms of activities to enhance the willingness in the majority of liver transplant patients. We can divided into low- and high-energy activities, and gradually improve their identity, self-confidence and social participation. We can invite sports experts to guide correct movement type and cognition for patients.

Contact: LI-MIN Yang

Mackay Memorial Hospital
No. 45, Minsheng Rd., Tamshui District, New Taipei City, TWN
limin.a065@mmh.org.tw

The exploration and Effectiveness of supporting group in social support of liver transplant patients

LI-MIN Yang

Introduction

Liver transplant patients still face the new adaption of disease situation after surgery. For example, taking anti-rejection drugs lifelong and suffering by drug side effect, transformation of family relationship and social role. Social workers help patients not only by solving problems for short term goals, but also establishing social support network (ex. Supporting group for patients) for middle and long term goals. These goals can help

patients use inner and outer resources to reach better adaption when they face stressful events.

Purpose/Methods

The object of this survey is the patient whose liver transplant surgery is successful by Mackay Memorial Hospital. Researcher explained the goals and expectations of establishing supporting group and conducted a survey for the willing of joining group, the period, form and content of group by using focus group and questionnaire survey. The supporting group for Liver transplant patients started at 2014/1/5 every 4 weeks. The researcher used the data from the group observation records and group questionnaires to product this survey.

Results

The Survey shows the supporting group can provide liver transplant patients and their family members the environment they can share empirical knowledge, emotional support, belongings, social support and copying skills. For now on, this supporting group have already hold 12 times, and the number of group member is at least 6 or above and the average number of group member is 9. In the future, this supporting group will keep holding every four weeks steadily.

Conclusions

The survey shows: (1)The supporting group for liver transplant patients can provide social support and is needed. (2) Sharing empirical knowledge and multiple perspective helps patients to have positive adjustment after surgery as well as provides them emotional support. According to the survey, researcher suggests to keep holding liver transplant patient supporting group in order to improve liver transplant patients' biological, psychological and spiritual health.

Comments

1. Researcher suggests that extending group duration to 90 minutes can provide enough time for group members to share deeply and get more awareness for the development of group depth.
2. Establishing caring network in group adds the function of group role and raise group cohesion. This network also can be the future strategy for the growth of the number of the group member.

Contact: LI-MIN Yang

Mackay Memorial Hospital
No. 45, Minsheng Rd., Tamshui District
New Taipei City, TWN
limin.a065@mmh.org.tw

Effects of constipation treatment in spinal cord injury patients

CHEN Li-Lin, WU Chia-Jung, HSH Hsu-Yun, CHENG Jin-Shiung

Introduction

The nervous system is impaired by spinal cord injury patients. Once the nervous system is damaged, the intestinal system

would be affected, such as bowel movements and anal sphincter function disorder, prolonged defecation and constipation. More than 80% spinal cord injury patients have constipation problems, and this kind of problem affects the quality of the patients' lives significantly. Therefore, it is important to provide spinal cord injury patients with an effective treatment for intestine disorder.

Purpose/Methods

In order to improve the effects of constipation treatment in spinal cord injury patients, we provide the patients with two different methods. The one is providing spinal cord injury patients with oral medication accompanied by abdominal massage, and the other one is treating them by rectal irritation (enema or digital evacuation). The spinal cord injury patients were randomly divided into two groups. Each group contains 20 patients. The patients in one group were treated with oral medication accompanied by 10 to 15 minutes abdominal massage, while the patients in the other group were further separated into two subgroups, in which 10 patients were given enema and the rest 10 patients were treated with digital evacuation while suffering from defecation problems over two days.

Results

The patients received oral medication accompanied by the abdominal massage still had the defecation problem. On the other hand, total 16 out of 20 patients in the second group can successfully defecate. The achievement rate is 80%, and it shows that enema and digital evacuation is more effective than oral medication with the abdominal massage. More than 80% of patients were satisfied with four points out of 5-point-Likert scale.

Conclusions

Based on the results, applying enema or digital evacuation is more effective than taking oral medication with abdominal massage. Therefore, we suggest that caring persons looking after patients with central nervous system disorders e.g. stroke and brain injury symptom can apply this approach to improve the constipation problems as well as the patients' quality of life.

Comments

Enema or digital evacuation is more effective than taking oral medication and abdominal massage. When care central nervous system disorders patients such as stroke, brain injury patients can use this approach to improve constipation problems, and improve the quality of life. Key words: spinal cord injury, constipation, enema, digital evacuation, Health promotion

Contact: WU Chia-Jung

Kaohsiung Veterans General Hospital, Taiwan
386 Dazhong 1st Road, Zuoying District
Kaohsiung, TWN
jalonewu@gmail.com

Applying systematic patient education model to decrease anxieties and uncertainty on

patients receiving operation for cervical disc herniation

CHUANG Mei-Fang, HUANG J.-S., CHANG C.-J., SU I.-C., WU K.-L., TUNG H.-H.

Introduction

Anterior cervical discectomy and fusion (ACDF) is a common neurosurgical procedure for patients with severe herniated disc at the cervical spine. Following our standard educational programs, patients' fears of surgery can still increase so much that such psychological burdens can sometimes affect the decision-making about the surgery. Therefore, we develop a new systemic patient educational model (SPEM) for the patients who require ACDF surgery.

Purpose/Methods

By using quasi-experimental design, three variables, including levels of anxiety, uncertainty, and patients' satisfaction, were measured before the educational intervention (pre-test), after the educational intervention (post-test-1) and after surgery (post-test-2). By using purposive sampling strategies, 64 consented adult patients who were scheduled for ACDF procedures in a tertiary medical center were recruited for this study. All patients were assigned into either SPEM (n=32) or standard group (n=32) based on their admitted ward numbers.

Results

Before interventions, patients in SPEM group have higher levels of satisfaction ($p < .001$) and anxiety ($p < .037$). Following interventions, anxiety and uncertainty levels reduced significantly in each group ($p < 0.001$), whereas in the SPEM group the reductions were more obvious. t-test analyses between groups revealed greater reductions in uncertainty among SPEM group after educational intervention (post-test-1; $t = 3.90$, $p < .001$) and after the surgery (post-test-2; $t = 3.11$, $p < .003$). Generalized estimating equations method demonstrated that SPEM was more effective to reduce patients' anxiety and uncertainty ($p < 0.001$).

Conclusions

We illustrated that our systemic educational model, in which the modern technology was incorporated into traditional educational programs, could become a comprehensive platform for educational purposes, and also effectively reduce patients' psychological burdens from the surgery. We believe that this new approach is able to increase nursing independence and autonomy, and to improve patients' satisfaction. In overall, SPEM is suggested on top of the usual educational model in order to improve quality of care for patients who need ACDF surgery.

Contact: CHUANG MEI-FANG

280 Renai Rd. Sec.4, Taipei, TAIPEI, TWN
fang525100@gmail.com

To dive or not to dive?



LEVINGER Vilma

Introduction

According to the data of the World Health Organization, the problem of traumas in the world increases. The spread of spinal injuries in different countries ranges from 6 to 77 new cases per 1 million people a year. It is thought that this difference is related with social and economic conditions, violence level, transport intensity, health literacy in various countries. The rate of the new spinal injuries in Lithuania is 42 new cases per 1 million people a year.

Purpose/Methods

To evaluate patients of rehabilitation hospital in Palanga who suffered from spinal injuries in the neck area in 2013. To name the reasons of the spinal injuries in the neck area, to indicate their rate and distribution. To analyse factors which caused the neck injuries due to diving.

Results

In 2013 Palanga rehabilitation hospital had 17 patients after neuro-complicated injuries in the neck area. For 53% of the patients the injury was caused by fall, 6% had a car accident, 41% were injured by diving. The average age of people who were diving is 24 years. All of them are men. 57% of them were diving while being drunk. Education: 57% of people have secondary education, 43% of them finished a high school. 28% are students, other 72% have unskilled works.

Conclusions

1. Most often spinal injuries in the neck area caused by diving tend to be undergone by young, employable and poorly educated men.
2. The most important reasons of spinal injuries by diving are – careless usage of alcohol during a leisure time near water and disregard of any warning signs not to dive.
3. It is possible to reduce the rate of spinal injuries by increasing society's health literacy – by organizing discussions in the media, educational institutions, by creating social advertising.

Comments

After this survey about patients was carried out, devastating results were drawn – none of those people have heard about possible diving consequences. They indicated, that they have never heard or seen any warnings neither in the media, nor live. These men have never paid attention to the warnings about not using alcohol near water and diving. They have never asked themselves a question „To dive or not to dive?“.

Contact: LEVINGER Vilma

Palanga rehabilitation hospital
Vytauto, LT-5720 Palanga, LTU
vlevinger@info.lt

Project to improve the integrity of care instructions for constipation in patients

YEH Shu Chin

Introduction

In clinical practice, the main focus after lumbar spine surgery is placed on pain control and the prevention of wound infections, with less attention being given to post-operative constipation. This study found that from June 1 to June 30, 2010, the occurrence of constipation after lumbar spine surgery reached 86%. Analysis further showed that the integrity of nursing instructions provided to patients by nurses regarding constipation was only 45%.

Purpose/Methods

To prevent constipation occur, our team created reminder stamps and education cards, and came up with a pithy slogan that patients could remember more easily. “The three keys to constipation prevention”: 1. Consume at least three portions of vegetables and three portions of fruit per day; 2. Drink at least 1,500cc water per day; and 3. Get out of bed and move for at least 30 minutes per day as of the third day after surgery.

Results

After implementing the project, the integrity of the patient care instructions for post-lumbar spine surgery constipation increased from 45% to 87.5% and the incidence of post-lumbar spine surgery constipation decreased from 86% to 12.5%.

Conclusions

Preventing bowel problems in patients after surgery as well as the discomfort caused by constipation also reduces the frequency with which patients take stool softeners and receive enemas, thereby reducing the discomfort caused by constipation and enemas as well as unnecessary medical expenditures. In addition, patients are then able to maintain a normal diet and do not need to intentionally decrease food intake due to worries about bowel problems.

Comments

Continuously increasing the care quality for patients after lumbar spine surgery allows patients to be discharged from hospitals as scheduled rather than face the possibility of a lengthened hospital stay and increased medical expenditures due to complications caused by constipation.

Contact: YEH shu chin

Far Eastern Memorial Hospital
No.22-2, Shanghai Rd., Pingzhen Dist
Taoyuan City, TWN
blythe76659@mail.femh.org.tw

The Awareness and Need Investigation on Holistic Care among Inpatients

KAO Tung-Wei, CHANG Yaw-Wen, CHEN Wei-Liang

Introduction

The aim of this study is to investigate the awareness and need on holistic care among orthopedic inpatients.

Purpose/Methods

Patients admitted in the orthopedic ward during the year of 2009 with intact interaction and thought expressions were enrolled. Structural questionnaire was used to investigate their awareness and need on holistic care during hospitalization. There were three parts included in the questionnaire, the first one was demographic data; the second was awareness grade and concern grade; and the third was satisfaction grade. In the concern and satisfaction grade, there were four aspects including general issue, medical and illness issue, mental issue, family and social issue. Likert scale from 1-5 was applied on each question grading. The gap between concern and satisfaction grade was analyzed. We also perform regression analyses to examine the association between variables and concern grade as well as satisfaction grade on holistic care.

Results

There were 170 inpatients enrolled, 55% was male, mean age was 47.86 ± 20.09 . Regarding the awareness grade on holistic care, mean score was 2.17 ± 1.29 . Concern grades were all over 4.5 in four aspects. Among satisfaction grade in medical and illness issue, the most unsatisfied one was "consultation service on drug-drug interaction" with grade of 2.19. In family and social issue, the most unsatisfied one was "social worker visiting during hospitalization" with grade of 1.28. The similar results were also found in the gap between concern and satisfaction grade. In the regression analyses, the awareness grade on holistic care was positive correlated to concern grade as well as satisfaction grade. (β coefficient=0.235, $p=0.009$; β coefficient=0.204, $p=0.025$, respectively)

Conclusions

The awareness on holistic care among orthopedic inpatients is insufficient. Patients with higher awareness grade on holistic care will express higher concern and satisfaction grade. Medical provider should make improvement on post-operation rehabilitation, consultation service on drug-drug interaction, and social resources providing.

Contact: KAO Tung-Wei

Tri-Service General Hospital
Number 325, Section 2, Chang-gong Rd, Nei-Hu District, 114,
114 Taipei, TWN
ktw61916@yahoo.com.tw

The impact of physiotherapy on the static balance in patients after lumbar herniated disk repair surgeries

ZICKUVIENE Kristina, SIMKUVIENE Akvile

Introduction

Lumbar herniated disc is the most common disease of spine degenerative processes, which causes between 30 and 80 percent of all lower back pain cases. Back pain is a major cause of disability and incapacity to work. Physiotherapy is the most important part of rehabilitation after the hernia repair surgery

which helps to avoid chronic degenerative changes and chronic pain. The patient can return to daily activities and full-fledged professional work thanks to the active physical therapy. The patients with lumbar herniated disc experience pain, which is spreading to the leg of the affected side. In a result, poor posture develops when the body's gravity centre shifts to the healthy side. An uneven distribution of pressure under both feet is observed when evaluating the static balance. The pressure is greater under the healthy foot.

Purpose/Methods

The goal of the study: To evaluate the impact of various physiotherapy programs to the static balance and pain of the patients after the lumbar spine L5 – S1 hernia repair surgeries. Objectives:

1. To evaluate the changes in the assessment of static balance and pain during the implementation of the regular physiotherapy program with additional static balance training program.
2. To evaluate the changes in the assessment of static balance and pain during the implementation of the regular physiotherapy program alone.
3. To compare the impact of different physiotherapy programs on the change in static balance and pain. Methodology: The study included 26 patients, 13 men and 13 women who underwent lumbar spine L5 - S1 hernia repair surgery. The patients were divided into 2 groups. The exploratory group consisted of 13 patients who were administered to stabilizing exercise program together with static balance training exercises. The control group consisted of 13 patients who had been limited to stabilizing exercise program. Static balance testing using the measurement system Zebris WinFDM-T version 2.5.1, which consists of a track with sensory coating and connected software. The distribution of pressure is measured in percentages under both feet. The standard 50 % under the left foot and 50 % under the right one. The smaller the difference, the better balance. In order to carry out the testing, the patient has to stand for 30 seconds with his eyes closed. 1. The Wong-Baker Faces Pain Rating Scale. Assessment of pain intensity: 0 – a happy face, no pain; 1, 2, 3 – mild pain; 4, 5 – moderate pain; 6, 7, 8 – severe pain; 9, 10 – worst pain imaginable (appendix III). 2. Mathematical Statistics. Statistical analysis was carried out by using statistical packages SPSS 12.0 for Windows and Microsoft Office Excel 2010.

Results

Among the patients of exploratory group the average pressure distribution under the left foot was $51.6 \pm 6.8\%$, followed by average pressure distribution under the right foot by $48.4 \pm 6.8\%$ before the physiotherapy. The average pressure distribution has decreased by $49 \pm 4.5\%$ under the left foot and by $51 \pm 4.5\%$ under the right foot after the physiotherapy. The average pain of exploratory group before the physiotherapy was 6.4 ± 0.7 points (severe pain) and has decreased to 1.9 ± 0.6 points (mild pain) after the therapy. Prior to physiotherapy, the average pressure distribution among the patients of the control group was $46.5 \pm 8\%$ under the left foot and $53.5 \pm 8\%$ under the right foot. After the physiotherapy the average pressure distribution has decreased to $52.1 \pm 6.2\%$ under the left foot and $47.9 \pm 6.2\%$ under the right foot. The average pain of control group before the physiotherapy was 6.7 ± 0.9 points (severe pain) and has decreased to 3.3 ± 0.8 points (mild pain)



after the physiotherapy. These statistics show that the distribution of the pressure between both feet is slightly lower among the patients of the exploratory group. It means that the static balance of this group has improved more than that of the control group. The obtained data shows that the change in pain of the experimental group was slightly lower than the pain of the control group patients.

Conclusions

1. A regular physiotherapy program with additional static balance training program helped to improve the static balance and reduced the pain. 2. The regular physiotherapy program improved static balance test and reduced the pain. 3. The use of additional static balance training program helps to achieve a greater positive effect of improving the static balance. 4. It is important to continue regular physical therapy program with additional static balance training program at home. This is due to the integration of the daily activities and return persons to daily work.

Contact: SIMKUVIENE Akvile

Public Institution Palanga Rehabilitation Hospital
Vytauto 153, Palanga, Palanga, LTU
akvile.simkuviene@gmail.com

Promoting the Functional Activities of the Subjects with Hemophilia after the Weekend of Rehabilitation Exercise Group Course: a Pilot Study

CHAN Yuan-Chi, CHEN Chia-Hui, CHANG Yu-Tzu, LIEN Feng-Yin, CHEN Yeu-Chin, LI Tsung-Ying

Introduction

Hemophilia is a hematological disorder caused by insufficiency of clotting factor VIII or IX. The bleeding caused many complications in the musculoskeletal system. Bleeding in joints and muscles caused symptoms including pain, limitation of joint of motion (ROM), etc. Without proper intervention or prevention, injured capsular, muscles and may develop into contracture of joints. Besides prevention injection to decrease bleeding, the rehabilitation exercise are also important to help the subjects prevent joint contracture and promote ability of functional activities.

Purpose/Methods

The Hemophilia Care & Research Center and The Rehabilitation Department of Tri-service General Hospital in Taiwan cooperated to hold the "Weekend of Rehabilitation Exercise Group". The courses were guided by the physical therapists who design the group exercise and the daily note of home exercise. Also, with video, subjects can follow the note and video to review the exercise. The SF-36, ROM and other parameters were measured before and after this two months course.

Results

Baseline of subjects (n=14) average age was 40.08±11.73. Compared to before and after 2 month Weekend of Rehabilitation Exercise Group Course and home exercise program. In ROM of right elbow was increased (pre: 87.27±19.54, post: 92.73±21.95, p=0.01). In SF-36, the physical functioning concept was increased (pre: 54.23±24.23, post: 65.77±21.49, p=0.03). In the Ankle & Hindfoot Score (AOFAS), the maximal walking distance was increased (pre: 3.77±1.54, post: 4.31±0.85, p=0.04)

Conclusions

The 2 month Weekend of Rehabilitation Exercise Group Course and home exercise program helped hemophilia subjects improve the physical function, walking endurance and the ROM of right elbow, and with that functional activities of hand were also elevated. However, there is still room for more discussion and observation.

Contact: YUANCHI Chan

Tri-Service General Hospital, Taiwan
No.325,Sec.2,Chenggong Rd.,Neihu District,Taipei City 114,TWN
mmagggie@hotmail.com

Retention in care of HIV positive patients: Experience of the pharmacy of the infectious diseases department at the Reggio Emilia hospital

LAVEZZINI Enrica, FERRARI Emanuele, MARCONI Bettina, BARCHI Enrico, COCCHI Monica, DOLOMITA Nicolina, DAVOLIO Livia, COLELLA Lorenza, CHILLA Fabrizio

Introduction

The advent of HAART (Highly Active Antiretroviral Therapy) has produced extremely significant improvements in terms of increased life expectancy and reduced progression of the disease from HIV to full-blown AIDS, with a corresponding reduction in the incidence of opportunistic infections. The long-term success of this therapy depends, however, on full suppression of viral replication. In clinical trials, between 80 and 90% of patients receiving HAART reach and maintain undetectable viral loads. However, this is seen in less than 50% of cases in actual clinical practice. The main reason for this apparent difference in efficacy is due to poor adherence to the treatment regimes. It is therefore fundamental to carefully monitor patient compliance and implement improvement strategies in order to reach treatment targets. Retention in care, as well as improved immunological viral control, translates to: lower levels of treatment failure; reduced incidence of opportunistic diseases; a reduction in adverse effects; use of less complex and costly treatment regimes; fewer hospitalisations; and a reduction in drug wastage,

corresponding to greater appropriateness and rationalisation of costs. Improved retention in care for HAART HIV therapy is therefore a fundamental element for the efficacy and safety of the therapy itself.

Purpose/Methods

Using the Direct Dispensing Flow recording program, the pharmacist generates an extract of the dispensed drugs data. This is used to create a list of the names of patients with probable poor compliance (for example, patients who have not refilled their prescriptions in the last 4 months). Careful revision of this list of names with the assistance of the medical and nursing staff of the HIV clinic allows a check on the actual level of HAART compliance to be performed, thus selecting the patients who effectively present compliance problems.

Results

The patients are contacted personally by the nursing staff and invited to come for a check-up with the physician in charge of their care and to have any necessary analyses performed.

Conclusions

The work performed to date has allowed us to implement customised retention-in-care strategies which represent a partial contribution to preventing patients from abandoning their treatment and possible virological failure.

Contact: RIBOLDI Benedetta

Local Health Unit
Via Amendola
Reggio Emilia, ITA
benedetta.riboldi@ausl.re.it

Reliability and validity of the Chinese version of the HIV-related fatigue scale

LI Su-Yin, WU Hua-Shan

Introduction

Fatigue is found in more than 70% of the people infected with human immunodeficiency virus (HIV). However, up to date, a fatigue scale for HIV- infected people has not been created in Taiwan yet.

Purpose/Methods

The aim was to examine the reliability and validity of the Chinese version of HIV-related Fatigue Scale (C-HRFS). A sample of 142 HIV-infected patients was recruited. Their fatigue data were analyzed with Cronbach's α for internal consistency. Two weeks later, the data of a random sample of 28 out of the 142 were analyzed for test-retest reliability. The differences of C-HRFS scores between the HIV-infected patients with highly active antiretroviral therapy and the others without were compared to demonstrate construct validity.

Results

The internal consistency and test-retest reliability of the C-HRFS were 0.97 and 0.686 ($p < 0.01$), respectively. In addition, the C-HRFS could be used to effectively distinguish fatigue differences ($p < 0.01$) between the HIV-infected patients with highly active antiretroviral therapy and the others without.

Conclusions

The C-HRFS can be applied to Taiwanese HIV-infected patients by medical caregivers and HIV case managers. However, it is not advisable to use the fatigue alleviator subscale to follow-up HIV-infected patients with fatigue.

Contact: WU Hua-Shan

Asia University
500, Lioufeng Rd., Wufeng, Taichung, TWN
huashan64@gmail.com

The Out-patient Department Visit Assistant Experience for Hansen's disease Elderly

WU Li-Ling, YEH Jade, LAY Huey Jen

Introduction

Lo-Sheng Sanatorium, the only government-run leprosy institution in Taiwan, was transformed to community hospital since 2005. Hansen's disease elderly still demand medical treatment in other hospital because of specialist limitation. Due to disability, our counsellors need to accompany them to other hospitals. It takes more than 20 times monthly. The purpose of this study is to discuss the out-patient department (OPD) visit assistant experience for Hansen's disease elderly.

Purpose/Methods

The first stage is to explore the condition of outpatient department visiting. We used cross-sectional study. The objects are Hansen's disease elderly lived in Lo-Sheng Sanatorium who demands medical treatment in other hospital. It enrolled outpatient department visiting records during accompanying with Hansen's disease elderly since Jan. 2014 to July 2014. The second stage is to explore the outpatient department visit assistant experience of counsellors. We interviewed the counsellors and analyzed the problems.

Results

Total 166 patients in our sanatorium, twenty-six Hansen's disease elderly needed to visit outpatient departments in other hospitals. It accounted for 15.7% of all Hansen's disease elderly. Their average age was 79.2 year-old (SD= 3.45.) Among them, 53.8% had grade 2 disability. Their most demanded specialists are ophthalmologist for oculoplasty, nephrologist for hemodialysis, and oncologist for chemotherapy. The main problems during accompanying Hansen's disease elderly is stress and un-safety during transferring, uncertain duration of hospital visit, and insufficient medical knowledge. The satisfaction of OPD visit assistant was 98%.



Conclusions

This study we found out the difficulties in out-patient department visit and let us to provide further support. The support strategies included more expertise accompanies, more specialties in Lo-Sheng Sanatorium, improving transferring equipment, and improving inter-hospital communication. These reforms may increase quality of out-patient department visit for Hansen's disease elderly. Because the population of Hansen's disease is aging and getting smaller, it is our responsibility and honor to realize his/her needs do our best to take care of.

Contact: WU li-ling

Losen snatorium
No.794, Zhongzheng Rd., Xinzhuang Dist., New Taipei City 242
242 taipei, TJK
ls65480@lslp.doh.gov.tw

Factors Related to the Health Promotion Behavior in Patients with Irritable Bowel Syndrome

TSENG Yueh-Mei

Introduction

Irritable Bowel Syndrome (IBS) is a common gastrointestinal disease ,It is realated to pathological factors , lifestyle , diet habits, health behaviors , psychological characteristics and health status differences and influenced by each other.

Purpose/Methods

The purpose of this study was to explore health-promoting behaviors and associated factors in patients with irritable bowel syndrome (IBS). A cross-sectional and correlational research design was conducted using Health Promoting Behavior rating scale Questionnaire, Stress Perception Scale, and Trait Anxiety Scale. A convenience sample of 126patients aged 18 years old or above and diagnosed with Irritable Bowel Syndrome were recruited from one medical center and one regional teaching hospital in southern Taiwan. Data were analyzed using SPSS 20.0 software.

Results

Results found (1) participants had an average Health Promoting Behavior index score of 66.90; (2) significant differences in Health Promoting Behavior scores for the bowel state, various aspects of the effect, interference of daily activity, quality of sleep, stress, Anxiety; (3) number of hours sleep positively associatedwith Health Promoting Behavior ($p < .05$) and stress and anxiety negatively associated with Health Promoting Behavior ($p < .01$). (5) 28.9% of Health Promoting Behavior variance was explained by stress, Gastrointestinal discomfort affects.

Conclusions

This study may help health professionals to understand relationships among symptoms, stress, anxiety and Health Promoting Behavior in IBS patients. It may also provide healthcare professionals evidence-based data necessary to further improve symptoms, stress and anxiety in IBS patients,

and thus significantly improve Health Promoting Behavior in patients with IBS.

Comments

This study may help health professionals to understand relationships among symptoms, stress, anxiety and Health Promoting Behavior in IBS patients. It may also provide healthcare professionals evidence-based data necessary to further improve symptoms, stress and anxiety in IBS patients, and thus significantly improve Health Promoting Behavior in patients with IBS.

Contact: TSENG Yueh Mei

Kaohsiung Medical University Hospital.
No. 100, Tzyou 1st Rd., San-Ming District,
807 Kaohsiung City, TWN
790380@mail.kmuh.org.tw

The study of Wheelchair Discomfort affected by Disease Among Persons with Disability

CHEN Chi Myn, CHANG Li-Chen

Introduction

There is not much study regarding to wheelchairs discomfort among persons with disability. Wheelchair is one of the assistant-aids to maintain life quality and support body residual function of persons with disability. Patient with different disease resulted in various disabling status on parts of the body. For easing patients' discomfort and preventing further injury, this study focused on the analysis of the association between the discomforts of different diseases and different disabling status on parts of the body.

Purpose/Methods

The purpose of this study was to understand the association between the discomforts of different diseases with various parts of the body for persons with disability using wheelchairs. Questionnaires were employed to collect data. The modified TAWC (Tool for Assessing Wheelchair disComfort) was used to evaluate the discomfort, and using SPSS version 15.0 statistical software for data analysis. Our study recruited a total of 67 participants with the disability who were receiving physical therapies in a regional teaching hospital.

Results

The results showed the median age of participants were 57 years old (interquartile range, 47-62). The diseases among them were Poliomyelitis (Polio), Spinal Cord Injury (SCI) and Cerebrovascular Accident (CVA). All of them experienced discomfort in buttocks and arms when using wheelchairs. Participants with SCI had a higher level of discomfort than those with CVA in back, neck and buttocks while using wheelchairs. The overall level of discomfort of the participants who received tailor-made wheelchairs was lower than those who did not.

Conclusions

We found that participants with different injuries induced different levels of discomfort on various parts of the body. Tailor-made wheelchairs are important for patients to ease the

discomfort and improve the quality of life. The profession of rehabilitation could focus on providing professional consultation and health education for patients. Providing service to patients based upon individual's need that helps to reduce the level of discomfort of people with disability using wheelchairs, preventing them from further injury and the wheelchair abandoning problem.

Contact: CHEN chimyn

CHIA-YI CHRISTIAN HOSPITAL

No.539,Zhongxiao Rd.,East Dist.,Chiayi City

chiayi, TWN

cych02137@gmail.com

How to Promote The Quality of Life by Using CM Integration Model in Chronic Disease : The Implementation and Prospects

TUNG Yi-Jung, TU Shih-Te, HUANG Sung-Yen

Introduction

There has been much higher utilization of health and social services in the population of chronic disease. Various dysfunctions and disabilities are accompanied with chronic diseases; hence it requires long-term care and considerable amount of medical resources. In this study, we aim to improve life quality of chronic disease by using health care system efficiently. The patients with ischemic stroke were chosen because of higher disability rate. The Chinese Medicine (CM) Integration Model was set up for comprehensive care provision.

Purpose/Methods

This study included 29 patients of Medical Wards, and the 8 outpatients of CM Department of Lukang Christian Hospital from October to November, 2014. All the 37 patients were categorized into two groups. The CM Integration Model group is composed of a CM physician, a dietitian, a nurse and a case manager. And it provides the comprehensive care three times a week, including CM treatment, nutrient and nursing consultation of ischemic stroke, evaluation of WHOQOL-Taiwan. The conventional treatment group only received the CM treatment.

Results

There were 21 patients in the CM Integration Model group, while 16 patients in the conventional treatment group. All the patients were evaluated by WHOQOL-Taiwan at the first time and the last time. By using the Likert Scale, we found that there were significant changes regarding the psychological domain and the social relationship domain in CM Integration Model group. And the revisiting rate in CM Integration Model is much higher than the conventional treatment group.

Conclusions

The quality of life is established not only on the physical capacity, but also mental conditions, including psychological domain, social relationship domain and environment domain. This concept corresponds to the philosophy of Traditional Chinese Medicine. Owing to the coordination of the team work, we were able to integrate the medical resources. We prospect to apply this model on the health care to other chronic diseases. The patients would acquire effective health care and utilize medical resources efficiently.

Contact: TUNG Yi-Jung

CHANGHUA CHRISTIAN MEDICAL FOUNDATION LUKANG CHRIS

No.480, Jhongjheng Rd., Lugang Township, Changhua County

505

Changhua County, TWN

ohhluluca@gmail.com

Session P2.4: Health promotion for older patients & age-friendly care

Conscientious Care: Promoting Senior-friendly Services

HUANG Shu-Li, CHIANG Chien-Wen, LAI Hsiu-Yun

Introduction

By 2013, seniors accounted for 11.5% of Taiwan's total population, indicating the population's rapid aging. In response, Taiwan noted the importance of "senior-friendly health care." An analysis of Hsinchu Hospital outpatient cases from 2014 revealed that over 28% of those involved individuals over the age of 70, and that figure continued to grow monthly. An increase in the senior population is inevitable; therefore, the hospital has actively promoted senior-friendly services to create a friendly, supportive, and accessible medical environment.

Purpose/Methods

In 2012, Hsinchu Hospital started improving senior-friendly health care and policies based on community planning. We created a senior camp, which is a senior-friendly medical environment complete with community activities to promote seniors' health. To fulfill the needs of the senior citizens, we provided clinic signs with bigger text fonts, dedicated mobile services, health education and counseling services, integrated outpatient services, local staff language courses, community preventive screenings, community senior care, and community health seminars.

Results

Since promoting senior-friendly services became a priority in 2012, approximately 6.53 million software and hardware services have been utilized in these efforts. Outpatient satisfaction surveys have shown that satisfaction ratings increased consistently from 84.59% to 89.86% to 91.02% in 2012, 2013, and 2014, respectively. The hospital received certification as a "Taiwan Senior-friendly Health Care Facility"



from the National Health Bureau in 2014. We expect to provide seniors friendly medical care service through continuous improvement.

Conclusions

In response to the World Health Organization's "Active Aging" initiative, the Department of Health's National Health Council listed "senior-friendly health care" as one of the most important health issues since 2010. Hsinchu Hospital has taken the initiative to work with the community to show how much it cares about seniors' needs by providing senior-friendly services in senior-friendly environments and meeting seniors' needs based on different disease patterns and health care processes to improve their quality of life and dignity.

Contact: SHU-LI Huang

National Taiwan University Hospital Hsinchu Branch
NO.25, Ln. 442, Sed.1, Jingguo Rd.
Hsinchu City, TWN
ebuy.huang@gmail.com

Chu Shan Show Chwan Hospital (CSSC Hospital) Integrated Healthcare Services(IHS) for elderly patients

HUANG Hsiu-Yi, YEN Hung-Yi, TSAI Wan-Shin, CHUANG Bi-Kum, HSIEH Hui-Lung

Introduction

The elderly represents 11.85% of Taiwan's population according to the Ministry of Interior (15.9% in the Chu Shan region, October 2014). Demands for long-term healthcare needs are on the rise due to limitations to accessing healthcare and increasing health issues. CSSC Hospital's IHS team established Telehealth Care Centre to provide integrated healthcare to elderly patients with physical, heart, mental health and pharmaceutical use. This multi-disciplinary service improves the health and wellbeing of the elderly and aging population.

Purpose/Methods

From April 2013 to date, the Telehealth Center monitors patients who live alone or with one partner (43%) and patients with multiple chronic diseases (20.1%). IHS provides 24-hour telephone support with health managers. Patients also have access to family physicians, nurses, pharmacists, dieticians and social workers depending on the needs of each individual case. IHS makes referrals to appropriate services in order to maintain continuity of integrated care.

Results

High blood pressure, diabetes and heart conditions are the most common diseases in studies of 26 cases (9 male/17 female, mean age 78.2 y/o). Following comprehensive assessment, 11 pharmaceutical intervention cases were identified; all became IHS cases and 8 recorded improvement

(72%). 7 out of 11 Dementia cases were identified for IHS and 5 recorded improvement (71%). 9 out of 11 patient-fall cases with falls in the preceding six months became IHS cases and all recorded improvement (100%).

Conclusions

CSSC Hospital's IHS provides care and intervention suited to each patient's needs. Health and associated professionals' collaborative approach proves to be beneficial to each patient receiving care and demonstrates significant improvements in a high percentage of cases. The results of this study support that a diverse and integrated healthcare model in caring for individuals and communities eases the burdens of aging and achieves its goal of self-reliant living for the aging population.

Contact: PEI JIN YANG

Chu Shang Show Chwan Hospital
No.75, Sec. 2, Jishan Rd., Zhushan Township, Nantou County 5
NANTOU, TWN
yellow7469@gmail.com

Adherence Discharge Planning with Telephone Contact for Elderly Patients to Increase the Compliance Rate of Back to The Clinic –an experience of a regional public hospital in Taiwan.

YEN Chia-Chi, FANG Jui Lan

Introduction

According to the report of WHO, the global aging population is raising rapidly in recent one decade years. The prevalence of relative chronic diseases with aging population is also increasing. These vulnerable patients are high risk for hospital admissions treatment. Poor adherence to patients with discharge can lead to worsening of disease and rehospitalization. After review the literatures, 50% of readmissions may be preventable, and lack of patient follow-up is one of common factors in readmission.

Purpose/Methods

Between April and June in 2014, a total of 146 patients aged more than 60 years discharged from Kaohsiung Municipal Min-Sheng Hospital, Taiwan, were included. Patients were randomized to either an intervention group receiving a follow-up visit with telephone contact by nurses within one week after discharge or to a control group receiving the usual care. All patients were arranged the schedule of back to the clinic one week later and the compliance rate after discharge were measured.

Results

In the intervention-group, the proportion of patients who obeyed and went to the clinic on schedule after discharge was 91.8%. In control group, the proportion of patients who obeyed and went to the clinic on schedule was 76.6%. There was a

statistically significant improvement after the intervention of telephone contact (p

Conclusions

It is concluded that the intervention of telephone contact by nurses is a possible framework securing the follow-up on elderly patients after discharge by improving the compliance of back to the clinic.

Comments

There were some studies provided many methods to follow up and improve the compliance on patients after discharge like the comprehensive discharge education, a home visit by the cooperation of general physicians and district nurses, or the telephone contact by the pharmacists for the drug counseling. However, considering the cost-efficiency, the telephone contact is one of the possible methods to be done in the regional public hospital in Taiwan.

Contact: YEN chia chi

kaohsiung municipal min-sheng hospital
No.134, Kaixuan 2nd Rd., Lingya Dist., Kaohsiung City 802, T
80276 kaohsiung, TWN
ycc.lun@msa.hinet.net

Let's spread our networks of health promotion and mutual aids.

YOSHIDA Kazuo, OHNO Satomi, NAKANO Hiroe, SATO Norikazu, MATSUMOTO Hiroaki, SAITOH Fumihiko, SHINODA Masatoshi, NEGISHI Kyota

Introduction

Under super-aging society, old people who live alone or elderly only households are rapidly increasing. As a consequence of the reduction of the Social Security budget, lonely or isolated deaths are also growing in Japan. In this circumstance, it is hard to defend their human dignity. HeW COOP Japan is doing various activities like the decreases of lonely aged persons. We'll report some of them such as "watching action" or "salon activities" by community members.

Purpose/Methods

We established a system that if someone found the community member's incident, we immediately take action. 1,550 community members, who distribute our communication letters "Seikyo Dayori", got together this system. Nerima Ward, local administration, signed agreements with us and other organizations. We built "the elderly watching system". We created "various Hans" of more than 400 and held salon activities or tea parties. These activities promote the social participation of the lonely elderly person. We'll describe a summary of these activities.

Results

If we found out demented wanderers, we reported it to the Elderly Consultation Center. Then the Center protected them. Moreover, we carried out "the Health Check on a street corner", and held "Nō Iki-Iki Hankai" that is one of the brainstorming. "Hankai" is our characteristic small group meetings. We had 2,856 Hankais in 2013, and 23,9458 people joined. As a result, the participation of the lonely old persons is increasing, and we are contributing to the social involvement of the elderly.

Conclusions

Aging of the population is advancing quickly in the urban area of Tokyo. In this era, we must establish the network of mutual aids like "the watching systems" or "the health promotion systems of intra-community" as rapidly as we can. Moreover, it is significant that we will strongly require the establishment of the reasonable support system for the aged people to the government. We, HeW COOP Japan, must play an important role, because our philosophy is appropriate for this purpose.

Contact: SAITOH Fumihiko

Oizumi Health Cooperative Hospital
Higashi-Oizumi, 178-0063 Nerima, Tokyo, JPN
fumisaitoh@gmail.com

New Year's Eve Dinner Offered at a Long-Term Nursing Home

HSU Mei-Ya, LIU Chin-Hua, HSIEH Ching-Chuan

Introduction

The long-term nursing home provides service for long-term residents. Most of them are over sixty-five and they can not easy to chew things. Therefore, their diet is limited to fixed meals and soft food. In order to let the seniors experience the Chinese Traditional New Year atmosphere, we design the menu that is suitable for the seniors to chew of the Chinese Traditional New Year's Eve Dinner. Let them can have dinner with their family in this important festival.

Purpose/Methods

The meal designed by the dietician is adjusted to residents' chewing ability and the Chinese New Year's atmosphere. After it is made by the cook elaborately, we also invited nurses, folks of the residents, nurse assistants to sample the meals and provide the advices of improvement. We will provide ten Chinese traditional menu that represent perfect and flawless after adjust the menu and the taste, then, we will invite the residents' family to join the reunion party.

Results

Department of Health customer service questionnaire for fortune foods is divided into three parts: Food sanitation and safety, Diet quality, and Service quality. The survey is aimed to the resident satisfactory of meals. Each satisfactory is promoted, the total satisfactory is promoted from 4.3 in 2013 to 5 in 2014, the promotion rate is 16.3%. The independent



sample t-test verify that in the 95% Confidence interval, the 13 items test is achieved to significant ($p < 0.001$).

Conclusions

Chinese Traditional New Year Festival is a very important festival in Chinese. It can let the isolated seniors who lived in long-term nursing home to have suitable meals and enjoy the festival with their family by attending the reunion meal party. It can not only promote the resident satisfactory about food and warm the seniors.

Contact: HSU mei-ya

Chiayi Chang Gung Memorial Hospital of the C.G.M.H
No.6, Kerry Park Road west., Putz City, Chiayi County, TWN
meiya427@gmail.com

A hemodialysis patients have pruritus of skin care experience

HUANG Han-Chi

Introduction

This report describes a dialysis patient suffering from generalized pruritus and changes in sleep quality resulting in anxiety due to a low dialysis clearance rate caused by poor double lumen catheter function. The period of care extended from February 20 to April 10. Data was collected through interviews, observation, physical evaluations, nursing activities, and consultation of medical history together with clinical theories.

Purpose/Methods

Gordon's functional health patterns were used in the assessment and establish of the patient's care problems which consisted of impaired skin integrity, changes in sleep quality, anxiety, and a lack of arteriovenous fistula care knowledge. Individual nursing guidance for each problem provided overall and continuous care to reduce pruritus and improve fistula care skills.

Results

Insight therapy was used to lead the patient in expressing the reasons for anxiety and provide empathetic listening. Music therapy was used to relax the patient. Cognitive behavioral therapy was used to guide the patient in progressive muscle relaxation and stimulus control to relieve anxiety and improve sleep quality.

Conclusions

These methods aimed to educate the patient on how to resolve the physical and emotional changes brought about by the disease. It is hoped that this nursing experience can serve as a reference for future nurses in their clinical care.

Contact: HUANG HAN-CHI

tri-service general hospital
4F., No.325, Sec. 2, Chenggong Rd., Neihu Dist.,
11490 Taipei, TWN
q97080130@gmail.com

Scenario-based Treatment to help Elder patients VATS operation early Rehabilitation

CHIANG Shu-Chung, JHUANG Jia-Ci, LIN Yu-Ching

Introduction

As medical advances developed and population aging phenomenon is more significant. Nursing education for pre-high-tech operation is one of the issues we face. Adapting scenario-based treatment helps elder's mental status of accepting surgery, lessen the worries of the patient and their families. Providing individual patient instructions and nursing care based on elder's life and pathological features, prepares the patients of coming situations, to ease their anxiety for successful surgery and rehabilitation.

Purpose/Methods

With hospital's Surgery Standard Operating Procedure, setting up VATS whole process flow, performing before-surgery patient instructions, using scenario-based medical equipment to simulate preparation, understand surgery process and rehabilitation.

Results

Total 102 patients with VATS, scenario-based VATS whole process flow execution rate 72%, Correct operation execution rate of voldyne 91%, ambulation two days after surgery 88%; compared to cases without scenario-based treatment, Correct operation execution rate of voldyne is only 65%, 26% higher. Ambulation rate 74%, 14% higher.

Conclusions

Lung expansion is an important clinical intervention. Systematic scenario-based before-surgery nursing cares provide the patients with messages of before and post surgery, feelings body might go through during and after the surgery. Using techniques of relaxation, correct deep breath exercise skill and attention distraction to ease physical discomfort, perform early Lung expansion exercise, effectively reduce the complication of post-operation, recovery of pulmonary function and self management.

Comments

Clinical scenario-based simulation design implemented with our hospital's VATS whole process flow, cooperation of professionals, allowing patients to ease the pain and regain the mobility of lungs dilate, gradually increasing physiological activities and early remove chest tube. This idea and spirit can be compatible with other surgery-related matters. Looking forward to developing more items and forming the integration benchmark of nursing.

Contact: CHERN Meei-Ling

Chang Bing Show Chwan Memorial Hospital
No.6, Lugong Rd., Lugang Township
Changhua, TWN
kkmimi0507@hotmail.com

Using of a Portable Convenient Shampoo Machine to enhance comfort of inpatients

**WANG Shu-Hui, CHIANG Shu-Chuan,
WANG Chun-Hui**

Introduction

Cases of prolonged bed rest or restricted mobility, and often have to spend a lot of time, energy and expense, to complete hair. Based on the comfort of our hospital use "convenient shampoo machine" to provide primary caregivers perform shampoo to improve the comfort of patients during hospitalization.

Purpose/Methods

This study examines March 2014 to August period, the postoperative hospital stay more than 5 days in bed for a total of 78 bit, not washing hair for more than 3 days of 20 bit, comfort satisfaction survey results for 68% Cleanliness and scalp result was 78%. According to the survey results to develop improvement strategies, including: installation space and develop portable convenient shampoo machine, thereby improving patient scalp cleanliness in order to enhance the comfort of the patient satisfaction.

Results

In March 2014 to August, received a total of 98 cases. Patient comfort satisfaction increased from 68% to 98.2%; scalp cleanliness increased from 78% to 100%.

Conclusions

Mobile convenient shampoo machine convenient operation, saving money and time, improve patient's scalp clean and enhance the comfort of the patient satisfaction, in order to enhance the good quality of care.

Comments

Comfort is an important pointer to the care of patients, this innovative product can be extended to cover other care units in order to enhance the comfort of prolonged bed rest and hospitalization costs.

Contact: CHERN Meei-Ling

Chang Bing Show Chwan Memorial Hospital
No.6, Lugong Rd., Lugang Township
Changhua, TWN
kkmimi0507@hotmail.com

Creating Age-friendly Demonstration Communities – Comprehensive Age-friendly Service

**YEH Yi-Hui, WU Chao-Hua, YUAN Lu-Fang,
HUANG Chiu-Yu**

Introduction

Over the last 5 years, the elderly population in Taiwan has increased constantly; in order to create age-friendly environments locally, the Shilin District Health Center has established an age-friendly demonstration community by designing environments that can support the senior citizens in terms of food, medicine, health and transportation.

Purpose/Methods

Mingshan Neighborhood was chosen as the age-friendly demonstration community, and local restaurants were transformed into "age-friendly restaurants". The safety of the main pedestrian routes was assessed using the "pedestrian-friendly community assessment tool" to create "friendly healthy sidewalks". The "health walk classroom" was created in Zhongcheng Park and health walk activities were organized for the elders. Moreover, an "age-friendly pharmacy" was established. Diverse marketing and promotion were applied in conjunction with neighborhood activities to enhance people's awareness towards age-friendly communities.

Results

In total, 4 "age-friendly restaurants" were created, and people's awareness towards age-friendly restaurants grew by 42.19%, and they exhibited 100% satisfaction toward the restaurants. For "walking safety", 11 unsafe locations were discovered and improvement is now underway. Two "friendly health walk trails" were constructed, totaling 8,256m; 29 people registered for the "health walk class", shedding 15.3kg in weight, and 3 "age-friendly pharmacies" were created. For the Double Ninth Festival, 96 senior citizens petitioned to support the age-friendly demonstration community.

Conclusions

In the future, more age-friendly demonstration communities will be created to provide senior citizens with a hospitable living environment. It is hoped that more local leaders or residents will join the ranks of age-friendly promotion, because by combining volunteer service with environmental transformation, we will be able to foster interaction between senior citizens and the society.

Contact: HUANG Shu Yu

Shilin District Health Center of Taipei city
2F, #439, ZhongZheng Rd, Shilin District
Taipei city, TWN
syhdane7@health.gov.tw

New Health Paradise for Elders – Age-friendly Experience Pavilion

**TSENG Hui-Fang, WU Chao-Hua, YUAN
Lu-Fang, HUANG Chiu-Yu**

Introduction

Based on the 8 major domains of city life identified by WHO for creating an age-friendly city, Shilin District Health Center conducted a senior citizen needs assessment and prioritized the



issue of a “lack of participation in health-promoting activities among the elders” to formulate the improvement plan called “Program to Establish an Age-friendly Experience Pavilion”. It is hoped to materialize the visions of aging in place and healthy aging by promoting the program and by fostering elders’ social participation.

Purpose/Methods

1.Establish an age-friendly experience pavilion featuring 4 sections: Life Assistive Device, Muscular Endurance, Agility and Nostalgia. 2.Activity: Focusing on elders living alone and those who have never or seldom participated in community activities (less than 5 times a year), group contests and challenges serve to increase their pride and enjoyment. 3.Bonus points and gift exchange program: By joining the community activity, they will receive bonus points, and gifts can be redeemed for 5 points as an incentive.

Results

1.536 elders participated in 20 activities; 64 lived alone, 340 (67%) never or seldom participated in community activities. 2.Bonus point card analysis: 445 cards were issued, 301 cards were retrieved (retrieval rate 67.64%). 66.11% never or seldom participated in community activities. 3.Fostering respect toward elders: 6 experiences were organized for college students, volunteers and foreign care workers to cultivate patience and thoughtfulness necessary for interacting with the elders in the future.

Conclusions

The establishment of the senior citizen experience pavilion aims to integrate community resources in order to provide them with an approachable, convenient and friendly environment, and encourage elders who seldom partake in community activities to become more active and increase their social participation. In the future, the center will continue to launch senior citizen health promotion activities and develop mobile solutions for the elders so that they will be able to become socially engaged with an optimistic, positive attitude.

Contact: HUANG Shu Yu

Shilin District Health Center of Taipei city
2F,#439,ZhongZheng Rd,Shilin District
Taipei city, TWN
syhdane7@health.gov.tw

The effects of Aroma-massage on Agitation and Depressive Mood in patients with dementia

YANG Ya-Ping, WANG Jing-Jy, CHAO Hui-Chen

Introduction

Agitation and depressive mood are common and bothersome in elders with dementia. Aromatherapy through skin massage (aroma-massage) is believed to be useful and safe while strong evidence based on randomized control trial are still lacking.

Purpose/Methods

Research purpose was to examine the effects of aroma-massage on alleviating agitation and depressive mood in patients with dementia(PwD). Totally 61 institutionalized PwD were randomly assigned to the intervention or control group. The intervention group received aroma-massage once a week for a continuous 8 weeks. Both groups of subjects were evaluated by the Chinese version of Cohen-Mansfield Agitation Inventory (CCMAI) and Cornell Scale for Depression in Dementia (CSDD-C) on week 1, 5, 9.

Results

56 completed the week 9 assessment. No adverse effect was reported from either staff or patients during the intervention period. Our results indicated that overall depressive symptoms decreased significantly over time for the intervention group compared to the comparison group ($F=3.19$, $p=0.044$). In regarding to the five sub-scales of CSDD-C, results showed “Behavioral Disturbances” and “Physical Signs” improved significantly, but no significant changes were found in “Mood Related Signs”, “Cyclic Functions” and “Ideational Disturbances”.

Conclusions

The results indicated that there were significantly improvement between and within groups. We wish findings of this study can provide references for health care providers in long-term care facilities to plan effective intervention to alleviate depressive symptoms of patients with dementia.

Comments

Aroma-massage can be an effective and safe non-pharmacological intervention to alleviate specific agitative behavior and depressive mood for patients with dementia. However, the effects of aroma-massage on agitation are timely effective so when PwD present with agitation, aroma-massage can be a complementary remedy for them.

Contact: YANG Ya-Ping

National Cheng-Kung University
National Cheng-Kung University
Tainan, TWN
nimotop3368@gmail.com

Development of Health Promotion Model and Program for Elderly Population

PARK Dong Kyun, JUNG Eun Young, KANG Hyung Wook

Introduction

Chronic disease prevalence rate is rising annually due to population aging, which give burden to both individuals and society. Not only chronic disease, the importance of managing multiple chronic diseases is becoming more important nowadays. Recently, data suggest that multiple chronic conditions could impose even larger burden on society as well as individuals. The effective prevention and management of

chronic diseases has been one of the major agenda of health policy. Therefore, health promotion service for elderly population is required.

Purpose/Methods

To develop health promotion model that reflects characteristics of the elderly population, new factors, including prior related behavior, perceived benefits of action, self-efficacy, commitment to a plan of action and interpersonal influences were added to the traditional model. Also, characteristics of the elderly, such as multiple chronic conditions and their perceptual ability were considered. Moreover, programs and contents to provide in this model was designed that can be effective to the elderly population in user experience.

Results

In the health promotion model, mental and physical health evaluation program, educational health contents for common symptoms and high rank chronic diseases will be serviced. Contents for common symptoms include dysuria, constipation, dizziness, insomnia. The contents are provided with user interface that modifies by users' perceptual ability. By considering and applying methods to overcome the elderly population's perception, accessibility to the contents could be improved.

Conclusions

After the development, effectiveness of the derived model and programs will be evaluated from a pilot test by applying to an area. The research is expected to contribute to the overall health promotion and decrease in health care expenditure. Also, since this model is focused on the elderly population, significant effect is expected in the target population.

Comments

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Contact: PARK Dong Kyun

Gachon University Gil Medical Center
1198, Guwol-dong, Namdong-Gu, Incheon, Korea
Incheon, KOR
pdk66@gilhospital.com

Study of influential factors of physical fitness of elderly at certain community at SinYing district in Taiwan

LIANG Chun, CHEN Heng-Huey, LI Hua-Kuei, LIN Shuen-Fa, HUANG Li-Lan, PAN Cheng-Chin

Introduction

To find out the physical fitness of elderly community at SinYing district in Taiwan and discuss the related influential factors of physical fitness of elderly community. We expected through the survey of elderly physical fitness and influential factors can provide reference of practical application in the future.

Purpose/Methods

The object of this study is elderly community at SinYing district in Taiwan. The method we use are cross-section survey and purposive sampling, through the structured questionnaire interview and detection of elderly physical fitness to collect data, we get 110 valid questionnaires. The purpose are: 1. Discuss the relation and influence between variables of "softness", "muscle strength and muscle endurance", "cardiovascular endurance" and "balance" to physical fitness of elderly community. 2. Discuss in each predictive variables, which is more effectiveness of predictive to physical fitness of elderly community.

Results

We use descriptive statistical analysis, t-test, one-way analysis of variance, correlation analysis, and multiple regression analysis, etc. to analyze. The main results showed that: 1. Gender and softness are positively correlated. 2. Age, BMI, Hip ratio and muscle strength, muscle endurance, cardiovascular endurance and balance showed a significant negative correlation.

Conclusions

There exist difference between genders in softness of elderly, it is significant positively correlated. BMI and hip ratio with the functional physical fitness showed a significant negative correlation in different ages of elderly, so the elderly's endurance, cardiovascular endurance and balance are obvious decline. For the significant decline of functional physical fitness of elderly community should be make appropriate exercise prescription in the future.

Contact: CHUN LIANG

SHIN-YING HOSPITAL MINISTRY OF HEALTH AND WELFARE
No.73, Xinyi St, Xinying Dist
730 Tainan City, TWN
health2128@syh.mohw.gov.tw

Age-friendly Care - Three Different Pain Management and Satisfaction of Elderly patients in the SICU

HUANG Wan-Yu

Introduction

As technology improves, more elderly patients benefit from surgery and need surgical intensive care unit (SICU) care. Elderly surgery patients frequently present two medical problems: First is unspecific symptoms and decreased pain sensation resulting in delayed diagnosis. Second, they usually are not given enough perioperative pain relief. Optimal pain management results



in perioperative stable hemodynamic status and decreased morbidity, mortality, length of stay and medical costs.

Purpose/Methods

To compare different pain control outcomes and satisfaction in elderly patients in the SICU. A retrospective cohort study, chart review of 1872 all cause patients of a 16 beds SICU during 2011/4-2012/9. Unconsciousness, uncooperative, <65 year-old patients were excluded. The primary point was outcome of 3 pain management methods: P.R.N. IV Demerol/NSAID (D/N), IV-patient-controlled analgesia (PCA) and patient-controlled epidural analgesia (PCEA) in 3 conditions: rest, movement and coughing with Visual analogue scales (VAS 0–100). Secondary point was patient satisfaction.

Results

1043 patients were excluded. VAS results presented as mean \pm SD. Data analysis using ANOVA with Scheffe post hoc test. At rest, PCEA group is significantly better than other 2 groups. When at movement, D/N group is better than PCA group and there's no difference between PCEA group and D/N group. While coughing PCEA group is worse than D/N group though there's no difference between PCEA group and PCA group. PCEA group gets the best grades in the patient satisfaction.

Conclusions

PCEA provided better pain control at rest than the other two methods, whereas P.R.N. Demerol/NSAID was somewhat better than PCA when patients were moving. While coughing, P.R.N. Demerol/NSAID provided the best pain control. However, patient satisfaction was significantly better with PCEA.

Comments

In general, PCEA is recommended for pain management of elderly patients in the SICU and adding a rescue pain relief drug may be considered according to individual circumstance.

Contact: HUANG Wan Yu

Mackay Memorial Hospital
6 floor No.92, Sec.2 Chang-Shan N. Road
Taipei, TWN
beckimh@gmail.com

Characteristics and the Underlying Meaning of Repetitive Behavior in Elders with Alzheimer's Dementia: Caregivers' Perspective

WANG Jing-Jy, PAI Ming-Chyi, LIN Wei-Ling

Introduction

Management of the disruptive behaviors is one of the most challenging aspects of caring for patients with Alzheimer's dementia (PwAD). Behaviors can be seen as attempts for communicating inner distress, thus, characteristics and the underlying meanings of the disruptive behaviors must be

understood before instituting a person-centered care intervention. To explore characteristics and the underlying meanings of disruptive problem behaviors in elders with Alzheimer's disease can be a first step for pursuing patient-centered care.

Purpose/Methods

The purpose of this study was to explore characteristics and the underlying meanings of repetitive behavior in PwAD. Eleven family caregivers of domestic Alzheimer patients were invited and participated in this study. Individual in-depth interview was used. Interview guide included: 1. what events or experiences has your relative had in the past that you can relate to his or her present repetitive behavior? 2. what do you think your relative is trying to express through his or her repetitive behavior?"

Results

In this study, repetitive behaviors refer to both vocalization and behavior. Three main characteristics related to repetitive behavior emerged from the data, they were "Continuation of past habit", "Insecure circumstances", "Changes in living situation" and "Monotonous life". The underlying meanings of the behavior are "Desire for security", "Need to connect with the external world", and "Search for inner comfort".

Conclusions

Findings of this study provide a reference for family and professional care providers to understand dementia-related disruptive behaviors. Improved caregiver understanding of dementia patient behaviors may help improve caregiver-patient interaction and communication, and help meeting their needs, reducing the societal label of the disease, maintaining patient self-respect, and decreasing the chance of institutionalization.

Comments

Patients with mild dementia may still be capable of expressing themselves. Therefore, research which examines PwAD with earlier stages of dementia is encouraged.

Contact: WANG Jing-Jy

National Cheng Kung University
1 University Road, Tainan, TWN
jjwang127@gmail.com

"Buddying up to and Respecting the Seniors" - A Review of the Effectiveness of the "Active Aging Program" Promoted for the Community

HUANG Tsu-Hsueh, HUNG Ta-Chuan

Introduction

In order to encourage the seniors to participate in the activities in the community, our hospital, in two Administrative Districts-Tamsui and Sanzhi, organized task forces in conjunction with 13 community cooperative organizations, including District Offices,

In Offices, churches, the Senior Groups etc., to jointly promote "Health Promotion Program for the Seniors". The program activities were diversified, and covered education advocacy, group exercise classes, physical checkup and testing services and contests; participation of the seniors was very high.

Purpose/Methods

Beginning in May 2014, education advocacy was focused on mental health promotion for the seniors, oral health, fall prevention, medication safety and dietary salt reduction, etc.; the "Evergreen Vitality for the Seniors" class was launched and an environmental safety evaluation for their housing was conducted; on Mackay Day, services for evaluation of emotional distress, dementia and bone density detection for the seniors were provided; and a senior health and vitality show contest called "with Silver Vitality, Win Health" was held.

Results

In 2014, 40 sessions of education advocacy on active aging were conducted, with 2,110 participant counts; 30 seniors in the community participated in the 8-week seniors exercise class; nine seniors were visited for environmental safety evaluation with suggestions to improve their housing; on Mackay Day, 219 seniors had physical checkup and testing; and 13 groups, with a total of 207 seniors, participated in the health and vitality contest show, each group exhibiting enthusiasm and vitality, and received very high appraisal.

Conclusions

Through cooperation with the community organizations, the seniors are encouraged to participate in the community activities. This can not only let the seniors walk out of home and into the community, but also can enhance their own health care knowledge, exercise and strengthen their muscles, make new friends and convey mutual caring with each other. Seniors with good physical and mental health, can not only reduce the burden on the younger generation, but also can bring about satisfactory family life.

Contact: HUANG Tsu-Hsueh

Mackay Memorial Hospital Tamshui Branch
No 45, Mingsheng Road, Tamshui District
25160 New Taipei City, TWN
hwang46@mmh.org.tw

A study on participation in health promotion activities among elderly diabetics

TZUNG Ching-Wen, TZUNG Ching-Ping

Introduction

Health promotion for the elderly is to reduce premature mortality and to obtain better quality of remaining life. The diabetic elderly are generally less likely to monitor their food intake, meal preparation and exercise. The most common reasons for not engaging in these activities include advanced age and not caring about the worse health outcome. Healthcare

providers should plan a variety of approaches to help elder diabetics to participate in these activities.

Purpose/Methods

A questionnaire survey was conducted to explore the participation of elderly diabetics in physical and sedentary health promotion activities. Physical activities include recreational physical exercise, such as muscle strengthening and moderate intensity exercise; whereas sedentary activities involve lectures on food purchase and cooking.

Results

The most preferred activity was a 20 to 30-minute session of muscle strengthening exercise. Most patients felt it was not too time-consuming and physically bearable. The second most accepted physical activity was walking. The elderly were used to take a daily walk for a half to one hour. Healthy holiday eating and low-fat cooking were least participated.

Conclusions

Moderate time-length and mild to moderate physical exercise were most well accepted. Since the majority of diabetic elderly did not prepare home meals, the food selection and cooking were not interesting topics. Patients' needs and life patterns should be taken into consideration while planning health promotion activities.

Contact: TZUNG ching-wen

Kaohsiung Municipal Min-Sheng Hospital
134 Kaisyuan 2nd Rd., 802 Kaohsiung, TWN
cwt123@kcg.gov.tw

Community-based Health Promotion care for Dementia: An example from Hsinchu, Taiwan.

HUANG Yi-Chieh, CHEN Yen-Hua, YANG Jung-Cheng, TSAI Yi-Chen, CHEN Hsing-Yu, CHANG Chia-Chi, LIU Shih-Sheng, HUANG Chiung-Ying

Introduction

The aging of population has become common phenomenon worldwide. Among elderly population, dementia is one of the vital issues of their health conditions. Dementia is not normal aging, but progressive cognitive dysfunction syndrome, which causes memory loss, deconditioning and behavioral disorders. Although symptoms of dementia are irreversible, they might be controlled by drugs and non-drug treatment to slow down its process. Due to lack of knowledge about dementia, often leading to delay in medical treatment and caused massive medial burden.

Purpose/Methods

National Taiwan university hospital Hsinchu branch cooperated with government to organize a "long-term care station for dementia" at the neighborhood community center.



Interdisciplinary professions included nurse, physical therapists, pharmacist and social workers. Health promotion courses were held once a week for subjects with dementia and their families. Those courses included reminiscence therapy, arts therapy, exercise training and caring skill. Subjects with dementia are encouraged to interact with each other to improve language, social interaction and functional abilities.

Results

Eighteen subjects (14 female, 82±6.9 year-old; 4 male, 72±13.6 year-old) diagnosed with dementia referred from neurologist and long-term care institutions were recruited and participated the courses for 12 weeks. Barthel Index, Lawton-Brody IADL Scale and Berg Balance Scale were measured at the beginning and at the end of courses. Berg Balance scale and IADL scale were increased after 12 weeks. Most of their families indicated that the social interaction and functional activities were improved after training.

Conclusions

Community-based health promotion care organized by professionals increased fitness, physical function, cognitive function, and positive behavior in people with dementia. Through the cooperation between hospital and community, we establishing a comprehensive long-term care and supporting group for dementia. This project may encourage participants and their families to maintain social interaction and physical activities which related to their independence and quality of life after diagnosed with dementia.

Contact: YI-CHIEH Huang

National Taiwan University Hospital Hsinchu Branch
No.25, Lane442, Sec. 1, Jingguo Rd., Hsinchu, TWN
18.jema@gmail.com

Comprehensive Geriatric Assessment to Improve General Condition and Function - Integrated Medical Services for Elderly

TSAI Yi-Chen, CHEN Yen-Hua, YANG Jung-Cheng

Introduction

With the increasing rate of the aging population in Taiwan, the health systems no longer focus on the traditional treatment only, but also have to face challenges brought by the changing population structure. The elderly with degenerated body function, which may also suffering from diseases such as falls, dementia, etc, will accelerate the degradation of daily living. Based on the competence in different professional categories, a comprehensive geriatric assessment is needed to provide early intervention treatment for elderly.

Purpose/Methods

In order to improve comprehensive care for elderly, an Interdisciplinary team (IDT) was established. Members included physicians, nurse practitioners, therapists, pharmacists,

nutritionists, social worker. After screening by case manager, and acquired patients agreement, comprehensive assessment were performed by the IDT. Based on the result of evaluation, the professional advice and treatment plans were given to accelerate functional recovery. Admission assessment was completed within three days. The second assessment was finished before discharged, and third assessment was followed after 3 months.

Results

Twenty subjects were collected in this project (2 males and 18 females), with average age of 76.85±8.0. Functional performance was improved in all participants at discharge. Six subjects were followed at third assessment, the others could not come back for third evaluation due to the personal reasons or well recovery. The recommendations and treatment given by IDT, also received positive feedbacks from patients and their families.

Conclusions

Previous studies had shown that comprehensive geriatric assessment allow the medical team to have better understanding about patients and provide proper advice and treatment for optimal functional ability. Through the process of assessment, the member in the IDT also benefited from communicated with different professions. However, during to progression of the project, the social or mental health problems of the subjects may be a more serious issue than physical problems, which the government and society should take into consideration.

Contact: YI-CHEN Tsai

National Taiwan University Hospital Hsinchu Branch
No.25, Lane 442, Sec.1, Jingguo Rd., Hsinchu city 30059,
Hsin Chu, TWN
medusa.tsai@gmail.com

Founding the Early Dementia Community Service Center in Suburban Area

FANG Chun-Kai, WANG Ying-Chi

Introduction

To detect early dementia patients and to provide services for patients and caregivers are important. Around the most northern Taiwan, there are about 516,000 people and the official estimate that about 2,800 elderly people with dementia. The project was to found a community service center to detect and service early dementia patients and their caregivers. The report was to analyze the results in the first 6 months.

Purpose/Methods

The project was practiced on Tamshui MacKay Memorial Hospital and supported by the Ministry of Health and Welfare from July to December, 2014. We set up a position in community. We tried to organize community activities to explore early dementia elderly (CDR: 0/5-1). Then we designed

some activities for patients and caregivers. We analyze the data by descriptive statistics.

Results

There were 230 people participated in three community outreach activities. We found 14 early dementia elderly and 11 of them hoped to get the services. 5 families let us to visit their home to evaluate the environment for dementia patients. There were 36 activities for health promotion for early dementia elderly and 8 activities for caregivers to understand how to care and how to support themselves. And we trained 7 local volunteers in community. The activities satisfaction was 70%.

Conclusions

The new project tried to build the mechanism to detect and to provide services for early dementia patients and caregivers. Almost people in community affirmed the project and introduced dementia elderly initiative. The patients and their caregivers found the benefits of the activities for them and hoped to attend continuously. The project is worthy to promote in community.

Contact: FANG Chun-Kai

Mackay Memorial Hospital
92, sec. 2, Zhongshan Rd, Zhongshan Dist., Taipei, TWN
fang0415@yahoo.com.tw

Health Promotion Project in Patients with Dementia

CHU Fang Hsien, CHAO Chia Ying

Introduction

The impact of the aging has been noticed worldwide over years. Taiwan has also gradually aware of its importance in recent years. Dementia has become an urgent issue in this growing population. Long-term care service has been promoted since a decade ago in Taiwan. However, related service for dementia have not been generally enforced until past two years.

Purpose/Methods

We managed a health promoted project for patients with dementia from very mild to moderate stage, aim to provide health management service and health promotion activities twice a week, including: collect physical data of blood pressure twice a week, body weight once a week, and blood sugar testing once a month; remind patients to take medicine through phone calls and home visit; provide appointment arrangement support for medical clinic according to their illness; design four kinds of health promotion activities.

Results

There were 12 patients in this project. All of them reported a better quality of life. The regularity of medicine taking has also improved. Most patients got stable blood pressure. Their body weight was slightly elevated.

Conclusions

The health management and promotion project has emphasized that health promotion activities were necessary for patients with dementia and improved the quality of life for both patients and their family.

Contact: FANG-HSIEN Chu

Taipei Veterans General Hospital, Taitung Branch
Gengsheng Rd., 95050 Taitung, TWN
fang601@hotmail.com

Utilize TRM to reduce fall incidents in the medical ward

LU Li-Hua, CCHANG Yu-Ting, LIU Fang-Yin, HSIEH Ming-Hung

Introduction

In 2013, 12 people fell with the average age of 78-year-old and scored 4 on lower limb muscle strength evaluation. Of 12 people, 8 patients fell after getting off bed and 4 patients fell during toilet. These falls resulted in 4 people with head lacerations requiring suture while 3 people with bruises on limbs and 5 people unharmed. Falls pose burden on patients and result in caring complications. In January-November 2014, muscle strength training program reduces falls to 7.

Purpose/Methods

After discussing the use of TRM (Team resource management), balloon are hang at ceiling at corresponding locations of lower and upper limbs. Upper limb grabbing and lower limb kicking of the balloon improves and strengthen muscle strength. Four times a day with gradual increased in frequency until muscle strength increased then rehabilitation treadmill is used for further training to improve the occurrence of falls.

Results

From January to November in 2014, patients with muscle strength of 4 were given muscle strength training. During this period, 89 people were recruited in the training program. Number of patients fell decreases to 7 people. Patients unanimously reckoned the boring hospitalization has now become challenging and interesting. These outcomes are the result of collaboration across different medical teams.

Conclusions

"Fall" is the most frequently occurring accidents in hospitalized patients. Through TRM and its bed exercise, upper limb grabbing and lower limb kicking of balloon increase muscle strength, reduce falls, and ease loneliness and boredom in hospitalized patients.

Comments

During the time in hospital, the elderly patients can make a great progress by doing rehabilitation such as grasping ball with their upper limbs and kicking ball with lower limbs, which helps to improve their muscle strength. The aforementioned method



has been promoted to all the hospitals in order to prevent falling problems occurring in older generation.

Contact: LU Li Hua

Taipei Yang Ming Hospital
No.105,Yusheng St., Shilin Dist., 111 Taipei, TWN
lulihua86@gmail.com

Pilot study of Korean version “The Savvy Caregiver Program” for Dementia Family Caregivers

LEE Sang Hyung, LEE Jun-Young, LEE Hae Won, OH Bumjo, PARK Kwang Wook

Introduction

Dementia patients are highly dependent on family due to functional impairment and family caregivers will experience a lot of burden in physical, mental, economic, and social aspects. Moreover, they carry out the caregiving role in spite of the lack of expertise and experiences needed to practice the role. For this reason, empowering caregivers is needed. In this study, we translated and revised training program for dementia family caregivers in the US and verify the effectiveness of this Savvy program.

Purpose/Methods

The purpose of this study is to develop “Savvy Caregiver Program” in Korean Version first, and the second is to verify the effectiveness of the program through this pilot study. Reflecting characteristics of Korean caregivers to the program, we changed the program’s contents and schedule. 61 caregivers were recruited from adult daycare centers for dementia, but only 36 subjects participated in the program. We used Korean version of the Zarit Burden Interview(K-ZBI) to measure caregiving burden, paired t-test was used.

Results

Demographic Characteristics are as follows: The subjects were 11 males, 25 females and 28 caregivers are spouses. Among them, 32 persons are in there 60’s to 80’s. 7 people are college graduates. The result of the study has suggested that the family program was effective in decreasing the caregiving burden of dementia family caregivers. Before the program was conducted, an average score of K-ZBI was 46, the average score was 39.32 points after practice, and 8 points were reduced($t=2.549$, $p<0.05$).

Conclusions

The result of this study presented that Korean version of “The Savvy Caregiver Program” is very effective in reducing the dementia caregiver’s burden. Further studies should be conducted with the case control design. This program would be applied to public health centers, medical institutes, and welfare centers for the family caregivers and professionals in charge of dementia treatment.

Contact: LEE Hae Won

SMG-SNU Boramae Medical Center
Boramaero 5-gil, Dongjak-Gu, 156-707 Seoul, KOR
lanish@hanmail.net

The effectiveness of suicide prevention for the elderly inpatient with chronic physical illness in a health promotion hospital

LEE Jia-Fu, CHEN Yi-Chyan, CHAO You-Chen

Introduction

The suicide rate was high among the elderly with chronic illness. There were about 89.2% complete suicide elderly had called for help in medical clinical or general hospital within one month before they doing harmful behavior in Taiwan. How to find the target elderly with depression and suicide ideation for the chronic illness inpatient was important issues in general hospitals. The project was practiced on implementation of routine BSRS screening at Taipei TZ Hospital supported by New Taipei City Government from June to November, 2014.

Purpose/Methods

Our purpose was to evaluate the effectiveness of project in suicide prevention for the elderly inpatient with chronic illness. The instruments included BSRS, SADPERSON scales for screening the emotional distress and suicide risk. All the elderly inpatient was advised to complete the BSRS scale in the first admission day. Case management was provided if $BSRS \geq 10$ and $SADPERSON \geq 5$. Psychiatric service was consulted if $BSRS \geq 15$ or $SADPERSON \geq 7$ or any clinical psychiatric condition indicated found by the nurses. The social worker gave caring actively if the cases lived alone or poor economic status.

Results

We screened a total of 5986 elderly patients (47.0% male; 53% female age: 60.0). Most of the elderly patients were admitted in department of chest(13.85%), GI(12.45%), CV(12.43%), Ortho(9.56%), and Infection(9.41%) wards. There were 267(3.05%) cases were referred for further mental and social caring from the routine screening. After clinical nurses interview, 84 patients (1.4%) referred to the psychiatrists for further clinical intervention. During the study period, there were 27 patients (0.45%) were provided case management for mental support due to high BSRS scores. There were 156(2.06%) cases were given the social support by social worker. There was one case died of nature because of terminal stage and no suicide event during hospitalization this year.

Conclusions

Although screening percentage of emotional distress by BSRS was low, the older patients revealed higher morbidity of emotional distress than the younger patient. The project of routine BSRS screening reminded the clinical nurses and medical doctor for older inpatients for the possibility of depression and suicide ideation. The further mental support by case management and social support by social worker are effective for those elderly patients with chronic illness.

Comments

Our results showed the emotional distress and suicide rate was low in the elderly illness. Implementation of routine screening of suicide prevention for the elderly inpatient with chronic physical illness is worthy of continued promotion in a health promotion hospital.

Contact: LEE Jia-Fu

Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical
No.289, Jianguo Rd., Xindian Dist., New Taipei City, TWN
ppt11060@seed.net.tw

Age Friendly Healthy Care At Sandimen County Longterm Care Service

**HSIAO Li-Chen, CHIA Pei-Fang, HUEI-JHEN
Syn, FANG Lu Shu, YANG Ya-tin, NEOH
Choo-Aun**

Introduction

The population of elderly grow fast in Taiwan while the indigenous area long term care are lack of resources. Thus causing these elderly who also handicap do not attain appropriate care and their disability deteriorated. Our hospital try to improve this condition by promoting long term care program since July, 2011 to the Sandimen County.

Purpose/Methods

To expend our long term care service to cover the need of those area and residents who lack of resources. To set up a holistic care model with multi-services, continuous care long term care platform that will help to distribute services and resources to this remote mountain area to improve their accessibility. To promote community long term care services to be developed at their own local area. To set up an integrated management system model, training local good quality men power in the hope of training local people to serve the local people so that they can enjoy long term care continuous development. This model will be serve in their own unit and local way of community creative long term care model.

Results

In Sandimen 8 major long term care services those who enjoy our services, increased from 99 elderly to 169 elderly resident. Most of them received home care services. We set up 4 service adult home-base foster care stations over Sandimen county. Our long term care service promotion and cognition questionnaires statistical analysis satisfaction mean grading raise from 3 (10 as the very satisfaction) to 9.3. Those 40 disable elderly who received our long term care, their Barthel Index, Postural Assessment Scale for Stroke Patients), EQ-5D and IADL achieved significant improvement too. Our elderly physical status, stamina post exercise intervention post test result improved significantly especially lower extremities flexibility, forward sitting posture, one eyes-open situations.

Conclusions

The success of long term care closely related to integrate the local resources and using the local resources, local man power training, promotion, set up a local needed, local suitable model of services care model that integrated with their culture. This model solve the problem of remote area where insufficient long term care. So using their local people to develop their local job opportunity at the same time their elderly subclinical health promotion to achieve community multi level services system.

Comments

It is important to consider the remote elderly health care also the remote indigenous local people economic need in order to achieve a win win situation.

Contact: NEOH Choo-Aun

Pingtung Christian Hospital
Ta-Lian Road, 60
900 Pingtung City, TWN
chooan@yahoo.com

Making iFOBT(+)older patients phone-interview S.O.P.-offer friendly medical education service

CHIANG Chia-Wei, CHAO Pei-Ju

Introduction

With older adults people numbers and average lifetime increased gradually, there are many elder people have more opportunity to accept medical service. Case manager to call their iFOBT(+) patients during phone-interview, they found that elder patients have some characteristics, such as elder patients refuse to have further colon scopy examination when their cancer screening report are abnormal, mistrust medical service due to wrong medical concept. Therefore, case manager and counseling psychologist make iFOBT(+) phone-interview S.O.P., include of offering correct medical education, assisting elder patients to make a doctor's appointment ,it is also vital to increase iFOBT(+) older patients trace rate.

Purpose/Methods

Case manager and counseling psychologist consider elder's psychological state, cognition, aural comprehension situation. Case manager have to self-aware intonation, slow the speaking pace, patience, and empathic response during the phone interview. S.O.P.(Standard operating process) include the following(1)The case manager have friendly self-introduction (2)To inform elder patients will get cancer screening reports in three days ,offer correct information about iFOBT.(+)knowledge. (3) To concern elder patients the risk of colon cancer, such as smoke and alcohol habits, BMI(Body Mass Index) , Cholesterol, Diabetes, and Colon Cancer family history. (4) To concern any further medical appointment assistance (5) Patients who has Colon cancer history , suggest make a doctor appointment .

Results



Case manager and counseling psychologist consider elder's psychological state, cognition, aural comprehension situation. Case manager have to self-aware intonation, slow the speaking pace, patience, and empathic response during the phone interview. S.O.P.(Standard operating process) include the following(1)The case manager have friendly self-introduction (2)To inform elder patients will get cancer screening reports in three days ,offer correct information about iFOBT.(+)knowledge. (3) To concern elder patients the risk of colon cancer, such as smoke and alcohol habits, BMI(Body Mass Index) , Cholesterol, Diabetes, and Colon Cancer family history. (4) To concern any further medical appointment assistance (5) Patients who has Colon cancer history , suggest make a doctor appointment .

Conclusions

Case manager persuade patients to have doctor's appointment, usually found elder Patients use incorrect medical knowledge explain the results iFOBT(+) , they always Reasonable the results is normal phenomenon, ignore the risk of colon cancer, On the other hand, elder people are afraid of accepting one more disease ,therefore they refuse to do further colonoscopy . The case manager should not being eager to offer medical knowledge at first of beginning, should empathy elder patients' fear and worries, understand their psychological states. It could raise their sense of trust for medical treatment, also raise the iFOBT(+)following rate.

Comments

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Contact: CHIANG chia wei

Cancer center

3F., No.26, Sec. 2, Muzha Rd., Wenshan Dist., Taipei City 11

11645 Taipei City, TWN

codomo520@yahoo.com.tw

The Integrated Geriatric Clinic Based on Patient Centered

LIAO Miao-Yu, HUNG Yu- Chen, LEE Meng-Chih

Introduction

The Number of elders in Taiwan will be 14 % in 2017. These elders have many problems such as impaired cognition function, fall, delirium, depression, malnutrition and polypharmacy. The Geriatric clinic in Taiwan now is not enough. The demand of the caregiver cannot be satisfied. Our hospital

set up an integrated Geriatric clinic based on patient centered since 2012. We set a pilot integrated care model to based on patient centered.

Purpose/Methods

1.One stop service: We have neurologist, Psychiatric, Family physician., Chinese herb doctor ,Social worker, nurse practitioner, rehabilitation doctor see our patients at the same time and discuss the care plan. 2.Case management who take case of elders 3.Standard Evaluation forms: We use multiple aspects of Geriatric evaluation forms such as CGA(comprehensive geriatric assessment) 4.Elderly assistive devices environment . 5.Elders can pay money and register at the same place.

Results

From July 2012 to Dec 2014, total integrated Disease declaration rate is 100%, our total patients numbers are 8605. we also set up a unique integrated care plan for each patient .Average age is 81 years old. Their Mean Comprehensive geriatric assessments are as follows: MMSE:24 ; Geriatric depression scale:4.; MNA-SF 12 ; ADL 86 ; IADL 5 .TOP 3 problems are balance, dental problems and Insomnia. After Multi- disciplinary team intervention , their CGA score all increase . The Satisfaction score is 92 %

Conclusions

How to develop an integrated care model for elders is now an important problem in Taiwan. Our hospital tried to set up a pilot geriatric care model based on patient centered . A comprehensive geriatric clinic is very important to the elders.

Contact: LIAO MIAO YU

Taichung Hospital, Ministry of Health and Welfare

No 199 Sec 1 San Min Rd, Taichung City, TWN

liaomiaoyu@gmail.com

Effectiveness of Homecare Foot Hydrotherapy on the Improvement of Wound Healing in Middle-aged and Older Patients with Diabetic Ulcer Foot

WU Ying-Hui, LIN Hung-Ru, CHANG Shin-Hsin

Introduction

Diabetes is the most prevalent chronic disease in middle-aged and elderly populations. In addition, ulcers, infections, and amputations related to the diabetic foot are the most common causes of hospitalization, disability, and mortality in these patients. It is important to find the effective care to improve the wound healing for those patients with diabetic foot ulcer.

Purpose/Methods

The aim of this study was to evaluate the effect of home-based foot hydrotherapy on the improvement of wound healing in

middle-aged and older patients with diabetes. Twenty-four patients with non-infected diabetic foot ulcers were enrolled from a medical center in northern Taiwan and randomly allocated to experimental or control group. Patients in the experimental group received the homecare foot hydrotherapy plus the usual wound care three times per week. The data were collected once per week for 8 weeks.

Results

Most of the patients experienced ischemic ulcers (87.5%). The results revealed that the ulcer wound healing, foot sensation, wound pain, and patient's satisfaction improved significantly through the study period in both groups. During the intervention period, the wound sizes in decreased more by an average of 413.66 mm² more than that of the control group. The foot sensation and the satisfaction of healing significantly increase, and the average wound-pain score significantly lower among the patients in the experimental group.

Conclusions

Foot hydrotherapy is a noninvasive, lower side-effect and user friendly method of wound-caring. We recommend using this method for treating the wounds of patients with diabetic foot ulcers, in order to improve wound healing, postpone peripheral neuropathy symptoms, induce muscle relaxation, and promote local blood circulation. Furthermore, performing foot hydrotherapy can also reduce the pain during dressing changes and increase patient satisfaction.

Contact: WU Ying Hui

Mackay Memorial Hospital
No. 45, Minsheng Rd., Tamshui District, New Taipei City, TWN
yinghui581225@gmail.com

The role of community health promotion plans in enhancing the self-care ability of the senior citizen

LIN Hui-Ying, LU Yu-Chi, DAI Zhi-Ying

Introduction

In a rapidly aging and industrialized society, all the senior citizens hope to live longer and better. One of the major factors affect the quality of the senior citizens is the ability of self care. The purpose of this study is to explore the possibility of enhancing the self-care ability of the elderly via community health promotion plans.

Purpose/Methods

This was a community-based study. We enrolled 47 residents with age over 65 years old. They participated in a health promotion plan with a two-hour class per week for twelve weeks. The content of the class included fall prevention, prevention of dementia, oral hygiene, balanced diet, social relationships, the meaning of life and social participation. At each class, we also performed also a physical function test for the elderly, including 'waist measurements, body fat

composition, functional stretch, grip power and scam response.

Results

We compared the data (before and after attending the whole courses) of these 47 senior citizens, who attending the whole course. These data showed that the average value of body fat composition dropped from 32.11% to 31.43%, waist circumference dropped from 85.86 cm to 83.57 cm, grip power increased from 17.84 kg to 16.48 kg, falling bar from 38.33 cm up to 36.05 cm and body curvature upgraded from 26.74 cm to 28.21 cm.

Conclusions

Through planning diverse elderly health promotion activities and encouraging the elderly to participate in community activities regularly, the elderly can enhance self-care abilities and reach the goal of healthy aging, active aging and successful aging.

Contact: CHIN LIEN lai

cheng ching hospital
no.139,ping-tien street,
taichung, TWN
lien4329@gmail.com

Community-Based Study on the Prevalence of Diabetic Retinopathy among the Elderly in Eastern Taiwan

WANG Wen-Li, CHEN Nancy, WANG Jen-Hung, SHEU Min-Muh, HU Yih-Jin, HSU Wen-Lin

Introduction

Diabetic retinopathy is an important cause of visual impairment. Meanwhile, large proportion of visual impairment as a consequence of diabetic retinopathy was avoidable by adequate screening and in-time treatment. This study aims to establish the prevalence of diabetic retinopathy among diabetic elderlies in Eastern Taiwan and to examine the associated risk factors.

Purpose/Methods

This is a cross-sectional research, in which the visual screening program was conducted from April to August 2012, with the cooperation between our hospital and 10 local infirmaries located mostly in suburban Hualien. The systemic disease status was collected by questionnaire and from medical record of local infirmary. The eye condition examination was performed according to the procedure set forth in the previous studies. The prevalence of diabetic retinopathy and associated risk factors were analyzed.

Results



A total of 510 elderly patients with diabetes mellitus participated in this study. 34.1% participants (n=174) had diabetes for more than ten years, and 25.9% received cataract surgery previously. The prevalence of diabetic retinopathy was 8.8%. Those elderly with diabetes more than 10 years had higher adjusted odds ratio (6.35, $p < 0.001$) for developing diabetic retinopathy than those with diabetes less than 10 years. Besides, the ones who were pseudophakic had higher adjusted odds ratio (3.07, p -value=0.002) of diabetic retinopathy than those who were phakic.

Conclusions

This study revealed that pseudophakia and the duration of diabetes mellitus over 10 years were associated risk factors of diabetic retinopathy. To lower the incidence of diabetic retinopathy among the diabetic elderly, routine vision and fundus examinations, as well as outreach services are important. Therefore, the cooperation between medical center and local infirmaries could aid in case management and education of the elderly diabetic residents in remote areas.

Contact: WEN-LI Wang

BUDDHIST TZU CHI GENERAL HOSPITAL
Central Office\707, Sec 3, Chung-Yang Rd., Hualien, Taiwan
Hualien, TWN
ooss47tina@gmail.com

The Effect of Improvement of Nurse Job Dissatisfaction through Health Promotion on Retention and Burnout at Geriatric Ward

WU Ju-Hsien, HUANG Chun-Hsiung, HSU Ya-Mei, CHEN Ching-Yi

Introduction

Nurse job satisfaction, a complex and multifactorial issue, is a significant predictor of nursing absenteeism, burnout, turnover and intention to quit, which is summarized from most published research from various countries.

Purpose/Methods

To determine the association between the improvement of nursing job dissatisfaction, nurse retention, and burnout among nurses of Geriatric ward. We conducted a prospective study, between 2013 March and 2014 February, at Geriatric ward of a tertiary hospital in Taiwan. The improvement of Nurse job dissatisfaction was implemented for 1 year through health promotion program. These nurses completed a battery questionnaire for health promotion program including Copenhagen Burnout Inventory at time of pre-test and post-test measure. The data was analyzed with ANOVA.

Results

27 Geriatric nurses, average age 31.6 and work experience 8.5 years, were involved in this study for analysis. The nurse burnout was not significantly associated with the improvement

of nurse job dissatisfaction ($P=0.49$), but the nurse retention was significant related to it ($p < 0.05$).

Conclusions

Life satisfaction has been positively linked with nurse job satisfaction. The improvement of nurse job dissatisfaction was not effective strategy to relieve nurse burnout but being effective on nurse retention. The development of comprehensive strategy of reducing nurse burnout should be involved nurse life issue.

Contact: JU-HSIEN wu

Changhua Christian Hospital
135 Nan Hsiao Street
500 Changhua, TWN
79159@cch.org.tw

An Exploratory Study on Social Work Practices for Elderly Adjustment in Long-term Care Facilities

TSAI Sheng-Hua, LI Meng-Fan, WANG Wen-Yen

Introduction

Institutional care becomes a critical choice for disabled elders and their family members when discharged from acute hospitals in Chinese cultural. The study annotated professional perspectives of experienced social workers to understand causes for elders being admitted to long-term care facilities, different stages of physical and psychological adaptation in facilities; meanwhile, how institutes' social workers apply their professional skills to assist them to adapting the institutional life. Finally, to highlight the roles and functions performed by social workers in facilities.

Purpose/Methods

This study was adopted a qualitative research method to conduct in-depth interviews of 7 senior social workers in LTC facilities. Evaluation forms of the elderly by social workers and feedback of interviewees' were analyzed to validate the consistence. Concept codings were discussed with professors and experts in the field to establish the reliability and objectivity of the research. Phenomenology method was applied to interpret the meanings of the transcripts.

Results

Seniors feel multi-conflicts when admitted to institutional care. Thus, supports and empowerment would be important for them to adapt the new life, such as to participate decision making and to ensure satisfaction on healthcare. To accompany with trust, empathize with care, create a friendly environment and to assist them redefine the relationships with their family members are key skills. Adaptation to the facility shall focus on leading a good new life, and redefining the concept of home from their hearts.

Conclusions

For social workers in LTC facilities, early involvement in discharge planning for assisting the disabled elderly to adapt institutional life is important. The empathy, holistic and strengths perspectives will reduce their anxiety. Give choices for seniors and their families based on their preferences and needs, such as types of care and activities, will facilitate their adaptation. Furthermore, using companionship and relationship-building skills will assist elders to adjust and redefine 'a new home' for them.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road
201 Keelung, TWN
veeplike@yahoo.com.tw

The Effectiveness of Applying Horticultural Therapy for Elderly with Dementia

TSAI Yuchun, CHEN Shu-Fen, SHEN Shu-Hua

Introduction

The horticulture therapy providing elderly with dementia the sensory stimulation, activation function of physical activity, improve emotional state, to promote interpersonal relationship and social support, thus slow the elderly physiological recession. Horticulture therapy apply in daily life activities can prevent or delay functional degradation, but also to maintain and enhance their ability to self-care for the elderly social relations, will also enhance the later years of life quality.

Purpose/Methods

The purpose of this study was to explore the effectiveness of applying horticultural group therapy for elderly with dementia. 30 elderly who average age of 75 years were invited to this horticultural therapy group in a psychiatric center southern of Taiwan. Participant attend a weekly gardening fifty minutes of treatment by contacting plants, gardening operations, and proximity to nature and other activities. Geriatric Depression Scale GDS, questionnaires were survey applied before and after the group, descriptive statistical used for analysis.

Results

The resulted revealed that Geriatric Depression Scale scores(GDS) dropped from 10 points to 5 points, the overall average decline of 50%, the results of the questionnaire show emotions related activities satisfaction index increased to 20%, interpersonal interaction enhanced to 20%, self-satisfaction enhanced 22%, horticultural therapy for reducing there is a significant positive impact on the degree of depression of the elderly.

Conclusions

After receiving horticultural therapy, hoping, expectations, harvest and enjoy positive emotions have increased, interpersonal interaction and self-esteem improvement, gardening limb rehabilitation therapy, cognitive, emotional and social behavior have a significant effect, and cost-effective, non-threatening, treatment adjunct clinical and community can be extended for up to holistic care.

Contact: YU-CHUN Tsai

Hospital
Rm. 3, 10F., No.26, Sec. 2, Ziyou Rd., East Dist., Tainan, TWN
tsaiyuchun0912@gmail.com

Using Interactive Response System (IRS) to assess the effectiveness of health promotion within the elderly community – an example from central Taiwan

CHIEN Sou-Hsin, CHEN Ching-Yuan, LAI Yi-Ling, CHUANG Shu-Ting, HSU Chuan-Jen, HSIEH Jia-Fang, CHANG Pin-I

Introduction

Taiwan's population is aging in more rapidly than other countries (17.4% of Taiwan's population is of older age compared to 11.7% globally.) Since 2010, our hospital has actively adopted community care centers in central Taiwan to help elders develop and strengthen self-care skills. We used IRS to assess health knowledge of participants from the health promoting programs in community centers. IRS is used in place of conventional surveys due to lower literacy skills and deteriorating eyesight in the older population.

Purpose/Methods

Using purposive sampling, individuals who attended over 5 classes of the 12-week program were included in this research. Participants' waist circumference and physical fitness were measured. Muscle endurance and health knowledge trainings were provided. The endurance training included techniques for fall prevention, balancing skills and reflexes. An IRS assessment was implemented before and after the training. We assessed participants' familiarity with training content and the degree of application with their new gained knowledge. Physical fitness was also analyzed in detail.

Results

Twenty-nine out of 52 older individuals (55.76%) attended more than 5 classes. The IRS assessments showed that participants' health knowledge improved from a 61.6% correct ratio before intervention to 81.7% post-intervention. The ratio of participants who had healthy waist circumference increased from 17.2% before intervention to 24.1% post-intervention. Lower body strength improved from 72.4% to 75.8%, flexibility improved from 27.6% to 34.4% and reflexes improved from



41.3% to 82.7%, which marked the biggest improvement. Cardiovascular functions remained unchanged.

Conclusions

In Taiwan, the conventional survey method is often ineffective for the older population due to higher prevalence of lower literacy skills. The IRS method is a better way to assess knowledge for this population. It also provides immediate feedback for the instructors, who then modify lesson plans based on participants' needs. Therefore, long term care facilities that are under budget and time constraint, may find IRS a better choice to assess the quality of their interventions.

Comments

The potential drawbacks for using IRS include: finding space to set up computers and projectors as well as unfamiliarity with technology in the older population. However, IRS can provide immediate feedbacks during the intervention. Not only is IRS more interactive, it also saves researchers the burden to interpret survey results influenced by lower literacy skills. Therefore, IRS should be considered as a strong assessment tool in research of older populations.

Contact: CHANG Pin Yi

Buddhist Tzu Chi General Hospital, Taichung Branch
No.88, Sec. 1, Fengxing Rd., Tanzi Dist., 744 Taichung, TWN
evon727@gmail.com

Experience of promoting age-friendly hospital in Kaohsiung, Taiwan

HUANG Chi-Cheng, HUANG Hui-Fang, LIN Gao-Tian, ZHANG Xiao-Mei

Introduction

The rate of population over 65 out of total population in Taiwan is above 7%, which turns into aging society. Besides, the rate of aging people with over three chronic diseases is almost 50%. To improve the health and dignity of aging people, hospital should construct better healthcare process and treatment environment. Therefore, our hospital takes aside about 22.15% of funds for operation to execution of age-friendly services.

Purpose/Methods

In policy, set all targets also educate medical personnel and volunteer to familiar healthcare technique. Provide community health examination and classes of healthcare for chronic diseases, healthcare for melancholia and special line. Offer the integration chronic diseases clinics to prevent taking medicine improperly. In healthcare, design the evaluation table for healthy life, the evaluation table for body function when leave hospital, arrange homecare services, rehabilitation program. In environment, equip register counter and provide reading glasses, hearing aids, personal service bell.

Results

1. The falling rate of aging over 65 drop from 0.12% to 0.10%.
2. The suicide-tendency rate of aging over 65 is 0.08%, the rate of telephone care is raised from 86.4% to 91.1%.

3. The rate of home health care services is raised from 2.85% to 3.05%.

4. The complaint cases rate is drop from 0.41% to 0.35%.

5. The rate of volunteer over 65 is 45%.

6. The number of aging people taking free health examination is 4885 per year.

Conclusions

More and more aging people live and go to a doctor alone. To have more active lives and more smoothly seeking medical advice for aging people, our hospital strive to construct suitable medical treatment environment and got praised in all measures. Especially in integrated instruction for taking medicine, fast medical advice window and volunteer's company. All of these can help patients decrease mental or other negative feelings of entering hospital to lowest level.

Comments

To promote age-friendly hospital environment, except for building the aged a safe and friendly treatment environment in hospital, we need to combine long-distance healthcare services in the future. This is for monitoring abnormal situation of the aged at home, emergency notification, medical consultation and safe environment at home. Furthermore, reduce the need for healthcare labor and tremendous medical expenses

Contact: HUANG Chi Cheng

Kaohsiung Municipal United Hospital
No.976, Jhonghua 1st Rd., Gushan Dist
80457 Kaohsiung, TWN
gracsweet@yahoo.com.tw

The Factors Which Effect Moderate to Severe Fatty Liver in the Nonalcoholic Elderly in Taiwan

WANG Ying-Syuan, LEE Jason JS, HO Chin-Yu, YU Wen-Ruey

Introduction

Nonalcoholic fatty liver disease (NAFLD) is a chronic condition that may cause hepatic inflammation and progressive scarring. It also leads to steatohepatitis and irreversible liver damage. The prevalence in general population is estimated to be 20-30% in western countries and 5-18% in Asia. It increases over time and correlates with obesity and aging. However, the risk factors of NAFLD among the elderly are not clear. Our study was aimed to explore the associated factors of NAFLD among the elderly.

Purpose/Methods

This was a cross-sectional study and the data were collected from 2010 Taipei senior citizens annual health examination. Qualified physicians performed the abdominal sonography to identify liver conditions. Multivariate logistic regression was used to assess the association between the parameters (age, sex, living status, exercise, smoking status and biochemical lab data) and the severity of fatty liver (non-fatty liver and moderate to severe fatty liver).

Results

15612 subjects received abdominal sonography and 2762 examinees were diagnosed as moderate to severe fatty liver. We found that subjects who were female, had higher body mass index, waist circumference, fasting blood sugar, triglyceride had significantly increasing odds ratios for moderate to severe fatty liver. However, the older subjects were less likely to develop moderate to severe fatty liver (OR:0.95, 95% CI 0.95-0.96).

Conclusions

In our study, we found that obesity, female, elevated fasting blood sugar were more likely to develop liver injury. However, age was an uncorrelated factor that was inconsistent to the previous studies. This may be due to senile frailty or poor nutrition. So we must pay more attention to such target population and clarify the relationship between nutrition status and severity of fatty liver.

Contact: WANG Ying-syuan

Taipei City Hospital, Yangming Branch
No.105, Yusheng St., Shilin Dist., Taipei City 111, Taiwan (Taipei, TWN
stellayswang@gmail.com

The Effectiveness of Lower Limb Muscle Strength Training for Elderly with Dementia- A psychiatric teaching hospital for example in Taiwan

SHEN Shu-Hua, LEE Chiung-Ying, LU Huei-Lan, CHEN Shu-Fen

Introduction

Fall accidents often occur in the elderly, many factors affect the fall. Research had revealed that muscle weakness, balance deficit and unsteady gait were the main risk factors, sports-related interventions including stretching, balance exercise and muscle stretching in lower can effectively improve the occurrence of falls. This study expects that lower extremity muscle strength through weight and balance of exercise training intervention, to understand fall improvement of elderly with dementia.

Purpose/Methods

Subjects were 38 elderly, average ages are 77 year old in the day care in Taiwan. They received lower limb muscle strength training in 3 month, 0.5 to 1.5 kg sandbags was offered, each person is different depending on the weight of negative training, training activity included: 1. balance exercise:
a. based movement activity
b. walk straight and turn
c. walking training, 5-20 minutes one a day
2. lower limbs muscle stretching training, 60 minutes once a week.

Results

This study found that fall incidence rate decreased 0.3% to 0.12% after intervention; lifting weight in kilograms per person on average 0.7kg. Staff provided positive reinforcement for the elderly who achieve the training target, and made into an honor bulletin to encourage elders. help the elderly have a positive co-operation with the honor of behavior.

Conclusions

Fall is an important health risk factor in elderly, providing lower extremity muscle strength and balance activities intervention through health professionals would significantly reduce the fall incidence of elderly with dementia, also enhance mutual cooperation and sense of honor.

Contact: SHEN Shu-Hua

Jianan Psychiatric Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist.
71742 Tainan City, TWN
shuhwa1210@gmail.com

The Effects of Home Health Education of UTI Prevention Program On Home Care Clients with Catheter Retention: An Interventional Study

CHEN Nai Ching

Introduction

The aims of this study is to investigate the intervention of using home health education designed on the basis of message-motivation-behavioral technique theory when caring for patients with urinary tract infection (UTI).

Purpose/Methods

The study adopts double pre and post- test control group design acquired from quasi-Experimental research design to source home care stroke disabled patients in the southern area as the accessible population, among which samples were taken purposively from those primary caregivers who were qualified for the conditions at a medical center in the south. The Sample size, as experiment group is 75 people and control group is 75 people, total 150 people. Get involved the tool gets involved a project for UTI prevention health education care card. According to the experimental group plans to maintain 21 days continuous health education (30 minutes), primary caregivers directly involved in the design of health education card in order to enhance the motivation of care.

Results

The result of the study :The incidence of UTI from 33.3% to 10%; Primary caregivers care awareness raising 60%,caring behavior also raised 50%; primary caregivers in the prevention and treatment of UTI motivation to change, there passively accept the guidance until the active participation.



Conclusions

The conclusions of the study can offer home care professional providers a more comprehensive and systemic information specifically aiming at care for catheter-associated UTI by primary caregivers. Participative research design implementation also encourages primary caregivers' motivations. Meanwhile, a reference for future health care instruction in home care UTI prevention is established and that will reduce reinfection rate and medical the expenditure and promote stroke patients' health and comfort.

Contact: NAI CHING Chen

Chi Mei Medical Center
No.21, Aly. 2, Ln. 88, Dongqiao 10th St
71048 Tainan City 710, Taiwan (R.O.C.), TWN
dream_patty_11@yahoo.com.tw

Motivating factors for physical activity in elderly people

GUTKOWSKA Dorota, GUGAŁA Barbara

Introduction

The health condition of elderly people depends on their physical activity. Understanding the factors determining practicing physical activity allows a more effective nursing care for seniors.

Purpose/Methods

The purpose of this study was to assess potential factors motivating the elderly in taking physical activity. The study involved 190 respondents and was carried out with a self-prepared questionnaire and the Geriatric Depression Scale Short Form (GDS-SF). The population of respondents consisted of 74,7% of women and 25,3% men. The average age of respondents was 69 years and the largest group formed people belonging to the range of 60-70 years (62,6%).

Results

Very good level of knowledge on physical activity benefits was presented by 17.0% of respondents. With the increase in the level of knowledge, grew frequency of physical activity and self-motivation in its practicing ($p = 0.00$). The most often indicated reason for taking up physical activity by seniors was to improve: health condition (53.2%), wellbeing (47.9%), weight loss (40.5%). Based on the GDS-SF scale, 30.0% of patients were diagnosed with depression, significantly affecting both being involved in physical activities, and their motivation for improving health condition and wellbeing ($p = 0.00$).

Conclusions

The level of knowledge of seniors on the benefits of physical activity is directly proportional to the extent of having them engage in this activity. The main motivating factor for physical activity is improvement in health condition. Psychological wellbeing has a significant impact on physical activity and motivation for undertaking it.

Contact: GUTKOWSKA Dorota

University of Rzeszów
Al. Rejtana 16A, 35-310 Rzeszów, POL
dgutski@wp.pl

The Effect of Exercise Health Promotion on Physical and Mental Status in Geriatric Patient

CHEN Ching-Yi, HUANG Chun-Hsiung, WU Ju-Hsien, CHEN Li-Le, KANG I-Ching

Introduction

The report of a community hospital reform plan in Taiwan showed 31.2% of 1,008 hospitalized elderly patients with Geriatric syndrome were ADL-intact, 11.5% had depression and 33% were at high risk of depression. During follow-up, 43.8% reported ADL deterioration. 30–50% of seniors admitted for a short hospital stay show a decrease in functional capacity at discharge.

Purpose/Methods

This study aimed to evaluate the effectiveness of exercise health promotion on physical and mental status of Geriatric patient through exercise health program. A retrospective study was conducted during 1-year period. All enrolled geriatric patients underwent a series of Comprehensive Geriatric Assessment at admission, 1, 3, and 6 month, and completed questionnaire before and after study.

Results

169 Geriatric patients were enrolled for analysis, mean age was 81.8 years, between 2013 March and 2014 February. The daily activity time above 30 minutes raised 38% to 94% and 1,3,6 month follow-up ADL was significantly improved compared with at admission ($p < 0.05$). 8.9% of enrolled patients had depression and follow-up Geriatric Depression Scale did not significantly improve after implement of exercise health promotion ($p = 0.86$).

Conclusions

The effect of exercise health program was significantly increased physical activity of geriatric patient but not improve depression during 6 month follow-up. The development of Geriatric patients with depression requires individualized and continued mental and physical health plan.

Contact: CHING-YI Chen

Changhua Christian Hospital
135,Nanhsiao Street, 500 Changhua, TWN
43514@cch.org.tw

Building Age -Friendly hospital and medical services: take an example in east Taiwan

HUANG Yu-Chuan, TSAI Hsin-Chih, CHERN Jimmy PS, CHEN Yi-Yin

Introduction

The global population is aging rapidly. The World Health Organization and many countries have been working with great vitality to enhance the quality of life and to create more opportunities of improving health, social participation and safety for the elderly based on the concept of "active ageing".

Purpose/Methods

The concept of this project is aimed to elevate the staff health promotion cognitive to enhance the medical service satisfaction and quality of life. To conduct elderly simulation experience, health promotion and service etiquette courses and totally six curriculums in year. Data were collected by course and medical services satisfaction questionnaire and use Linkert scales 5 points from very satisfied to very dissatisfied with the judgment respectively.

Results

After the course, the staff knew the hospital was promoted age-friendly policy and the rate up to 98.72%. Patients and family's aging health promotion cognitive rate was 97.44%. In addition, the aging medical services satisfaction survey showed that the hospital environment and facilities was 3.86 service attitude was 3.95, medical procedures was 4.07, patients' rights was 3.79 and services of the results was 4.15. The 5 dimensions are presented significant differences ($p=0.001$) between 2013 and 2014.

Conclusions

The program displays that through experience aging inconvenience activities can inspire employee empathy. By creating a healthy lifestyle supportive environments, strengthening community action force and change of services direction, can improve the staff quality of care and patient satisfaction with the service.

Contact: HUANG yu-chuan

Hua-Lien Hospital, MOHW, Taiwan
No.600, Chungjen Rd, 97061 Hualien city, TWN
scrub1814@gmail.com

Analysis of Elderly Patients' Feelings Difference Toward Nurses Caring Behaviors

HO Suchin

Introduction

According to statistics announced by the ROC government's National Health Insurance Administration in 2014, elderly patients accounted for 44.52% of hospital admissions in 2013. Investigations into nurses' recognition and care toward patients published in domestic and foreign journals have mostly emphasized elderly patients' 'needs' to acquire care and

attention from nurses, but seldom address the differences in 'perception' elderly patients have toward nurses' caring behavior. This exploration of practical, substantive work on clinical care for the elderly has been inspired by the hope to allow them access to really good and appropriate care.

Purpose/Methods

A cross-sectional survey was applied and subjects recruited were elderly inpatients (> 65yrs) from internal medicine and surgery wards, and from general departments at a medical center in Northern Taiwan. Subjects were conscious, able to communicate clearly in Mandarin or Taiwanese,, and agreed to participate in the investigation. Data was collected on a four-point Likert scale by assessment through structured questionnaires; 10-item questionnaires of 'Client Perception of Caring Scale' were acquired from elderly patients, with a total of 164 valid questionnaires.

Results

A score of 3.36 (SD=.49) was obtained on the feelings of elderly inpatients toward overall nursing care behavior, between often and always. The highest score was "I felt frustrated by this nurse's attitude (reversed), and the lowest score was "I felt free to talk to this nurse about what concerned me." Patients' marital status, number of children, identification with the patient, degrees of depression and trauma, and neoplasm diagnosis were significant causes of differences in feelings toward nurses' caring behavior.

Conclusions

Nurses have the most contact and interaction with elderly patients. The caring and encouragement can not only help elderly patients regain hope for life, and change their life values , but also enable them to adapt to the changes brought about by disease, to face the future, and to promote good health. Thus, nurses should have more companionship, listen and communicate with elderly patients, and offer more care to elderly patients with poorer recognition and higher degrees of depression during clinical practices.

Contact: HO SuChin

Mackay Memorial Hospital
No. 45, Minsheng Rd., Tamshui District
25160 New Taipei City, TWN
shelly@mmh.org.tw

Elderly School for Dementia Elderly and Their Families in a General Hospital

FANG Chun-Kai, LIN Yi-Hyun

Introduction

Even have been diagnosed dementia and gotten services in health care system, patients and families still often felt anxious and disoriented. How to help patients and their family to adjust dementia is important. In the project, we tried to explore a series of courses for help family and patients with dementia.



Purpose/Methods

The project was practiced on Tamshui MacKay Memorial Hospital and supported by New Taipei City Government from April to December, 2014. There were 12 courses for outpatients diagnosed as dementia with the Clinical Dementia Rating assessment (CDR) from 0.5 to 2, and 12 courses for their families every Saturday morning. When the families joined the courses, the patients joined the different activities at the same time in hospital. We collect the qualitative and quantitative analysis.

Results

There were 13 families who came from 8 elderly patients with dementia attending the projects. All most families attended over half courses, and their patients came together to join the other activities. The average rates of the families were 97%. All patients felt very happy or happy after completing all courses. The qualitative data found how meaningful of these activities was for patients and families, particularly for patients. They found their daily life much improved.

Conclusions

The designs of the project were welcomed by both dementia patients and families. The small and fine group should be promoted in the dementia care systems. Even all activities were in the hospital, patients and families felt well because they felt safety when they connect with health care system closely.

Contact: FANG Chun-Kai

Mackay Memorial Hospital
92, sec. 2, Zhongshan Rd, Zhongshan Dist., Taipei, TWN
fang0415@yahoo.com.tw

Practical Experience of Long-Term Care Facilities Caregiver in Accompanying Disabled Elderly in Outpatient Clinics

SHEN Shu-Chiao, HSU Tza-Chaun, LIN Hsin-Ying

Introduction

Because the population in Taiwan is aging rapidly, the elderly population accounted for 7% of the total population in 1993, officially becoming an aging society according to the World Health Organization (WHO). The Directorate General of Budget, Accounting, and Statistics, Executive Yuan, estimated that the proportion of elderly will reach 14% by 2018 and 20% by 2025, creating a super aged society. Consequently, the care requirements of elderly caused by poor health increased, rendering long-term care a critical concern.

Purpose/Methods

The medical demand of elderly with disabilities in a public long-term care facilities in Northern Taiwan is high; the average monthly clinic visits can reach 20 per person. This study aimed to investigate the practical experience of long-term care facilities caregivers in accompanying elderly with disabilities to

outpatient clinics. This study adopted a cross-sectional, qualitative, and quantitative research method. The participants included elderly with disabilities from a long-term care facilities who required the accompaniment of a long-term care facilities caregiver. The clinical accompaniment records during January 2014 to July 2014 were collected. The caregivers were then interviewed one-on-one to facilitate understanding their experience in clinical accompaniment.

Results

Of the elderly, a total of 26 (15.7%) had disabilities and required long-term outpatient clinics accompaniment. The average age was 79.2 (SD = 3.45). The resident who part of assistance to perform daily activities accounted for 53.8% of the total resident population (i.e., more than 50% could perform some daily activities on their own). Those who relied on shuttles from long-term care facilities to visit medical services without accompaniment by family members accounted for 95% of the population. The top three clinical divisions visited were, by order, ophthalmology, nephrology, and oncology. The caregivers summarized the following three practical experiences in outpatient clinics accompaniment: (a) The process was burdensome and created insecurity. (b) Outpatient clinics accompaniment time was uncertain. (c) Personal knowledge in medical professions was lacking.

Conclusions

This study explored the difficulty elderly with disabilities in long-term care facilities encounter during outpatient clinics accompaniment and the types of assistance they would need. The efficiency of replying on caregivers' accompaniment for elderly with disabilities during outpatient clinics is not enough. There is still much space for improvement. To meet medical needs for elderly, the manpower of professional medical accompaniment, transportation equipment, medical networks outpatient clinics, and contact windows should be enhanced. Moreover, to improve the quality of outpatient clinic care, hospitals can provide an integrated geriatric clinic and "patient-centered" with appropriate and accessible medical service. Multi-disciplinary healthcare Strategy in outpatient clinics and community healthcare half-way station design can be applied. Besides, proactively provide related resources and referrals in order to create an aging with ability friendly medical environment.

Comments

Increasing professional medical accompaniment and improving transportation equipment, medical networks outpatient clinics, and contact windows; can improve the quality of outpatient clinics accompaniment for elderly with disabilities.

Contact: SHUCHIAO Shen

Taiwan Adventist Hospital
424, Section 2, Bade Road, Songshan District,
10556 Taipei, TWN
145289@tahsda.org.tw

The effects of Sound Memories Group To enhance the effectiveness in the Geriatric Day care

YEN Yu-Ting, CHEN Shu-Fen, SHEN Shu-Hua

Introduction

Elderly hearing degradation would accelerate the aging brain. Hearing-impaired elderly degrade the brain faster than deaf people. Hearing impaired leads misunderstanding, thus the brain needs to upgrade the original cognition. The cognitive function can be trained by listening memory cognition training, different voices in life can led the elders to identify sound sources in group, enhance the interaction between each other, strengthen a variety of sounds in memory for elderly, and slow down memory degradation.

Purpose/Methods

We explore the effectiveness of sound memories group. The Subjects were 30 elderly, 80% with dementia, with an average age of 75-year-old in southern Taiwan psychiatric day care ward. 40 minutes sound memory exercises in groups with a total 8 times, 10 minutes to do recalls, last 10 minutes to make sharing; the overall sound memory measured in the last times, sound content includes transport, animal sounds, questionnaire and interviews to assess the sound memory which has appeared in group.

Results

A total of 26 of valid questionnaires, The results revealed that there were 77.9% elders discernible sounds of different modes of transport; identify various animal sounds, there are 76.2% elders discernible different animal sounds; in the group process, there were 70% elders can remember all the sounds; there are 92% elders very satisfied and think it sounds memories group has been effective for memory.

Conclusions

In the process of sound memory groups, The elderly can take part in activities of memory groups, and the elderly in the group mentioned the sound increased memory than before and find it interesting. Such groups can be used in the design of future clinical various other fields.

Comments

Key word: Geriatric Day care, Sound Memories Group

Contact: YU-TING YEN

Jianan Psyciatic Center
No.80, Ln. 870, Zhongshan Rd., Rende Dist., Tainan City 717
TAINAN, TWN

cute-babypig@yahoo.com.tw

Older patients and age-friendly care

HONG Sue-Mei, YANG Yu-Ying

Introduction

Faced with low fertility rate and the coming of an aging society, how to make the elderly receive proper health care is the

direction and consideration which the government and medical institutions should pay attention to. The main age-friendly principle are: 1/ Information, education and training 2/ Community-based health care management system 3/ Physical Environment and Proximity (barrier-free space), etc.

Purpose/Methods

Health-care institutions set up jointly by the government and private agencies meet the special needs of the elderly by creating friendly, supporting, respectful and accessible healing environment; A plan to provide a set of safe, health-promoting, efficient, holistic, and patient-centered care with coordination; Facilitate the elderly and their families for grasp of self health care. Let the friendly care for the elderly lead the medical institutions to concern their needs.

Results

Through the cooperation of government and each city or county, convenient and well-equipped health-care institutions and aged village are set up so that old patients without children's care the aging can be properly placed and cared for. No more hearing the death news of solitary old men. From three aspects :

1. care service system.
2. hard ware environment building-up.
3. Process improvement we provides the elderly with single-window, and meticulous medical care service with high quality.

Conclusions

Government should allocate funds annually to construct an integrated health care and function platform for the elderly, its contents include diseases care, disability care, preventive health care, and elderly care. This will not only reduce the costs of health medical, but also of disease care. Because of the physical condition and disease of the elderly, quite different from the approach to health care should also be taken separately. Taiwan entering the aging society care for the old age-friendly policy should be make.

Comments

We can refer to the measures made of other countries, facing the aging, such as the US or Japan: Make use of his country's advantages, and use them domestically. Such as the construction of the elderly village, or age-friendly hospital plan. We hope to strengthen the training of medical staff, and to meet the needs of the elderly as a starting point. For the elderly and their caregivers, we can provide individualized, prospective, completeness health promotion, disease control and safe medication.

Contact: CHAI WEN Lai

Show Chwan Memorial Hospital
No.6Lane 61,Nanping St.1,Nanyao Village Changhua,Taiwan 500
CHANGHUA, TWN
chd7203270@hotmail.com



Session P2.5: Promoting health through improving equity in healthcare

Interest for and barriers to partaking in parental support groups in a socioeconomically disadvantaged area in Sweden

RANJBAR Vania, MAHDI Mina, ASCHER Henry

Introduction

Parental support groups (PSGs) aim to enhance parenting through knowledge of children's needs and rights as well as facilitated contact with healthcare staff and parent networks. Reports suggest PSGs contribute positively to children's development and to socioeconomic profit. Yet, studies show low partaking in PSGs by parents in north-eastern Gothenburg, a largely socioeconomically disadvantaged area, in comparison to more affluent city districts. It is hence vital to study the need for and potential barriers to PSGs in this area.

Purpose/Methods

The World Health Organization recommends recognition of health inequity and Swedish law commands equal healthcare for all regardless of socioeconomic disparities. To attain this, different groups' needs and preconditions must be considered. Thus, using a quantitative questionnaire, translated to Arabic, Persian, Somali, and English, we assessed interest in PSGs, barriers to attend such, and potential relationships between interest and barriers among parents at three child health centres in north-eastern Gothenburg. Data were analysed with descriptive and Chi-square/Fisher's exact tests.

Results

Forty questionnaires were returned (response rate 45%). The majority of respondents had no prior knowledge of PSGs (58%) but perceived them as interesting (65%) and important (68%). Those with knowledge of PSGs but not attending most frequently reported barriers such as not having time to attend (50%), having good support in parenting from elsewhere (43%), and finding it difficult to arrange babysitting (29%) – although a majority of respondents did not find the presented potential barriers as applicable.

Conclusions

In this study a lack of interest was not the major barrier to participation in PSGs among parents in north-eastern Gothenburg. The findings rather suggest that poor knowledge of PSGs as a form of support and practical concerns related to lack of time and child care are more likely to constitute barriers to participation. Future research should further explore such barriers in order to improve PSGs and develop effective interventions, not least for populations such as that in north-eastern Gothenburg.

Contact: RANJBAR Vania
Västra Götalandsregionen
Angereds Torg, 424 22 Angered, SWE
vania.ranjbar@vgregion.se

The Short-term Medical Volunteer Service: Effectiveness of Nutritional Intervention

OUYANG Chung-Mei, TAN Boon Fatt, LIN Yu-Ru, TAI Chin-Cheng, LO Yi-Ting, WU Chia-Fang, YANG Kuen-Cheh

Introduction

There were many medical volunteers from hospital staffs in Taiwan recently. Our hospital began to attend medical volunteer service in Ladakh since 2012. Malnutrition is one of the most important underlying causes of child mortality in developing countries. The prevalence of underweight and stunting among children at some primary schools was quite high in Ladakh. This might be associated with repeated exposure to adverse economic conditions, poor sanitation, and the interactive effects of poor energy and nutrient intakes and infection.

Purpose/Methods

The Aim of this study was to evaluate growth rate after nutritional intervention at a primary school in Ladakh. Volunteers from our hospital participated short-term medical volunteer service since 2012. Nutritional intervention was performed since the summer of 2013 by increasing frequency of milk consumption to twice a week and adding multivitamins/minerals supplement once a week in the winter. We evaluated the effectiveness of nutritional intervention by using data of the health checks measured every summer.

Results

There were a total of 214 students (116 boys and 98 girls) in the school. The averages of body mass index (BMI) were 14.7, 15.1 and 15.3 in 2012, 2013 and 2014 respectively. The increments of body weight were 2.7 kg/y from both of 2012-2013 and 2013-2014. The increments of body height were 5.3±1.9 cm from 2012 to 2013 and 5.8±2.4 cm from 2013 to 2014. From the changes among these measures it showed significant better growth after intervention ($p < 0.01$).

Conclusions

Institutional nutrition interventions at school children had the impact on growth but not weight by adding only once a week of milk consumption. It may have more improvement if we provide more frequency of high-calcium foods in the meals.

Contact: OUYANG Chung-Mei
National Taiwan U Hospital Hsin-Chu Branch
#25 Lane 442, Sec.1, Jingguo Rd.,
30059 Hsinchu City, TWN
maggieoy@gmail.com

Application of PACE for low-income and living alone senior individuals in Taitung, Taiwan

WU Hong-Lein, CHU Nain-Feng, CHEN Hsiao-Yin

Introduction

To care for seniors who live alone so they remain activate through self-management in their daily life, it is ideal to imitate the Program of All-inclusive care for Elderly (known as PACE) for the seniors living alone in Taitung, Taiwan. The PACE is a patient-oriented holistic program which provides patients with both urgent medical service and long-term care.

Purpose/Methods

Purpose:Combining community resources to improve the quality in home healthcare for low-income households and living alone senior individuals. The process also for elderly care achieves the purpose of "Lifestyles of Health and Sustainability" (LOHAS). Method:Through referrals or self-report method, case manager carries out on-site home visits at least once a month. Based on the comprehensive demand assessment of case, a tailor-made health care strategy can then be establish to connect relevant resources with the medical team.

Results

The project started form 103.5.10-103.11.39, and there are a total of 36 cases, including of 46 times home care visits. 3 people received meal delivery service, 2 people received home service, 3 households received repair services, 6 people received disease management, 12 people received resource links, 3 people signed willingness to Hospice-palliative care, 3 people received drug counseling integration, 3 people received nutrition counseling for diabetes patient, 1 case sent to emergency hospital, and 1 case received Hospice treatment.

Conclusions

Although this project was not implemented fully in accordance with PACE program, nor was within the government's insurance benefits. It appears to be necessary in improving health care of low income senior individuals living alone. After being more involved in the community we understand that, constantly providing the health management and improving health care, is the only way to improve the quality of life of individuals. It is urgent area need to pay attention in the future health care.

Contact: WU Hong-Lein

Taitung Hospital, MOHW
No.1 Wu Quan st
95043 Taitung, TWN
22062@tait.mohw.gov.tw

Cycle for Heart

ANG Yen, CHONG Ellena, CHUN Teik Lan, CH'NG Keat Hui, SEE Wee Dee

Introduction

Heart disease is the number one killer that takes away the most number of premature deaths in Malaysia. Every year the Community Health department of the hospital commemorates World Heart Day by organizing specific event relating to heart health. This year we wanted something that would involve the entire community. Since the State Government has been promoting bicycling on the island, we thought we should organise a cycling event --a fitting physical activity to promote cardiovascular health and to raise awareness about heart disease.

Purpose/Methods

To give the event added mileage, we joint effort with the Development arm of the hospital to raise fund for poor patients who need heart surgery. Cycle for Heart was announced in the press and the public was invited to join in the physical activity itself and /or donate to the patient fund. A designated cycling route was identified in downtown area, and the local police department was mobilized to help in crowd control on that day. The starting route of the cycling event was also cordoned off as a car-free zone where a huge bazaar was held. Non-profit organizations such as the Lions Club was roped in to provide volunteer help. As the event was to be held on a Sunday, we wanted it to be also a family day. We organized a "Selfie with Heart" where non cyclist's family, friends or children could participate in a treasure hunt on foot looking for answers, and then taking selfie pictures with answer.

Results

500 cyclists registered and came as early as 7am getting ready to pedal 20 km around the scenic route of the island. Meanwhile more than 1000 people attended the event, either shopping in the bazaar; getting their blood cholesterol and blood glucose tested in the blood screening booth; or dancing away in the nonstop Zumba on the street of a designated area. Selfie with Hearts attracted 20 teams of four The event raised a total of RM105,200 (USD 30,000) for needy heart patients.

Conclusions

Cycle for Heart managed to attract a lot of publicity and press coverage. It is a great way to reach out to the community and to promote the awareness of the most prevalent chronic disease—Heart Disease—in the country.

Contact: ANG Yen

Penang Adventist Hospital
465, Jalan Burma, Georgetown
10350 Pulau Pinang, MYS
yenang@pah.com.my

Promoting Health Equity in Paediatric Settings With Socio-Demographic Data Collection



**GEE Stephanie, KARMALI Karima,
SAPPLETON Karen, BROWNSTONE David****Introduction**

Research has demonstrated that socio-demographic factors (i.e., race, income) influence the quality of health care received and health outcomes. The collection of patient-level socio-demographic information can aid in identifying health disparities and developing programs aimed at reducing disparities and promoting health. In contrast to socio-demographic data collection with adult patients, there are limited tools and resources for data collection in paediatrics. The paediatric population presents a unique context that requires consideration of both family and child characteristics in data collection.

Purpose/Methods

The purpose of the project was to (a) develop a standardized paediatric health equity data collection instrument and (b) identify the most effective method to collect patient-level socio-demographic information within paediatric hospital settings. Two pilot implementations were conducted in outpatient and inpatient areas to test the socio-demographic questions, explore patients' and caregivers' experience answering the questions, and identify the most effective and efficient data collection process. Three data collection methods were tested: paper survey, computer survey, and verbal interview.

Results

Question quality was assessed by response rates, analysis of response patterns, and feedback provided by patients and caregivers. Questions generated quality data; majority of items yielded response rates of 95% or more. Patients and caregivers understood the questions and were comfortable providing demographic information. Data collection process was evaluated with compliance rates, participation rates, and feedback provided by patients and caregivers. Results indicated clerical staff can effectively collect demographic information at registration and paper survey is the most efficient method.

Conclusions

The final Paediatric Health Equity Data Collection Instrument includes two surveys: a Caregiver Health Equity Survey for primary caregivers of patients under 14 years old (includes questions about the caregiver and the patient), and a Youth Health Equity Survey for patients between 14 and 18 years old (includes questions about the patient and household income). Registration is an optimal point in the healthcare visit to collect socio-demographics in paediatrics and a paper-based instrument is an effective method of data collection.

Contact: KARMALI Karima

The Hospital for Sick Children
555 University Avenue
M5G1X8 Toronto, CAN
karima.karmali@sickkids.ca

**The Effectiveness of Health Care
Model for Urban Indigenous - Xizhou
Amis Tribe in Taiwan****WENG Chung-Feng, LIN Yi-Hui****Introduction**

The Amis people belong to the Xizhou tribe, they migrated from eastern Taiwan to northern urban area in 1911. When they need medical care they prefer to take medical herbs rather than seeking modern medical assistance especially among elderly. Some of them suffered from sudden death because of cardiovascular diseases or delayed of medical treatment. Cardinal Tien Hospital offered charity work to the urban aboriginal people and offered health care, health education, social and medical assistance.

Purpose/Methods

Under the perspective of cross-cultural service, we provide professional medical and pastoral care in order to improve the quality and quantity of their physical and spiritual life. We proposed some strategies as follows: 1. By understanding in perspectives the difficulties of the indigenous from the Amis culture, to promote health care ideas to the tribal leaders and convince them to understand the medical and health services. 2.1 Health promotion: We take advantage to promote screening activities and physical check-up when they gather for their traditional Amis festival. 2.2 Illness management: by weekly home visiting, maintaining strong ties, offering health management, counseling and referrals. Pastoral care staff also provides psychological and spiritual support. 3. Medical assistance: When they are admitted, the nurse and the pastoral care-staff are notified to help them.

Results

We combined our health promotion activities with the Amis festivals. We did more than 10 sessions to promote health care and increase awareness for medical care. In 2012-2013, we have 32 people registered. In 2014, the number increased to 137 people. We also helped 8 people to be hospitalized for treatment. The inhabitants have changed their attitudes toward medical care due to medical availability.

Conclusions

With the help of our team, the residents finally were able to understand the importance of proper medical care, and how to utilize their health care. They also began to pay attention to their health and illness. They also realize that they have the same health care benefits as the non-indigenous people.

Comments

The urban indigenous people are one of the minorities. Due to the impact of our Society, they need more support and care than the non-indigenous people. By promoting health care model, helping them to improve their health and improving their life style, we believe the residents will not only improve their health condition but also develop a healthy life style. This will change their bad reputation in the Society.

Contact: WENG Chung-Feng
 Cardinal Tien Hospital
 No.6, Ln. 11, Sec. 2, Xiyuan Rd.
 108 Taipei City, TWN
nursingbee@gmail.com

Emergency Smile: Refugees in Jordan

OBI Marianne, CULEN Monica

Introduction

RED NOSES International recognizes that opportunities for play, recreation and cultural activities can have a significant therapeutic and rehabilitative role in helping children to recover a sense of normality and joy after they experience loss, dislocation and trauma. Building on our previous international engagements, like the disaster relief projects in Kosovo in 1999 and the 2011 Christchurch earthquake in New Zealand, our new programme which started in 2012, Emergency Smile is presently focussing on the refugee situation in Jordan.

Purpose/Methods

The purpose of this programme is to rapidly reach out to populations who are in desperate need for support after armed conflict situations or natural disasters. For this, the artists receive special training in: working with children with disabilities, educational and improvisational theatre, psycho-social and psycho-hygienic education plus cultural/social coaching in local customs. Our artists also train the local staff we work with in the basic knowledge of humour and its use in the daily work environment.

Results

In offering tailor-made interventions to meet the specific needs of the refugees, RED NOSES is able to successfully provide a sense of "normalcy" in times of conflict. This is channelled through humorous and self-expressing activities, helping to alleviate fear and distress and providing a platform to combat insecurity, hopelessness and disillusionment. These coping strategies help the refugee population to reintegrate and reconnect with their environment, community and culture. This impact positively improves the well-being of host populations in the region.

Conclusions

This specially designed holistic approach reaches out and empowers the distressed population. The long-term commitment and final goal is to implement a sustainable and innovative project that can bring tangible benefits to the local refugee population in Jordan. This will give the vulnerable refugee group a sense of belonging and continuity, in spite of the surrounding factors influencing their livelihood and existence. Furthermore, their involvement within the local Jordanian society is also enhanced.

Contact: CULEN Monica
 RED NOSES Clowndoctors International
 Wattgasse
 1170 Vienna, AUT
monica.culen@rednoses.eu

Evaluating the Effectiveness of Health Promotion amongst Underprivileged Groups in the Community through the use of Integrated Healthcare Systems by a Public District Hospital

LIN Yu-Wen, WANG Wen-Yen, TSAI Sheng-Hua

Introduction

The concept of integrated service in healthcare refers to combining healthcare and social care into an integrated network to improve the accessibility, quality, and cost effectiveness of the services. Medical care resources from public hospitals were appropriately combined with social welfare services and public health systems to provide integrated healthcare management for low income, underprivileged and high risk families within the community in order to improve their health.

Purpose/Methods

Current status analysis was carried out using community health program concepts, including target group evaluation and medical and social resources analysis. Community-oriented integrated care targeting specific cases within the region was implemented to provide cases with the integrated resources. Interconnected service models were used to maintain communication and coordination for sustaining the cohesiveness of the service provided. A triple alliance between the individual cases, hospitals, and sponsors was forged in order to teach new abilities and boost routine health behaviors.

Results

252 individuals were included in the study and categorized into low income families, senior citizens living alone, underprivileged single parents, and homeless citizens. Integrating 16 resources to provide 11 services that range from policies, finances, administration, management, transport and delivery and medical care, 39.28% were from low income families while 67.46% were underprivileged in other areas. Besides, 37.69% live alone while 62.30% live with their families. 101 cases underwent health promotion programs, while 151 cases underwent disease management.

Conclusions

Because the healthcare and social systems are integrated, multiple resources services in single case could be offered depending on the individuals' necessities. Therefore, although only 252 individuals included in the study, there are 271 cases-times services integrated totally, reaching 150% of the referral objective. In health promotion criteria, 76% cases improved unhealthy behaviors, 48% cases improved nutritional status, and 71.4% cases improved the exercise habit. 151 cases in disease management category, routinely seeking medical assistant cases increased from 74 individuals to 126. Hence,



effective improvements in health abilities and health promotion were achieved amongst the cases studied.

Comments

Professionalism induce the resources development separately result in the fragmentation of the resources. Public hospitals have the duty of implementing health and welfare policies and integrate healthcare systems to carry out health promotion amongst underprivileged groups in the community. Such measures could improve accessibility of health services, satisfaction of the service recipient, service quality and cost effectiveness. A limited-scope demonstration of resource integration was carried out here to provide strategies for developing national health promotion programs for the underprivileged.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road
201 Keelung, TWN
yeeplike@yahoo.com.tw

Session P2.6: Health promotion approaches towards service quality and patient safety

An International Comparison of Health Promotion Hospital on Trauma Delivery System between Taiwan and Japan

TUNG Cheng-Cheng, KUO Yi-Ching, LIN Ya-Chun, LIN Shu-Jyuan, LEE Tung-Yen, HUANG Ya-Wen

Introduction

As we know, there is a high relevance between the mortality and morbidity of the trauma patients and trauma delivery system. Trauma delivery system is a very important performance indicator in a well-defined trauma center. It decides the quality, cost and access of trauma care in a hospital. Otherwise, trauma delivery system emphasizes not only in in-hospital process but also in pre-hospital stage.

Purpose/Methods

We compare trauma delivery system in pre-hospital and in-hospital stage over Changhua Christian Hospital in Taiwan and Fukuoka University Hospital in Japan. Our research tools are international comparative research with Bereday's model, crossing frontiers and interview with trauma director, Dr. Ishikura.

Results

These indicators are policy of trauma delivery system, pre-hospital triage, medical quality, cost, access, integration and innovation. Both countries need improvements in the tasks: 1. Reduce additional consultation, 2. Lower additional image examination, 3. Enabling to establish algorithm by EBM, 4. Need trauma surgeon in charge, 5. Encourage damage control surgery. Otherwise, in Taiwan, we have to do more improvements: 1. Well establish and perform trauma registry, 2. Lower the rates of observation care unit stay ≥ 24 hrs, 3. Increase information broadcast, 4. Promote health education, 5. Well-set trauma referring system, 6. Enable Lab / Research, 7. Strengthen EBM, 8. Well legislation of trauma care system.

Conclusions

In Taiwan, we have to make the trauma delivery system much better by the efforts: 1. Integrate trauma delivery system / network by trauma surgeon, 2. Establish national data bank, 3. Promote health literacy of Taiwan people, 4. Increase accessibility of trauma system, 5. Encourage trauma research / EBM, 6. Legislation of trauma care.

Contact: HSIEH Man-Ni

Center for Community Health Promotion, Changhua Ch
2F,175,Xuguang Rd., 500 Changhua City, TWN
m55440@gmail.com

Evaluation of the Effects of Utilizing Team Resources in the Integration and Establishment of Intermediate Care Services

YAO Wen-Chen, TSAI Hin-Chu, KE Ya-Fang, TSENG Yueh-Pei, WANG Wen-Yen

Introduction

In response to Taiwan's aging population and the government's demonstration project for intermediate care, this hospital made use of resources from both acute and long-term care services to establish an intermediate care in our nursing homes starting in 2010. Integrated intermediate care was provided to patients and included the use of comprehensive facilities, SOPs, training, and routine meetings, helping patients regain their health, improve their independence in daily living activities and facilitate their transition from acute care to long-term care.

Purpose/Methods

Objective: Understand patient characteristics and effectiveness intermediate healthcare services. Method: 1. Subjects in this study were individuals who have been discharged from acute care but still require professional healthcare services between the period of July 2010 to October 2014, and were willing to undergo intermediate care services at their own expense. A total of 75 subjects meeting the requirements of this study have been listed. 2. Patient histories during intermediate care services were collected and analyzed.

Results

Results show that the average age of cases was 77.7 years, The average length of intermediate care was 48.8 days, Each subject had, on average, 5 healthcare requirements. The top five healthcare requirements were diagnostics, medication, physical rehab, nutrition, and tubing care. 89% of the cases were successfully discharged, with an average 77% improvement in the Barthel Index of ADL. 41% of the cases qualified for being unplugged, while 66% of the cases were able to return home after discharge.

Conclusions

Cases undergoing intermediate care tend to have multiple medical and caregiving requirements. This showed that many elderly patients were reliant on professional healthcare services after discharge from acute care. Patient healthcare objectives were jointly evaluated by a team. Comprehensive physical rehab and professional caregiving processes would help improve the patient's independence in daily living activities and reduce the number of necessary tubes, enhancing the patient's adaptation to life after hospital discharge and enhancing quality of life.

Comments

Currently, Taiwan's medical healthcare payment model makes use of the diagnosis-related group (DRG) approach, which limits the length of hospitalization and incapable of providing adequate rehab services during acute care. Establishing an intermediate care service would provide a more comprehensive medical service especially for the elderly who usually need additional support to restore their personal health. As society continues to age, the promotion of intermediate care shall become a key element of a robust and sustainable medical care system.

Contact: WANG Wen-Yen

Keelung Hospital, Ministry of Health and Welfare
Shin-Erh Road, 201 Keelung, TWN
yeeplike@yahoo.com.tw

Use of health care coordinator to provide integrated delivery system care for inpatient

**JHUANG Jia-Ci, CHIANG Shu-Chuan,
HUNG Hui-Wen**

Introduction

Facing the transition of disease, progress of medical technology and promotion of healthcare quality, the nursing professional roles are becoming more diverse and specialized. Hence, functions and responsibilities of nurses in Taiwan are required with new expansion. Induce to expand the understanding role of nursing professionals, provide to patient's health care demand and extend care to home setting with continuous and individual aspects. It raised the quality of care by a comprehensive way, increase patient satisfaction of medical services.

Purpose/Methods

Physical examination and health assessment of the patient by the health care coordinator, comprehensive care plan development and implementation by the patient, family members and Care Specialist staff, using internal and external resources integration of Hospital medical team, assessment of the reaction of the medical to the patient, given the patient and their families health education, to understand status of health well and continue to observe the disease progression, achievement of nursing care objectives was evaluated and continuous care to home setting with continuous and individual aspects.

Results

June to 2014 October, received a total of 108 cases. Patient comfort satisfaction increased from 81% to 97%; readmission rate 14 days after discharge reduced from 36% to 0%.

Conclusions

Health care coordinator using internal and external resources integration of Hospital medical team to provide patient care, the standards of nursing care were based on the patients' needs and the nursing process. The research found the priority in achievement of nursing care the physical needs of the patient and the psycho-social-culture-spiritual needs of the patient can be met. Thereby increasing their satisfaction, also to reduce the readmission rate 14 days after discharge.

Comments

Use of health care coordinator provide patient-centered care, combined with the medical team to create valuable medical services, which can effectively improve the quality of nursing care and patient satisfaction with medical care, the proposed extended to the hospital and nursing administrators to improve the quality of nursing care and reference

Contact: CHERN Meei-Ling

Chang Bing Show Chwan Memorial Hospital
No.6, Lugong Rd., Lugang Township, Changhua, TWN
kkmimi0507@hotmail.com

An Variance Analysis of Outpatient Satisfaction before and after Hospital Rehabilitate Operate Transfer: An Example in a Regional Hospital in Southern Taiwan

**CHEN Chiu-Ju, WANG Zi-Tin, HSU Hui-Chen, KANG Ya-Ting, LIN Hsiao-Wen,
CHANG Wei-Chou**

Introduction

Performance of private management of public hospital becomes mature in Taiwan. Currently, 12 public hospitals have been transferred management rights to private sector. Government not only saves annual budget on reduced personnel expenditure, but also gains feedback fund from improved performance. Many studies prove the benefits of the



transfer. However, the comparison of satisfaction is lack. The study aims to explore the differences in service satisfaction and quality perception of delivery before and after the transfer of management rights.

Purpose/Methods

We modified the existing outpatient satisfaction questionnaire with reference to publications related to healthcare quality and satisfaction from the various perspectives and the care seeking behavior as well. The Cronbach's Alpha coefficient of questionnaire was 0.902. The expert validity was done. The survey uses a Likert scale to assess satisfaction and consists of four dimensions-delivery process, attitude, wait times and environment and equipment. The simple random sampling was used. Paired t-test was performed to analyze the differences in satisfaction.

Results

The effective sample size is 100 with 100% response rate. In three dimensions -delivery process, attitude and environment and equipment, the score after the transfer of management rights is statistically significantly higher than the one before in every item ($p < 0.0001$). 93% of participants recognized the improvement in service quality after transfer of management rights, and 94% in care delivery quality. The result is consistent. Difference in satisfaction of wait times for registration/cashier, appointment and pharmacy had no statistical significance.

Conclusions

Participants ranked the dimensions by degree of improvement. The ranking is in accordance with the extent of patients' perception variance. Environment and equipment ranks first, following by delivery process and attitude. The result shows the private investment does increase the satisfaction of service and care delivery quality. However, as service amount rises, the perception of wait times has no significant improvement and further enhancement is recommended.

Contact: CHEN Chiuju

Kaohsiung Municipal Ta-Tung Hospital
No.68, Jhonghua 3rd Rd, Cianjin District, Kaohsiung City 801
Kaohsiung City, TWN
0980464@kmtth.org.tw

The supply of services in the low threshold welfare clinics in South-East Finland

LAANTERÄ Sari, LAITINEN Marja-Liisa

Introduction

The low threshold welfare clinics have been established in Finland since 2009. The clinics exist in different environments, like in a hospital, in a shopping center or in a separate unit in a center of a city. Also mobile clinics on wheels exist. On the basis of the previous research results, the health care services and social services can be produced in the low threshold clinics.

However, there is little detailed information on the supply of services in the clinics.

Purpose/Methods

The purpose of this study was to describe the supply of services in the low threshold welfare clinics. Altogether eleven threshold clinics were observed in South-East Finland in 2014. Employees ($n = 21$) working in the clinics or those who were responsible for the clinics were interviewed. The transcribed data (147 pages) was analyzed using inductive content analysis. A qualitative data analysis software called MAXQDA was used.

Results

The results indicated that the services in the low threshold clinics were divided into two main categories. The main category called Health promotion included twelve subcategories. For example, vaccinations, way of life counseling, borrowing of the sports equipment and so called theme days were classified as subcategories. Another main category called Services emphasizing to nursing included ten subcategories. For example, medical injections for treatment of chronic disease, medication guidance and rinse out of ears were classified as subcategories.

Conclusions

Each clinic had a different supply of services. Health promotion can be informed in low threshold welfare clinics to all age groups. Therefore, the local challenges concerning health can be influenced.

Contact: LAANTERÄ Sari

Mikkeli University of Applied Sciences
Patteristonkatu, Mikkeli, FIN
sari.laantera@mamk.fi

Set Up APP system raising the convenience of the Process within Medical process for Chronic Diseases: A Case Study of a Health Promoting Hospital in Kaohsiung

CHIU Guei-Fen

Introduction

The target group is anyone who come to the hospital can easily use their laptop or smart phone to download this app system for free provided by Ta-Tung hospital for the use of fully mastering their self-related healthcare information. The interface designed is friendly, we informed patients about this app system via our web-site and also, the instruction is provided for anyone to use. To raise satisfaction of medical process for patients revisit and role of community hospital.

Purpose/Methods

This app system is developed by doctors and stuffs working in this hospital, therefore, based on their experiences, the system

was designed for the convenience of patients to shorten their waiting time during registration, check their self-related healthcare information at the first time, and provide illness keyword query for the users etc. On top of that, we can also evaluate from the feedback by users and percentage of usage of this app to amend the content of this app system.

Results

Kaohsiung Municipal Ta-Tung Hospital (Kaohsiung City, Taiwan) App Registration System Services are as follows: 1. Hospital Information 2. Transportation Guide 3. APP registration system 4. Cancel registration check 5. Appointment notice 6. Provides outpatient clinic progress 7. Provides illness keyword query and give families do not visit the doctor recommends. 8. Physician Profile: Provide each physician contact information, education, the experience, expertise and other information, and can query the physician-patient table for registration.

Conclusions

1. This app system is a cross-platform mobile messaging app for iPhone, Android, Windows which provides patients to master the self-related healthcare information. 2. The system is already in use, and the percentage of satisfaction rate increased sharply from 69.07% to 91.00% in 3 months with totally 236 questionnaires conducted, and the response rate was 71.5%, which means that users thought this app system helped them to obtain the better, safer, and faster health care service by using this technology.

Contact: HSU Yushan

Kaohsiung Municipal Ta-Tung Hospital
No.68, Jhonghua 3rd Rd, Cianjin District
80145 Kaohsiung City, TWN
yushanyushanh@gmail.com

Construction of multi-disciplinary teams in acute care to improvement of the health promote program

JHANG Syue-Ling, CHU Yu-Ying, LIU Hsiao-Yu, WU Tuo, WANG Tzu-Kang, LIU Chih-Hua

Introduction

With the recognition of health promotion in the acute care setting, health promotion is no longer exclusive to community care. The National Taiwan University Hospital, Hsinchu Branch Department of Orthopedics is a typical acute care department with a high patient turnover rate; under the premise of minimal staff workload increase, the said department has developed a multi-disciplinary team to implement health promotion, constructing a model that is applicable to the acute care setting.

Purpose/Methods

Utilizing the framework of the Ottawa Charter, a multi-disciplinary team was assembled under supervision of the hospital administration to review current status and standards.

Monthly meetings were held in regard to building a supportive environment, reviewing the outpatient and inpatient care protocols par health promotion standards. Personal skill development was achieved by identifying cases with health promotion requirements, providing health education and referring to smoking cessation and/or nutrition consultation services, with dedicated case management personnel following such cases.

Results

After one year of implementation of our health promotion plan, the department inpatient nutrition consultation referral rate rose from 0% to 10-12%; smoking cession referral rose from 5.3% to 5.6%. Of 200 randomly selected patients, the percentage of patients confirming knowledge of health promotion services provided by the hospital rose from 18% before implementation to 78.6% one year later; the percentage of patients confirming knowledge of hospital supportive services such as nutrition consultation rose from 18% to 86.9%.

Conclusions

Through regular discussion and integration of implementation protocols, the multi-disciplinary team has constructed a model for health promotion in the orthopedic department that is simple and effective in the. We believe that this model can be applied, with minor customization, to the standard acute medical department setting, achieving the goals of health promotion in the otherwise fast-paced, clinically oriented acute care environment.

Contact: YU-YING Chu

National Taiwan University Hospital Hsin-Chu Branc
No.25, Lane 442, Sec. 1, Jingguo Rd.,
Hsinchu City, TWN
yuying210@gmail.com

A discussion of the effectiveness of the patient-centered Integrated Out-patient care program

CHEN Ming-Yu, LEE Meng-Chih

Introduction

According to the Statistics of the Taiwan medicine resources consumption, come with the elder population growing, the chronic diseases prevalence rate has increased to 17%, with over 50% of all medical resources consumed on multiple chronic diseases. Chronic conditions have become a major challenge to health care systems. Promote the integrated health care services, providing better, effective and reliable services to patients and changing the health care model, has emerged as an essential issue.

Purpose/Methods

Integrated team met every month to discuss the chronic conditions of the patients and provide appropriate cares. The case manager phone interviewed the patients, and registered one clinic that the doctor would prescribe multi-clinic medicines. Offer special clinics, such as maternity-care clinic,



geriatric clinic, and develop a wide range topics patient education to enable patients to improve their own healthcare management.

Results

A sample of 705 patients of the integrated care in 2013 was obtained from the Taichung Hospital to examine the effectiveness of the patient-centered Integrated Out-patient care program. The results showed that the outpatients visited decreased 7.04%, and the number of medicine items decreased 2.12%. The therapeutic drug duplication had cut down, the antidyslipidemics 49.43%; hypoglycemic agent 48.42%; antihypertensive agent 12.42%. The satisfaction of the ability of self- healthcare-management of the families of the patients reached 94.16%.

Conclusions

For coping with the aging society, prolonged life expectancy, changes in disease patterns, modern healthcare is changing how medical care is delivered could help prevent multiple chronic diseases. By increasing patient education information, monitoring disease progress to promote healthcare models to the families and the communities.

Comments

A long-term plan to integrate primary healthcare into the treatment to help patients with chronic diseases would be necessary.

Contact: CHEN Ming-Yu

Taichung Hospital, MHW; NTUST
199, sec,1, san-ming Rd., Taichung, TWN
ninachen196407@yahoo.com.tw

An exploration on how the improvement of service procedure conducted by appeal cases to influence the quality of medical services: A Case of Health promotion medical center in Taiwan

WANG Chun-Chi, WU Jeng-Yih, WANG Wen-Ming, HUANG Ching-Shui, TSAI Tien-Sheng

Introduction

With the increasing demand of medical service there are more and more medical disputes resulting in an overstrained doctor-patient relationship and the doctor-patient communication has become an important deterministic factor for most medical controversies or disputes. In order to improve the quality for medical service conducted by effective medical communication, the essential way depends on Doctor-Patient relationship and the effective procedure of dealing with medical controversy. To prevent medical controversy and dispute incident occurs.

Purpose/Methods

This study uses the qualitative analysis by case study to explore the annual patient complaint cases at a Health promotion medical center, and analyze some cases within the hospital file records, including directly research and participation the process of appeal cases in the hospital, and then collecting and screening data in order to analyze in depth. Propose is to understand how medical communication is able to influence the quality of medical services, finally attribute the appropriate suggestion and coping perspective.

Results

Most medical controversies or disputes were caused by non-medical faults, such as uncomfortable attitudes when medical professionals were communicating with patients or their families. Inappropriate or unconcerned behaviors, without an instant response for patients' request are likely to be accused of lack of professional service, indicating the vital importance how doctor-Patient communication can influence the quality of medical service.

Conclusions

In conclusion, this study provides some relevant suggestion in practices, that is communication between doctors and patients should be more initiative to strengthen their understanding for maintaining the good interaction, how hospital can avoid the failure for medical service, building up an appropriate system for dealing with medical disputes, how to accelerate to find out a resolution of medical disputes, to enhance the doctor-patient relationship, to reach a positive interaction between physicians and patients, improve the quality of medical services.

Comments

This study provides some relevant suggestions: the doctor-patient communication should be more initiative to strengthen their understanding for maintaining a good interaction, and how hospital administration can avoid service failures. In addition, it becomes a must to build up an appropriate system for medical dispute management and to accelerate the management process. It's also important to enhance the doctor-patient relationship to reach a reinforced interaction between physicians and patients, and finally improve the quality of medical care. Keywords: Appeal case, Doctor-patient communication, Service recovery, Health promotion medical center

Contact: TSAI Tien-Sheng

Kaohsiung Municipal Hsiao-Kang Hospital
No.482, San-Ming Rd., Hsiao-Kang Dist
812 Kaohsiung City, TWN
h9471303@gmail.com

An Experience of Multidisciplinary, Continuous and Integrated Health Promotion Activity in Far Eastern Memorial Hospital, Taiwan

**LIN Tzu-Chun, CHI Wen-Yun, LI Cai-Lin,
KUO Mei-Li, CHANG Shu-Wen, CHU Shu-
Hsun**

Introduction

Hospitals play an important role not only for people to seek treatments but as one part of the communities for people to seek health promotions. Hospitals integrate their internal resources to provide lectures, events and screening activities as well as offer medical consultations to facilitate communications and health literacy for communities. By the approaches of holding health promotion activities, hospitals and communities collaborate to reach the ultimate goals of healthy.

Purpose/Methods

There were five activities conducted. These activities were combination of simple screenings, standard questionnaires, lectures, and physician consultations. Physicians provided further explanations and follow-up appointment to high-risk individuals if needed. Activity Name: Risk Assessment Tool

1. Pulmonary function test: Spirometry /CO detector/ COPD and mMRC questionnaire
2. Health foot movement forward: Quantitative ultrasound/ FRAX
3. Battle for dry eye: LipiView / OSDI, speed questionnaires
4. Osteoporosis and Dementia: Quantitative ultrasound/ FRAX/ AD8 questionnaire
5. Do I have osteoporosis?: Quantitative ultrasound/FRAX

Results

Appointment was made for these high-risk individuals for further evaluation. Outcomes:

1. Pulmonary function test: 669 participants attended and 31 made an appointment.
2. Health foot movement forward: 401 participants attended and 38 made an appointment.
3. Battle for dry eye: 407 participants attended and 39 made an appointment.
4. Osteoporosis and Dementia: 353 participants attended and 22 made an appointment.
5. Do I have Osteoporosis? : 360 participants attended and 19 made an appointment.

Conclusions

The function of hospitals is not only for disease treatment but also for health promotion. In addition, supports from department directors play an important role in disease screenings because medical workers mainly focused on disease treatment and may neglect the importance of screenings at early stage. Finally, the most important aspect is utilizing credible and reliable assessment tools to identify high-risk individuals to achieve good results and reduce the waste of medical resources.

Comments

After these health promotion activities are conducted, we can further utilize this information to:

1. Explore the reason why these high-risk individuals will / will not accept further follow-up and medical treatment.

2. Follow-up with these high-risk individuals to confirm their medical diagnosis.
3. Compare the prevalence of disease in the hospitals to that in the communities.

Contact: TZU CHUN LIN

FAR EASTERN MEMORIAL HOSPITAL
No.21,Sec.2,Nanya S.Rd.,Banqiao District
New Taipei City, TWN
coccus112019@gmail.com

**Using an Applied Teaching Model to
Increase the Accuracy of
Enterostomal Care**

HUANG Hsin-Yi

Introduction

Provision of complete care post-enterostomy helps prevent comorbidities. Enterostomal care can not solely rely on the care given by nurses; the main caregiver must also learn correct care techniques to prevent comorbidities after the patient returns home.

Purpose/Methods

After a survey of this hospital from March to April of 2013, it was found that the accuracy of enterostomal care by the main caregiver was only 55%. Analysis found that the main problems included nurses failing to demonstrate the steps to change stoma dressing, a lack of health education tools and aids, health education pamphlets being unhelpful, and caregivers lacking actual practice and forgetting steps while changing dressing.

Results

After creation of a pocket handbook, improving teaching aids, production of a VCD, and inclusion of enterostomal care techniques in monthly group health education, the accuracy of enterostomal care provided by the main caregiver rose to 97%.

Conclusions

It is recommended that an enterostomal care information system be created for patients and their families, including a VCD explaining the steps for bag changes on the hospital website.

Contact: HUANG HSIN_YI

Far Eastern Memorial Hospital
Sec. 2, Nanya S. Rd No.21, 220, New Taipei City, TWN
atvian1020@yahoo.com.tw

**Improving Nurses' Knowledge of
Medications not to be Crushed and
Administration Accuracy**



YANG Yi-Ching Joyce, CHENG Chi-Lin, HUANG Ying-Kun, LIOU Jin-Yu

Introduction

Recently, With the advance of medical technology, medications are often coated to ensure that they are released at the right timing and speed in patients' body. Crushing medications, however, destroys their formulation and stability. These unstable medications not only fail to perform the expected effect but also produce adverse effects harmful to patients. However, medications must be administered via enteral feeding tubes to critically ill patients, in which case crushing medications is required. Nurses, who administer medications, are thus responsible for ensuring medication safety for patients.

Purpose/Methods

The project did the following to achieve the goal: 1. provide compulsory training courses on medications not to be crushed 2. revise the Standard Operating Procedure of medication administration and add medications not to be crushed into the items for examination 3. create a list of do-not-crush medications and a chart of substitutes for them 4. include a reminder note of medications not to be crushed in prescriptions 5. create a more user-friendly information webpage on medications not to be crushed

Results

After the project was carried out, the score of the nurses' knowledge of medications not to be crushed has risen from 65.6 to 100, and the administration accuracy rate of medications not to be crushed has increased from 53.1% to 96.1%.

Conclusions

Since critically ill patients require enteral feeding tubes for treatment, crushing medications has become indispensable. Therefore, it is very important for clinical nurses to improve medication administration safety to ensure medication effectiveness. Therefore, it is very important for clinical nurses to improve medication administration safety to ensure medication effectiveness. Since most hospitals in Taiwan haven't included medications not to be crushed in their Standard Operating Procedure, it is suggested that this problem be dealt with. A set of standards for medication administration should be established to improve nurses' knowledge of this issue and to ensure patients' medication safety. The quality of nursing care can thus be improved.

Contact: CHENG Chi-Lin

Chung Li Ten chan Hosiptal/Ten-Chen Medical Group
No.155, Yanping Rd., Zhongli City
32043 Taoyuan, TWN
p3753098@yahoo.com.tw

The effectiveness of integrated whole-in-one medical discharge

services in a self-help friendly hospital

HSU Shu-Ping, YANG Hsueh-Fang, CHEN Chih-Shou

Introduction

Waiting for discharge preparation is always a time consuming affairs for patients, families and hospitals. In the past, hospital provides different centers for dealing with checking, payment, prescription and others. It is necessary to create a new service model to reduce the wastage in the discharge processing. From this renovated service system, we promote hospital service quality, patient safety, reduced discharge processing time and satisfaction rate.

Purpose/Methods

This study is to assess the whole-in-one services including payment of discharge fee, prescription, medical certification and other discharge processing affairs in an integrated service counter at ward. Through the point of sale (POS) system, specialized service of pharmacy fast delivery, digital signature and official seal management, we evaluate the effectiveness of this integrated service model in a self-help friendly hospital. We included 287 in-patients discharge processing and analyzed the cost-effectiveness and satisfaction rate.

Results

The average time consuming in discharge preparation since the discharge order prescribed is about 210 minutes before initiation of the service model. The waiting time for payment is about 56 minutes. With the simplified achievement, the discharge processing significantly reduced since the moment of payment from 148 to 74 minutes. The satisfaction rate of patient and families enhanced from 95% to 96%. Through the POS system, we reduced the total cost of 102,916 NTD in a quarterly based credit card service charge. This whole-in-one service only provides in 50% wards to deal with discharge processing. And, we just only provide one ward with human resources for pharmacy fast delivery in our hospital at the initiation of the study.

Conclusions

A patient centered whole-in-one service unit at ward is very convenient and effective for patient and families to avoid to and fro transportation between ward and centered checking out counter and pharmacy in a hospital. We, not only reduce the waiting time, but also enhance the satisfaction rate of patient and shorten the hospital stay to prevent in-hospital infection opportunity. Our study also revealed that a integrated single transaction carrier could provide one-step whole-in-one services for those time consuming discharge preparation.

Comments

Key words: POS system, discharge services

Contact: SHU ShuPing

Chang Gung Memorial hospital
ChiaPu Road, No4, Puzi city, Chiayi County, TWN
a89003064@adm.cgmh.org.tw

Maintenance and sanitization of the X-ray cassettes. Protective hermetic wrapping (monouso)

CHIARINI Michele, CAVEDAGNA Davide, RAISI Patrizia, ANTONIOLI Maria Paola

Introduction

To prevention of nosocomial infections requires an integrated program, which monitored includes the following key points: - reducing transmission of microorganisms between patients in the wards during the direct assistance using proper hand washing, use gloves, and aseptic practice appropriate strategies isolation, sterilization practices and disinfection, and laundry - control of the environmental risk of infection - prevention of infection in health care workers - improvement in care practices, and continuing education of health Infection control is the responsibility of all staff to patient care - doctors, nurses occupational therapists, pharmacists, engineers and others.

Purpose/Methods

In performing daily radiographs often the X-ray cassette is in contact with the patient and biological fluids. In the study we wanted to verify the bacterial load of a cassette X ray and evaluate the development of appropriate protective hermetic wrapping (monouso). The management study: 1: Evaluation of X ray cassettes in Radiology Department. 2: Check defects, cleaning 3: Survey of use, maintenance, sanitization 4: Analysis of survey data 5: Microbiological surface cassettes : sampling and analysis with/ without cover

Results

The research has shown that the X ray cassettes are dirty and sanitization is sporadic vs. total protection with protective hermetic wrapping (monouso).

Conclusions

Despite their best intentions, Radiographers and X ray cassettes sometimes act as vectors of disease, disseminating new infections among their unsuspecting clients. Cassette/CR Plate covers prevent cross-contamination and protect physicians and patients.

Contact: CAVEDAGNA Davide

AOU S. Anna DI Ferrara
Via Aldo Moro 8
44124 Ferrara, ITA
d.cavedagna@ospfe.it

Improving the Safety of Intrahospital Transport of Unstable Patients

CHENG Chi-Lin, YANG Yi-Ching, LIN Mei-Yen, LIOU Jin-Yu

Introduction

Patient-centric healthcare has long been held as the standard of international medical management. Within this concept, patient transport is one of its key activities, for the process is intimately connected with the risk of patient lives. According to the hospital regulation, the threshold value for patient transportation safety control is 100% with zero exception. The key to safety relies on a comprehensive transportation system, which includes the standard operational procedures of each individual unit, the instruments, and mechanism dealing with emergency.

Purpose/Methods

This project was carried out during March 1 to October 31, 2013 at an Acute internal medical general wards and common ICU of a teaching hospital in northern Taiwan. Information regarding patient transporting process, bed exchange, and intra-hospital transfer were collected by observation, interview, and review of the medical records. The completeness of patient transportation was 90.6%. The detail of the project included implementing in-service education, creating the check table of patient Classification transportation, setting up a standardized procedure and check table of the portable first aid kits, establishing the quality control monitoring system mechanism, and acquiring portable physiological monitors.

Results

The results showed that the completeness of patient transportation increased from 90.6% to 100%.

Conclusions

During the implementation process, one major challenge was the discrepancy that plagued inter-departmental communication. Yet through persisted efforts, our belief in safety as the highest priority in healthcare, and the support from management, we were able to overcome this obstacle and achieve an interdepartmental agreement on placing patient transportation safety as a high-priority item. Effect to uphold the zero exception of core patient safety focus, to improve the transfer of patients to work to enhance the implementation of the project through the patient to complete the transfer rate, to avoid inadvertently affect patient safety, patient care safer to get to reach the ultimate patient safety the goal.

Contact: YANG Yi-Ching

Ten-Chan General Hospital
155 Yanping Rd.
320 Taoyuan County, Zhongli City, TWN
yichingjoyce@gmail.com

Creating a health environment by reducing healthcare associated infection via implementation of bundle care at a medical center



CHANG Hsin-Hsin, HUNG I-Chen, CHANG Ying-Ying, CHANG Yu-Ching, HUNG Mei-Chuan, HUANG Ya-Hui, TIEN Kwei-Lien

Introduction

Health care-associated infections (HAI) are associated with significant morbidity at hospitals. We implemented active surveillance, hand hygiene promotion, isolation cohort of resistant microorganism, bundle care and computer-based antimicrobial prescription since 2010. The infection density decreased from 5.1 per 1000 patient-days in 2011, 4.9 in 2012, and 4.2 in 2013, respectively. Infection density of methicillin-resistant *Staphylococcus aureus* had decreased from 0.18 per 1000 patient-days in 2011 to 0.11 in 2014. Well-structured infection control programs are imperative to the prevent HAIs.

Purpose/Methods

Health care-associated infections (HAIs) are associated with significant morbidity, mortality, and cost. We aims to provide the successful experience of vigorous infection control program to decreasing HAIs at a medical center in Taiwan. The infection control team has implemented active surveillance, hand hygiene promotion, isolation cohort of MDRO, bundle care at intensive care units with special focus on catheter associated bloodstream infection prevention since 2010. A computer-based infection surveillance and antimicrobial prescription systwm also developed.

Results

The infection density have been decreased from 5.1 per 1000 patient-days in 2011, 4.9 in 2012, 4.2 in 2013 and 3.0 in 2014, respectively. Infection density of methicillin-resistant *Staphylococcus aureus* had decreased from 0.18 per 1000 patient-days (%) in 2011, 0.16 in 2012, 0.15 in 2013 and 0.11 in 2014 (P=0.003). Infection density of carbapenem-resistant *Acinetobacter baumannii* had decreased from 0.15 per 1000 patient-days (%) in 2011, 0.18 in 2012, 0.09 in 2013 and 0.07 in 2014 (P<0.001).

Conclusions

Well-structured infection control programs, with the expertise of a hospital epidemiologist and fully support of infection control practitioners, as well as leadership participation and a good cooperative network among microbiology laboratory, clinical staff, and infection control practitioners, are imperative to the prevention of HAIs.

Comments

A infection control envriment reduce the morbidity, mortality and medical costs. A computer-based infection control surveillance and antimicrobial prescription reduce the clinical work loads for healthcare practionors.

Contact: SHENG Wang-Huei

National Taiwan University Hospital
7, Chung-Shan South Road
10002 Taipei City, TWN
whsheng@ntu.edu.tw

Patient Safety Culture Survey trigs alarm. What went wrong?

KANG Ya-Ting, LI Ling-Yi, HSU Hui-Chen

Introduction

Since Institute of Medicine (IOM) published a seminal report - To Err Is Human: Building a Safer Health System in 2000, the public awareness of patient safety issues has arisen in last decade. How to properly and correctly evaluate the safety culture and to conduct effective interventions to enhance it as well have been widely studied and discussed.

Purpose/Methods

Safety Attitude Questionnaire (SAQ) with six aspects-teamwork climate, safety climate, job satisfaction, perception of management, working conditions and stress recognitions, had been used to assess the healthcare organizational safety culture. Our hospital has conducted general survey in October each year since 2011 till 2013. Every employee receives a set of personal account and password to complete the online anonymous survey hold by Taiwan Joint Commission on Hospital Accreditation. Differences in SAQ among three years were assessed using the ANOVA test.

Results

The response rate was above 75%. The result in 2013 shows significant decrease in most aspects, except for stress recognition (p<0.05). Managers and physicians had the most favorable attitudes (p< 0.001). Staffs with 3-4 years working experience, who are experienced and skillful, have the least favorable attitudes on teamwork and safety climate (p<0.001). The difference among working units are statistically significant (p<0.001) and the lowest 5 units were observed with turnover rate over 10% with highest about 25%.

Conclusions

Stress recognition is the only aspect that was positively recognized by hospital staffs regardless of differences in position, seniority, working unit, age and etc. Highly stressed working setting accompanying with deteriorating safety and teamwork climate trigs the alarm. Hospital management and leadership hold the global café to initiate communication and dialogue among multi-professional and different levels. The common feedback is about delayed and poor response to the sign of adverse events, in-transparent decision making process and insufficient workforce.

Contact: KANG Yating

University of North Carolina at Charlotte
No 383 Zhengzhong Rd
807 Kaohsiung, TWN
yatingshou@gmail.com

Environmental disinfection system proves effective in controlling microbial load and in providing a

safer work environment for healthcare personnel

**SCARPINI Gian Carlo, BONAFFINI
Antonino**

Introduction

The risk of acquiring an infection on the workplace is consistently rated among the highest occupational hazards for healthcare workers. The growing threat of Healthcare Acquired Infections generated by multiresistant organisms is source of concern not only for patients but healthcare professionals as well, hence the need for effective microbial load control measures in healthcare settings. We tested a novel environmental disinfection system with the goal of measuring not only its efficacy, but also its ease and safety of use.

Purpose/Methods

The efficacy of the 99MS disinfection system based on HyperDRYMist® technology was evaluated in a surgical ward of the Pavia Hospital (Italy). The microbial load's levels were measured prior and after the use of the technology once regular cleaning was executed. Healthcare workers who operated the system were interviewed via a survey on ease of use, eventual perceived discomforts when reentering treated spaces. Potential health hazards derived from the use of the system were assessed by work health safety specialists.

Results

The 99MS eradicated presence of CFU's on collected samples (Computer keyboard, CFU from 2 to <1; ECG Monitor, CFU from 8 to <1; Devices shelf, CFU from 22 to <1; Floor's corner, CFU from 4 to <1). 95% of interviewed personnel rated the overall, and some specific operation of the system, as easy and practical to operate. None of the surveyed personnel showed negative health effects when reentering the treated spaces, and no specific or generic health hazards were identified.

Conclusions

Occupational safety of healthcare workers can greatly increase in a working environment where effective microbial load control practices are in place. The 99MS system was effective in dramatically reducing the bacterial presence on high touch surfaces thus reducing the overall risk of infection for healthcare workers. Its ease and safety of use favors its pervasive deployment in all areas of healthcare facilities thus concretely responding to the need for effective infection prevention measures to the benefit of healthcare personnel.

Contact: SCARPINI Gian Carlo

A.O. Pavia - Health Authority of Pavia District
Corso Milano, 27029 Vigevano, ITA
tonini.marco@gmail.com

A project of prevention the patient falling down at a pediatric ward

CHENG Ya-Chun, LYU Jin-Yan, LI Yi-Rong

Introduction

Falling down injury is the leading cause of accident during hospitalization. The incidence among elders, handicaps and children are especially high. The occurrence of falling accident often prolongs the admission days and increases the payment of medical treatment. The study focused on the prevention project for falling accident at pediatric ward. The incidence of falling down accident in 2013 is 0.25%.

Purpose/Methods

The study purpose on the prevention project for falling accident at pediatric ward. We made an "evaluation format of prevention of the falling accident for pediatric patients", the nursing guide for prevention of falling accident and the standard management algorithm of falling accident according to the specialty of pediatric ward. We also offered learning program of prevention of falling accident for the colleagues at our ward.

Results

The project initiated since January, 2014. We gave evaluation format and nursing guide of prevention of the falling accident for pediatric patients to all patients. There is favorable improvement with the incidence of falling accident decreased to 0.17% between April. and December. 2014.

Conclusions

The evaluation format and nursing guild of prevention of the falling accident for pediatric patients at our pediatric ward may present to other ward.

Contact: YA-CHUN Cheng

No. 707, Sec. 3, Chun Yang Rd
Hualien, TWN
eva680210@tzuchi.com.tw

Outcomes' Report on Health Promotion Activities for Reducing Multi-drug Resistant Acinetobacter baumannii-related Infection

**CHEN Chen Fang, CHU Yeh Nung, CHEN
Chiu-Yen, CHENG Jin-Shiung**

Introduction

In recent years, nosocomial infections have increasingly caused the resistance of bacteria, including carbapenem resistant Acinetobacter baumannii, hereinafter referred to as CRAB, which has the highest ratios. Related research noted that in a medical environment with multidrug resistance, hospital equipment, materials and staff hands are susceptible to contamination. Based on statistical figures from 2007 to 2012, there were 12 new CRAB infection cases annually. However, there was a sudden outbreak of 11 cases in November 2013.

Purpose/Methods



The purpose is to reduce CRAB infection rate./The analysis of the 11 infected CRAB cases had the following results: 1. the medical staff's hand hygiene was unsatisfying 2. nurses were not familiar with the preventive quarantine policy. Starting from November 11, 2013, there was a training session for advocacy of hand hygiene, education on wearing and removing isolation gown properly, and other protection measures. On December 1, proactive screening and preventive quarantine measures were implemented.

Results

Medical staff hand-washing compliance rate increased to 86.49% from 52.63%. Moreover, from January to May of 2014, infection rate dropped to 0%. 138 people were actively screened with 16 people of them found positive for infection.

Conclusions

Concerning the multi-drug resistant CRAB infection, prevention measures are very important. Active clinical screening, preventive quarantine measures, implementation of hand hygiene, and compliance with infection control norms for patient care will minimize the chance of infection to the lowest percentage.

Comments

Key words: nursing staff, outcomes of health promotion activities

Contact: CHEN CHEN

professional nurse
Dazhong way kaohsiung Zuoying District NO.386
kaohsiung, TWN
fjchen@vghks.gov.tw

The Relation of Health Communication and Outpatient Visits: An Example from a Taiwan Regional Hospital

LEI Lei, WU Pei-Tzu, LIN Hsiao-Wen, CHANG Wei-Chou

Introduction

Researches indicate the subject operation by news media greatly affects perceived message cognition, attitude and behavioral intention of audience. In a long run, it may have great impact on healthcare professional-patient relationship and public opinion on healthcare. Under the era of universal medical insurance, the competition is intensive. Established Taiwan healthcare organizations gradually value the role of marketing, public relations and media promotion. As increased visibility and public recognition of physicians, the growing outpatient visits and revenue is expected.

Purpose/Methods

The study explores the influence of press conference on monthly average outpatient visits of the physicians. Ten physicians were selected as objects of observation. The department of public relations held the press conference irregularly. The subject varied and included medical news, new technology, specific case reports and health education. A comparison analysis of the average monthly outpatient visits of studied physicians was conducted.

Results

The average of monthly outpatient visits among studied physicians after press conference was 426 visits. In comparison with 297 monthly average visits before press conference, the increase is statistically significant ($t=-4.658$, $p<0.05$). The lasting growing trend was observed.

Conclusions

Healthcare organizations can actively utilize the proper marketing method to spread out message on disease prevention and health education and find opportunities for media exposure via subject operation in order to create effects on mere exposure. The study shows the press conference is an effective method. The public benefits from the accessibility of health information provided by hospitals. The information raises awareness of self-management in individual health, brings change in health behaviors and enables audience to acquire proper health care.

Contact: LEI Lei

Kaohsiung Municipal Ta-Tung Hospital
No.68, Jhonghua 3rd Rd, Cianjin District,
801 Kaohsiung, TWN
leileitw@gmail.com

Session P2.7: Comprehensive workplace health promotion programs, professional training of hospital staff & other approaches towards workplace health promotion

Towards a health promoting workplace. Developing an educational group intervention for head nurses and their staff representatives

HAUGNES Marit Hovden, HAUGSTVEDT Karen Therese Sulheim

Introduction

The leadership of the head nurses and their cooperation with the employees and their representatives are crucial to the health and well-being of the staff. We are exploring a supportive group-based counselling programme including both leaders and staff representatives, aiming to increase the head nurse's resources and ability to create a more health promoting workplace. They are experiencing different methods and instruments in the program, based on their situation and needs.

Purpose/Methods

The aim is to make the participants more aware of health promoting conditions and give them tools to reach a more health promoting section. It is seven participants from one hospital department in the group and two experienced process leaders, from the Occupation Health Department and HPH Department. The program will be developed through eight sessions and evaluated by the participants. The program is mainly based on earlier experiences from leadership programs and empowering group programs.

Results

The program is in progress and the salutogenetic perspective, what may promote our health, is essential. Central topics are core- and work values, competing values, handling stress and negative emotions, communication, control, social support, optimism, coping, motivation and emotional needs. As the participants acknowledge problems and set goals for their health promoting section, topics, tools and methods will be decided in course of the program.

Conclusions

The program will outline subjects and methods that can give head nurses support in daily routines and enhance their understanding of their situation, themselves and the staff, to detect new priorities, resources and possibilities when it comes to how to handle the situation. We need more knowledge about methods to support the participants awareness and understanding of how to develop health promoting workplaces relevant for them in their often stressful work situations.

Contact: HAUGNES Marit Hovden

Akershus University Hospital
AHUS Bedriftshelsetjeneste, po. 1000
1478 Lørenskog, NOR, mah6@ahus.no

Create Supportive Environments to improve health for hospital employees: take an example in eastern Taiwan regional hospital

TSAI Hsin-Chin, HUANG Yu-Chuan, CHERN Jimmy PS, LIU Huan-Pei

Introduction

In order to be advocated of good health, the hospital must build a fundamental healthy workplace so that hospital staff can

enjoy a high quality of working life. In order to bring HPH into practice and further promote HPH, establish a committee to plan, evaluate, and implement health promotion activities, build policies and create supportive environments.

Purpose/Methods

Purpose: By creating interdisciplinary integration of the environment and health support, encourage people in their daily life. **Methods:** Conduct employees pressure relieve and quitting tobacco advocacy activities were comply in staffs. Data were collected by activities satisfaction questionnaire.

Results

There are eight staffs through individual guidance counseling to quit smoking in 17 smoking employees. We took active care by a cessation educator, and enhance their motivation to quit smoking, provided the smoking cessation techniques, then two employees take smoke cessation successfully. Conduct employees outdoor pressure relieve activities total 6 times and more than 60% of employees participated and overall satisfaction up to 85%.

Conclusions

Health is the human right and needs to be protected. There is a growing awareness and development of health promotion in hospitals. Whether it is a pressure relieve activities or smoking cessation intervention for their overall health behavior change has a positive influence. Create high-quality smoke-free environment, and promote workplace health to create a healthy atmosphere and cultural. And we hope extend and continue the activities to the family and community.

Contact: TSAI hsin-chih

Hualien Hospital, MOHW, Taiwan
No.600, chungjen Rd., 97061 hualien city, TWN
scrub2278@yahoo.com.tw

To Create a happiness workplace Exploring the Cognition of Health Promotion Hospital Policy of Employees

**WANG Hsueh-Yin, HUANG Hsin-Jou,
SHEN Shu-Hua**

Introduction

This psychiatric hospital was in southern Taiwan, has become a member of health promotion hospital network in 2009, in addition to regularly scheduled annual promote physical fitness and health of employees and other employee health examination activities, also to promote " creation of workplace happiness project in 2014 , Questionnaire was used to collect the health activities needs of employees, according to the needs and planning a series of health promotion programs.

Purpose/Methods

Self-administered questionnaire as the study tool in this study, to survey the six month implementation program since December 2013 to August 2014, understanding the cognition



change of health promotion hospital policy and activities of employees after this intervention, the questionnaire results EXCEL filing, combined with SPSS 10.0 analysis.

Results

Pretest total of 260 questionnaires were collected, posttest 379 questionnaires were collected, to ask "do you understand the workplace health promotion policy this year?" for employees, the answer of understand or very understand was 75.4% on pretest, posttest approximately 95.3%, increase of about 19.9 5%, "feel more satisfaction in a good work environments" satisfaction over the good feelings, accounting for 61.5% pretest, posttest up to about 80.2%, 18.7% upgrade.

Conclusions

Overall, the hospital promote "the creation of workplace happiness project" this year, the cognition of health promotion hospital policy, and work environment satisfaction of employees significantly enhanced, driven by hospital staff to promote awareness of health promotion policies have improved, to explore activities program combined with health authorities, the annual compulsory courses, outdoor activities seat (dragon boat) and jointly handle the festival, through activities to enhance employee participation rate, while improving understanding of health promotion activities of employee.

Comments

Hospital employees understand health promotion policy should increase the participation of employees of the health promotion activities, thus contributing to the health of employees, with a high percentage of health promotion foundation to promote understanding of hospital policy, promote a sustainable future employee health promotion programs, and to investigate the effectiveness of various activities in order to construct and promote better suited to promote healthy employees. activity, and thus really understand and improve employee health.

Contact: HSUEH YIN Wang

Jianan Mental Hospital, D.O.C. Taiwan
No.80, Ln.870, Zhongshan Rd., Rende Dist., Tainan, TWN
berylzaki@yahoo.com.tw

Supportive Environments for workplace health promotion in Taiwan

LIN Yi-Hsuan, HSUEH Ya-Tai, YU Yeh-Shih

Introduction

Employee Assistance Programs have been dedicated to promoting comprehensive wellness through stress management. In addition to health-promotion activities organized to alleviate workplace stress, health care advisory services for employees are expected to further identify sources of stress and provide proper assistance in response to their actual needs. Supportive environments are not simply established to provide personal health management for medical

personnel, but, more than that, from such a comprehensive health care could their family and even communities be benefited.

Purpose/Methods

To serve the purpose, a wide range of health-promoting events are held to get employees and their family involved, including public lecture series, hiking trips, aerobic exercises, music therapies, balloon modeling and workout competitions. On the other hand, health evaluations, such as Brief Symptom Rating Scale and Physical Fitness tests, will be periodically arranged using Likert scale to keep track of their health status and to offer timely healthcare consulting.

Results

According to the survey result, the overwhelming 98 % of employees are non-smokers, more than three-quarters of medical workers, 79.8 %, do not drink, and another vast majority of 99.7 % nearly develop betel nut chewing habits. The result shows the percentage of the respondents who express satisfaction with their mental health after attending the health promotion workshops increases noticeably from 42.3 to 64.8. It is thus obvious that the provision of health-related activities could boost enthusiasm and engagement of employees.

Conclusions

In addition to health-promotion activities organized to alleviate workplace stress, health care advisory services for employees are expected to further identify sources of stress and provide proper assistance in response to their actual needs. In this way, a promising win-win situation for employers and employees will be sure to happen more than empty rhetoric.

Comments

Supportive Environments for workplace health promotion in Taiwan Yi-Hsuan LIN, Ya-Tai Hsueh, Yeh-Shih Yu Kaohsiung Municipal Min-Sheng Hospital, Kaohsiung City, TAIWAN, R.O.C.

Contact: LIN Yi-Hsuan

Kaohsiung Municipal Min-Sheng Hospital
No.134, Kaixuan 2nd Rd 80276, Kaohsiung, TWN
s87108011@gmail.com

Akershus University Hospital - towards a health promoting workplace

FLØTTEN Kjersti, KOGSTAD Else Karin, ORVIK Arne

Introduction

The hospital's plan for strategic development lists a health promoting workplace as an area of great importance. The goal is to attract and retain highly qualified professionals. In the personnel policy the hospital specifies its staff as the most valuable resource. Through this project we want to clarify how

being an HPH member and also the coordinating institution for the Norwegian HPH network can be a resource for the hospital in the area of workplace health promotion.

Purpose/Methods

The goal of the project is to identify and prioritise the principles of a health promoting workplace at the hospital, and through method development contribute to the use of the principles in practice. We build the project on a salutogenic approach. The work will be done at multiple levels with both a top-down and a bottom-up approach, implementing the ideas in the already existing management school and pilot testing of a group based intervention at section level.

Results

Process and product evaluation will be performed. The process evaluation will consist of short oral or written summaries that can guide any possible smaller adjustments in the progress and direction of the project. These summaries can also be a starting point for reflective discussions with the participants from the clinic or representatives from the strategic management level. The product evaluation will be a report developed at the end of the project period.

Conclusions

The project is still running at the time of abstract delivery, with the pilot testing of the group based intervention having started in December 2014.

Contact: FLØTTEN Kjersti

Akershus university hospital, Norwegian HPH
P.O. Box 1000, 1478 Lørenskog, NOR
kjersti.flotten@ahus.no

Comparison of the Effectiveness of Improving Nursing Work Environment Intervention in a Medical Center

KU Yan-Chiou, CHENG Ting-Hsia, CHEN Shu-Mei, JEANG Shiow-Rong, LIN Li-Ying, CHENG Jin-Shiung

Introduction

To compare the satisfaction rating score about nursing staffs before and after Intervention of Improving Nursing Work Environment.

Purpose/Methods

Purposive sampling to select a medical center nursing staffs, using questionnaire to understand nursing work environment satisfaction. We collected 579 nurse's data for the pre-test on June 2011, and 619 nurse's data for the post-test on June 2014. The Intervention time is from June 2011 to June 2014. The Intervention included: 1.Increasing nursing staff manpower 2.Providing resources, such as E-car 3. Increasing salary and

Welfare 4.Helding Nursing Administration workshop to strengthen ward managers leadership and supporting nursing staffs 5.Encourging nursing staffs to involve the hospital committee activities 6.Enhancing cooperation between medical teams.

Results

After the Intervention improving nursing work environment implemented, the total mean Satisfaction score about Nursing Work Environment was increased from 2.95 to 3.21 (full rating scale is 4). The intervention was effective.

Conclusions

The intervention improving nursing work environment must be continued and Nursing Work Environment should be monitored regularly at the medical institute, because the patient safety and good nursing care are based on the good Nursing Work Environment.

Contact: KU Yan-Chiou

Kaohsiung Veterans General Hospital
386 Ta-Chung 1 st Road, Kaohsiung, TWN
t7513777532@yahoo.com.tw

Hospital Safety Working Environment Toward Holistic Health Promotion

CHIA Pei-Fang, LIAO Yu-Kuei, HSU Jung-Wen, FAN Chia-Yu, NEOH Choo-Aun

Introduction

Workers are the most precious asset of a hospital, thus it is very important to ensure they enjoy a safe, healthy and happy working environment. Unsafe working environment will bring trauma and diseases to our workers. So hospital should aggressively and actively promoting worker safety and healthy environment as her major and core consideration.

Purpose/Methods

We join the WHO-HPH net work since 2006 and clearly stated in our hospital management strategy that our yearly major project will be workers safety and good health. We intent to build a comfortable working environment, promoting workers holistic health promotion, balance between work and daily life to ensure a high quality working environment.

Results

We promote health promoting activities to empower our worker to have the ability to manage their own health. We set up multiple supportive group to promote workers physical and mental healthy, build a healthy medical environment. We set up rule to ensure safety working environment and continue quality control monitoring system to prevent our workers from suffering trauma, accidents and diseases during working hours. We survey our workers health need and then set up our hospital management strategy, rule, budget and yearly project that can ensure workers safety and better health condition. Use



multiple way to promote working environment safety and workers physical and mental health promotion. We also held yearly hospital sportday that welcome all workers and their family members to join in the sport. Use family as a unit for family health case management. Promoting workers nutrition record and good healthy eating habit. We build a worker sport center. Set up workers mental health service clinical pathway, worker mood indicator, stress indicator to prevent our workers from being burn out. We promote workers to tour yearly within and go oversea. We set up safety visual monitoring system, emergency alarm, automatic light system, guards that ensure workers 24 hours safety. Decrease dangerous fluid, blood, medical waste contamination. Use safety needle for the whole hospital etc. We also empower our workers for better self health management skill and self stress relief skill. New nurse entering our hospital enjoy special group care and guild. We also provide sport guidance to avoid sport injury. We encourage workers to form their own group for weight reduction, various sport groups etc. We change our promoting program every year according to workers response and needs

Conclusions

Workers knowing these program and activities up to 83.26%. Workers reach their own target of weight reduction aim. Workers own health management up to 100%. Workers tour satisfaction up to 88%. 486 new nurse joined the stress reduction group project with a 92.8% satisfaction and their rate of quitting job decreased from 21.29% to 10.9%. New nurse stay back hospital increase from 65.8% raise up to 75.8% .

Comments

Joining the WHO-HPH net work did help us to move in a positive way toward more safety and healthy working environment. And our yearly projects did help all our workers enjoy a more high quality working environment.

Contact: NEOH Choo-Aun

Pingtung Christian Hospital
Ta-Lian Road, 60, 900 Pingtung City, TWN
chooaun@yahoo.com

Staffing unit as a resource in hospitals. A qualitative study.

JAHNSEN Bente

Introduction

In healthcare there are a lot of care workers who work part-time involuntarily, resulting in an unpredictable income and work schedule. A staffing unit could be an efficient tool to reduce the scope of involuntary work.

Purpose/Methods

The purpose of this study is to determine the important factors in supporting a good staffing unit and a lasting work place for care workers while simultaneously providing quality services. Method: The selection consisted of 14 care workers who had been a part of a staffing unit anywhere from seven to eighteen months. The data was mainly collected through three focus-group interviews, and was analyzed through the method of qualitative content analysis.

Results

Three categories were identified and described: Organization and structure, Health promoting work places and The qualifications of the employees.

Conclusions

The study shows that a full permanent position is a basic requirement for recruitment to staffing units. To keep the employees, systematic and structured training, maintenance and development of skills are all essential factors. Solid management that promotes a healthy work place by facilitating coping, recognizing achievement and ambition and affiliation is important when it comes to retaining care workers. It also ensures the ability of the care workers to provide quality care. The employees' coping resources and personal skills appear to be significant.

Contact: JAHNSEN Bente

Sørlandet sykehus Helseforetak
Venneslaveien 36, 4619 Kristiansand, NOR
bente.jahnsen@sshf.no

Becoming a Health Promoting Workplace – A simple tool

BERG Anna

Introduction

Within the Swedish network of HPH there are 10 thematic groups responsible for the development within their respective fields. The thematic group for the field Health promoting workplace have developed a brochure which aims to assist workplaces within our network in their effort to become a health promoting work place.

Purpose/Methods

In 2011 we created a brochure with the purpose of clarifying what the network means with a health promoting workplace. After using it we realized it needed to be more universal and user friendly. Based on current research and acquired knowledge within our thematic group we also decided to make it more accessible and easier to understand for the general public. The goal was to create a foundation to stand on when becoming a health promoting work place.

Results

The brochure can now be viewed both as a source of information and as a checklist when creating a health promoting workplace. This checklist contains six central areas and within each area we list characteristics, suggested activities and how to monitor progress. These six areas are:

- Common values
- Participation & sense of community
- Communication & forums
- Leadership & employeeship
- Health & job satisfaction
- Learning & development

Conclusions

Our conclusion is that the new brochure is a simple tool for organizations to use when creating the foundation for a health promoting workplace. The six central areas cover everything we know now needs to be in place and well developed for a workplace to become a health promoting workplace.

Contact: BERG Anna

Swedish network of HPH
Kungsgatan, 745 25 Enköping, SWE
anna.berg@lul.se

Create a healthy, happy workplace environment

HSIEH Hui-Lung, YANG Pei-Jin, HSIEH Min-Lin, SU Su-Pi, TSAI Wei-Chuan, CHUANG Bi-Kum

Introduction

Because life is not the law of the case and the long-term absence of movement, resulting in an increasing number of diseases of civilization, beginning in 1970, each country increasing emphasis on health promotion, with social support networks in the workplace to improve lifestyle. Court to join World Health Organization Health promotion hospital network in 2013, to create a high-quality medical treatment in the workplace and friendly environment, the implementation of the integration of care and patient safety.

Purpose/Methods

In remote areas of secondary medical area guard public health, workplace health promotion activities combine to create a caring culture in the workplace, so that the hospital colleagues can feel the warmth of the workplace. The use of a learning organization, to create a high-quality medical treatment in the workplace and friendly environment, combined with the Balanced Scorecard facets of learning and growth, attracting and training professionals and joy of learning and enhance employee solidarity.

Results

Through the promotion of the effectiveness of the balanced scorecard as follows: more than 1 year employee turnover rate from 9.5 percent in 2011, 8.2% in 2012, 6.5 percent in 2013. Advanced system to motivate employees' self-growth, advanced rate is set to 30% in 2013 to 70% Adv rate. Travel grants 2011 256 people, 262 people in 2012, 290 people in 2013. Employee satisfaction increased year by year, 2011 70.6 points, 71.52 points in 2012, 2013 72.13 points.

Conclusions

People are the most important asset, and only make employees feel happy, the patient can get the appropriate care. Hospital staff understands the policies and objectives, results and activities regularly publish photos, create a family of atmosphere. Provide an annual health check service concessions to develop the habit of self-monitoring of employees on weekdays. The concept of a learning

organization, continue to promote happiness doubled, warm family of a project, the implementation of health promotion in the hospital.

Contact: PEI JIN YANG

Chu Shang Show Chwan Hospital
No.75, Sec. 2, Jishan Rd., Zhushan Township, Nantou County 5
NANTOU, TWN
yellow7469@gmail.com

The perception of nurses on the development of health promotion in mental health services

GELABERT-VILELLA Sandra, JUVINYÀ-CANAL Dolors, BERTRAN-NOGUER Carme, CRUZ-DÍAZ Veronica, MALAGON-AGUILERA M.Carmen, BONMATÍ-TOMÀS Anna

Introduction

Catalonia has involved in the International Health Promotion Hospitals Network (HPHN) since 2008. Nowadays, there is six psychiatric services of Catalonia hospitals enrolled. The evaluation of the implementation of health promotion (HP) is based on several standards, divided into substandards, which describe the degree of implementation of HP in order to evaluate and improve HP activities that are carried out.

Purpose/Methods

Aim: To evaluate the perception of mental health nurses on the development of health promotion in the workplace. **Methodology:** This is a cross sectional study. The participants in this study (n=225) are the nurses attending the Catalan Mental Health Congress in 2014. The evaluation tool is the specific mental health questionnaire proposed by the HPHN. The analysis of the data only was realized on the standard related to health promotion in a healthy workplace.

Results

75 nurses responses are analyzed. Substandard 1: New staff members are introduced to the basics of health promotion reviewers who never or rarely reported by 60%. Substandard 2: Staff members are informed of the organization's principles of health promotion never responded or rarely 61.3%. Substandard 3: Procedures and guidelines for health promotion are available to each staff member say they never or rarely 50.7%.

Conclusions

The results show that the majority of nurses, which are considered as one of the principals health promotion workers in the health systems, receiving little or no activities on health promotion. Moreover, it shows that not only the mental health users need to incorporate health promotion but also the health professionals in their workplaces.



Contact: GELABERT Sandra
 Universitat de Girona
 Emili Grahit 77, 17071 Girona, ESP
sandra.gelabert@udg.edu

The effectiveness of EBN workshops - Example Metropolitan Hospitals Teaching of in

HSU Hui-Ying, LIN Shu-Chuan, LI Ya-Ling

Introduction

EBN is the use of individual clinical expertise and the best available research evidence, the special situation of the individual patient together. The results of scientific verification, the actual process used in clinical care, in order to enhance the quality of nursing care and the promotion of patients back to health.

Purpose/Methods

In this study, use Quasi-Experimental Research Design, single-group before and after the test design, conduct interventions in May 2013 to July 2013 planning five consecutive courses to investigate the use of structured questionnaires accept EBN workshops around four hours a day, nurses EBN knowledge, changing attitudes and courses of satisfaction.

Results

Participate in EBN workshops and complete EBN who completed the questionnaire, a total of 36 people, the hospital an average of six years seniority, rank distributed in N2 accounted for up to 50%. The results before and after the test found that after participating in the workshop participants EBN curriculum tests for five times the average scores before and after the test has been improved significantly by 27% progress. For part of the workshop program, participants have a high satisfaction reached 90%

Conclusions

EBN way panel discussion workshop content included using EBN PICO establish clinical problem, repository Introduction. Literature search, evaluation read, how to apply EBN to clinical courses. In participants with ample time for the exercise of the situation, you can improve the knowledge of participants EBN; satisfaction with the workshop participants also high. Nurses caring for patients directly, with workshop, EBN implement its application to clinical wards of the problem.

Comments

EBN and nurses use to solve the problem of clinical care, improve the knowledge, technical skills and behavioral change choice of care measures, this will help to enhance the quality of care for patients. Nurses through literature search, read, archive and articles criticizing the training, help writing and publication of the article discusses the medical journal or to enhance the capacity and quality of academic prestige Case.

Contact: CHAI WEN Lai
 Show Chwan Memorial Hospital
 No.6 Lane 61, Nanping St.1, Nanyao Village Changhua, Taiwan 500
 CHANGHUA, TWN
chd7203270@hotmail.com

Study on Effects of Improving Paramedics' Evaluation Knowledge and Skills for 6th Vital Sign with Skill Assessment Method

**KU Yan-Chiou, JEANG Shioh-Rong, WANG
 Pei-Heng, CHEN Chin-Chin, WU Shu-Chun,
 HUANG Feng-Yu, CHENG Jin-Shiung**

Introduction

When emotional distress is included in the 6th vital sign evaluation, paramedics can rapidly evaluate the emotional change of patients, solve their emotional distress, develop nursing and care plans to be applied clinically to achieve the objective of holistic health care, to correctly evaluate patients' emotional temperature for medical teams to refer to, and to bring the effects of monitoring emotional distress with a skill assessment method. To probe into the effects of implementing emotional distress skill examination upon improving paramedics' knowledge and skills of evaluating the 6th vital sign.

Purpose/Methods

The study adopted quasi-experimental research design, and paramedics in a certain medical center in southern Taiwan were the subjects of the study. The subjects were divided into an experimental group and control group with 42 paramedics in each group. A pre-test was carried out with "the 6th vital sign rating scale for paramedics" and "emotional distress evaluation and skill examination table." After the experimental group received nursing skill examination and skill instruction regarding the 6th vital sign (emotional distress), the skills of the paramedics in the group were re-examined within three months before taking a post-test. The control group also took the test.

Results

(I) There was no significant difference in the pre-test regarding the knowledge and skills of both groups. (II) Upon the intervention of skill examination, there was no significant difference in the post-test regarding the knowledge of both groups, while the scores of their skills in the post-test reached a significant difference ($p = .005$). (III) After the analysis of covariance (ANCOVA) was conducted for the pre-test, the experimental group scored better in their knowledge and skills than the control group. In addition, their skill scores reached a significant difference statistically ($p = .005$). The results showed that paramedics scored better in their knowledge and skills, and that their skills were better upon the intervention of skill examination

Conclusions

It is suggested that nursing skills for the 6th vital sign (emotional distress) be listed as a nursing routine to carry out evaluation skills for the 6th vital sign clinically. It is hoped that the study results can serve as references for managers in promoting paramedics' evaluation skills for the 6th vital sign.

Contact: KU Yan-Chiou

Kaohsiung Veterans General Hospital
386 Ta-Chung 1 st Road
Kaohsiung, TWN
t7513777532@yahoo.com.tw

Learning to communicate in open ICU: staff training with speech therapist support

FORNERO Giulio, MUZZOLINI Grazia, POGNANTVIU Daniela, PASIAN Valentina, RACITI Ida, RANIERI Vito Marco

Introduction

The project "Open ICU" is based on an organizational model already in use in various countries, including Sweden, France, UK and USA, in which family visits are allowed for a greater number of hours. The aim is to improve the care in intensive care units by adopting a more holistic approach towards the patient and therefore also their psychological and relational needs. In Italy the promotion of visiting policies was introduced by the National Committee for Bioethics.

Purpose/Methods

At the Molinette Hospital, there are five intensive care wards and prior to opening the hospital staff decided to draw up same regulations to all the wards, so that rules for visits and stays by family members were uniform. The training programme aimed to teach the staff how to understand the complexity of the relationships involved, the systems to which the patient and the staff belong, considering the effects of interaction and communication within the network of relationships.

Results

As of today about 230 staff (doctors, nurses and others) have taken part in the training programme. With the assistance of a speech therapist, they have also learnt to use low-technology equipment such as the Etran table. The testimony of patients on the intensive care wards was essential for understanding the way patients experience during their hospitalization. The emotional impact for these participants was important in understanding and reconsidering the relationships between the staff and the patients and their family members.

Conclusions

In increasingly technological wards, the staff tend to underestimate certain aspects of the situation. The 'quality of life' must increasingly be expressed in a more natural context, for the patient in ICU. Creating relationships with the patients and members of their families requires the health

professionals to acquire skills in the technique and the art of communication, once again caring for the patient as a person, and not merely concentrating on the pathology or the organ to be cured.

Contact: FORNERO Giulio

A.O.U. Città della Salute
Corso Regio Parco
10152 Torino, ITA
gfornero@cittadellasalute.to.it

Filming a Documentary to Improve Clinical Nurses' Professional Commitment and Work Values Through SHARE Concept

HSU Tzu-Chuan, LEE-HSIEH Jane, HUANG Hui-Ting, CHUO Ying-Hsiang, LIN Hsin-Ying

Introduction

Clinical nurses' professional commitment and work values are inseparable from their attitudes and behaviors in clinic care and are the key motivating them to remain working for the hospital and continue their nursing careers. Therefore, enhancing the professional commitment and work values of nurses is critical to increasing the nursing work force and retaining nurses.

Purpose/Methods

According to the core values of SHARE (S: Sense people's needs before they ask; H: Help each other out; A: Acknowledge people's feelings; R: Respect the dignity and privacy of others; E: Explain what is happening), we filmed a documentary on the clinical processes of the finest clinical nurses from different departments. We investigated the clinical nurses who watched the SHARE-based documentary and their reflection on personal professional commitment and identities, as well as their sense of achievement in clinical work. Using the qualitative research method, we formed a focus group after showing different clips of the SHARE documentary 5 times. During purposive sampling, a total of 20 nurses from different departments participated in the study, forming discussion groups of 5-6 people. The recorded discussions were transcribed and subjected to content analysis and generalization.

Results

Using content analysis, we found the following 4 major dimensions of clinical nurses' professional commitment: (a) Identifying with nurse's professional autonomy: exert independent professional knowledge in nursing, commit to the work willingly. (b) Emphasizing continual learning in nursing: the comprehensive curriculum includes courses about the nursing profession, infection control, ethics and laws, quality management, and spiritual care. (c) Recognizing nursing as a meaningful and honorable calling: realize nursing is a meaningful and fulfilling service and be proud of being a clinical nurse. (d) Affirming nursing professions: earn a sense of achievement from patient and family praise and



encouragement. The nurse work values were summarized as follows: (a) Patient, family, and colleague feedback and trust affirm nursing work. (b) The sense of achievement encourages nurses to continue nursing until retirement. (c) The international trend encourages diversity in the nursing profession.

Conclusions

Clinical nurses seldom have an opportunity to reflect on other nurses and themselves. By watching the documentary on the clinical processes of the finest nurses from different departments, nurses are able to discuss and reflect, reevaluate the value of nursing, and rediscover their initial professional commitment and identities. Although filming the documentary was time-consuming and challenging, through clinical practice and the feedback and affirmation by patients' families, it enabled the nurses to identify with their professional commitment and work values, feel satisfied with their work, and become more willing to continue nursing.

Contact: HSU Tzu-Chuan

Taiwan Adventist Hospital
No.424, Sec. 2, Bade Rd., Songshan District, Taipei City 105
105 Taipei, TWN
tzuchuanhsu@gmail.com

The foundation of career planning over N2 stage through SWOT method

CHEN Hui-Zhu, CHEN Li-Chin, HUANG Hsin-Yi, WU Guo-Ming, JIANG He-Jiun

Introduction

Experienced nurses play a major role on experience passing on and development in new hospital. This study focuses on discovering experienced nurses' demand and expectation by analyzing their career plan and therefore to help promote their career actualization by care and counseling.

Purpose/Methods

The purposive sampling object is grade-N2 and grade-N3 nurse, 48 cases included totally. The study was conducted via self-structured questionnaire (Cronbach's α .83, CVI: .87) which includes the status of the individual, family, financial, social and career. In addition, open questions include: 1. SWOT analysis of personal strengths and weaknesses. 2. Recent (within 1 year), short-term (1-3 years) and mid-term (3-5 years) target. 3. Individual goal to be achieved and hospital administration assist to support.

Results

Married people (44.4%) have highly satisfaction of marriage life (90%) and satisfaction of children's states (88.2%). The highest satisfactions in this study are the relationships with colleagues (3.40±0.54), private friends (3.40±0.49), personal habits and leisure activities (3.27±0.62), and family activities (3.22±0.70). The lowest satisfactions are clubs participation (2.80±0.66), the potential of future income (2.87±0.63), health (2.91±0.82), and property (2.91±0.63). There are 18 people's short-term targets

are to get married and have children. About middle-term targets, there are 23 people want to pursue further education (Master degree 22 people, Bachelor degree 1 person). For the career life short-term targets, 22.2% people are going to pass related licenses, 35 people plan to gain the N3 level, and 7 people aim to earn the N4 level. About middle-term targets of career life, 15.5% people want to pass the internal promotion and 11.1% plan to switch jobs.

Conclusions

Basing on the satisfaction of current life and the personal life goal for experienced nursing staff, supervisors of nursing staff can arrange applicable trainings and personal advice strategies to promote nursing staff's self-actualization.

Contact: CHEN Hui-Zhu

Kaohsiung Municipal Ta-Tung Hospital (KMU)
No 68 Jhonghua 3rd Road, Cianjin District
80145 Kaohsiung city, TWN
sakura.bamboo@msa.hinet.net

Sense of coherence and work engagement among nurses

MALAGON-AGUILERA M.Carmen, JUVINYA-CANAL Dolors, SUÑER-SOLER Rosa, BONMATÍ-TOMÀS Anna, GELABERT-VILELLA Sandra

Introduction

Salutogenic approach defines Sense of Coherence (SOC) as a pervasive, enduring through dynamic feeling of confidence that one's life and environments-inner and outer- are predictable, comprehensible, meaningful and manageable. In work places, SOC is related to workers' health and other factors as work engagement which is defined as "a positive, fulfilling, and work-related state of mind which is characterized by vigor, dedication and absorption". There is not enough evidence about the relation between these constructs in nursing research.

Purpose/Methods

The aim of this cross-sectional study is to investigate the SOC perceived by nurses working in homes for the elderly in Girona (Catalonia, Spain) and relate it to work engagement. We received approval to conduct this research from the ethical committee. A demographic and occupational questionnaire was included and the SOC-13 and UWES (Utrecht Work Engagement Scale) instrument were used. The level of significance (p) was less than 0.05 and the range of 95%.

Results

The final study population comprised 109 nurses, who scored an average of 67.9 for SOC (SD 10.02) and 4.31 for work engagement. We observed that nurses with higher SOC scores also had higher levels of work engagement (p <0.05). Also, nurses classified as having the highest level of dedication on UWES scored highest on the SOC-13 (p=0.043) and its meaningfulness component (p = 0.012).

Conclusions

Nurses working in homes for the elderly in Girona have relatively high levels of SOC and more moderate levels of work engagement. We have also found that SOC is positively associated with work engagement. We conclude that SOC and nurses' level of training appear to partially explain levels of work engagement. These results are relevant to the field of health promotion for nurses.

Contact: AGUILERA Malagon

Universitat de Girona
Emili graït 77
17071 Girona, ESP
carme.malagon@udg.edu

The effects of nursing workload and job stress on the commitment

HOU You-Ru, CHANG Chao-Sung

Introduction

Under a "low-cost, high-quality" concept pushed by the National Health Insurance, and in order to achieve high utilization of hospital beds, shorter length of stay and higher turnover of beds are implemented to accomplish cost-effectiveness of hospitals, while early discharge, immediate refilling and demanding multidisciplinary nursing are overwhelming to the existing shortage of nursing manpower.

Purpose/Methods

The purpose of this study aims to explore the impact of nursing workload and job stress on commitment, and identify significant predictors for commitment. This study was a prospective, cross-sectional one, involving 554 nurses, who were enrolled from 35 general wards of a medical center in southern Taiwan. Data collection were made through survey by structured questionnaire. Four dimensions of questionnaires comprise personal attributes, nursing workload, job stress, and commitments, where Cronbach's α s 0.73-0.93.

Results

There are significant higher workload and job stress for those who have overtime work and lack of family support for their nursing work. There is no association between commitment with overtime work, but commitment is positively associated with family support. Family support has significant positive impact on commitment, but job stress has significant negative impact on commitment. Through job stress as a moderator, workload has significantly negative impact on commitment.

Conclusions

The study found that through job stress as a moderator, workload has significantly negative impact on commitment. Family support has significantly negative impact on workload and job stress but significantly positive impact on commitment.

Comments

Overtime work is worse in this study, compared to reports previously made, in Taiwan and abroad as well. Therefore, it is

suggested that supervisors of medical institutions and nursing department actively investigate nurses' workload of different disciplines in the organization, take appropriate steps to reduce overtime work and boost family support for nurses, reduce job stress, and encourage commitment in order to help nurses keep moving on.

Contact: HOU YOU-RU

Kaohsiung Medical University
No.100, Tzyou 1st Road
807 Kaohsiung, TWN
lawa1014@gmail.com

Impacts of Hospital Accreditation on Hospital Employee's Perception for Workplace Safety, Work Pressure and Overall Satisfaction - A Hospital Based Survey

TSAI Min-Ching, HUANG Tao-MIn, CHEN Po-Da, HUANG Mei-Ling, LIN Hong-Mau

Introduction

Hospital Accreditation is mandatory to classify hospital capability and to ensure health care quality. However, workloads brought by periodical accreditation may be an important occupational health issue. Occupational safety is an important issue frequently surveyed during accreditation. Besides, workload pressure and overall satisfaction for work may be influenced by pressure to achieve demands asked by the accreditation. How the accreditation influences the three dimensions is a key question to occupational health in health care. We used an annual questionnaire to identify significantly changing factors before-and-after accreditation.

Purpose/Methods

National Taiwan University Hospital Yun-Lin Branch (NTUH-YL) is a rural hospital which is composed of 1,500 employees, around 700 nurses. NTUH-YL received accreditation for emergency, trauma, and critical care in 2013. Results of annual surveillance for employee's perception for workplace safety, workload pressure and overall satisfaction were used (2013 and 2014). The tool was a 5-leveled Likert's questionnaire. The analysis was performed in the whole cohort of employees; a sensitivity analysis was done using data from nursing staff.

Results

A total of 1,082 (68.3%) and 1,000(67.1%) employees completed the questionnaires in 2013 and 2014 respectively. Before accreditation, the perception for workplace safety was 3.66; while it was 3.68 after the event. Perception for workload pressure increased from 3.82 to 3.92; the overall satisfaction decreased from 3.55 to 3.52. To nursing staves, accreditation increased the perception for workplace safety from 3.62 to 3.64. Perception for workload increased from 3.80 to 3.94; the overall satisfaction slightly decreased from 3.55 to 3.54.



Conclusions

Accreditation slightly improved employee's perception for safety, but perception for workload and overall satisfaction might worsen, especially in nursing staves. The data provide valuable insights into employee perception for hospital management and overall assessment of employees' occupational health. Future intervention studies are needed to alleviate the impact brought by hospital accreditation.

Contact: TSAI Min-Ching

National Taiwan University Hospital Yun-Lin Branch
No. 579, Sec. 2, Yun-Lin Rd., 640 Dou-Liu City, TWN
tao.minhuang@gmail.com

Effect of Using Manual Handling Tools to Prevent Low Back Pain in Our Emergency Department

MAKI Mayoi, NAKASHI Takahiro, HUNAKOSHI Mitsuhiko, WATANABE Tizuko, KABASHIMA Hisae

Introduction

Currently, the prevalence of low back pain (LBP) among nurses and care givers in Japan is about 60-82%. In 2013, the Ministry of Health, Labour and Welfare revised the guideline; "The guidelines for preventing low back pain in the workplace" issued in 1994. The reason the Ministry of Health, Labour and Welfare revised the guideline was that the number of LBP accounted for 60% of worker's compensation and hospitals and welfare facilities accounted for about 20% of the amount of compensation due to LBP. In our hospital emergency department, transferring the patients from the stretcher to the stretcher caught LBP among nurses and emergency staff. We had adopted manual handling tools to assist with lifting (so-called "no lifting policy") since 2011 in inpatients wards but manual handling tools had not been used in the emergency department. We investigated awareness of "no lifting policy", the prevalence of LBP, impressions of using the manual handling tools.

Purpose/Methods

The subjects were 19 nurses in the emergency department and emergency staff in the fire department. We conducted a questionnaire both in 2013 and 2014.

Results

We did not find the difference of the prevalence of LBP among nurses between in 2013 and 2014. However among the 10 nurses with LBP, 7 nurses answered that they felt their LBP was alleviated from introducing manual handling tools. Furthermore the nurses and emergency staff were satisfied with manual handling tools.

Conclusions

These findings suggested that usage of manual handling tools in the emergency department might lead to a greater awareness of preventing LBP, therefore alleviating LBP among nurses.

Contact: MAKI mayoi

Chidoribashi General Hospital
5-18-1 chiyo hakata-ku, Fukuoka, JPN
mayoi609@yahoo.co.jp

Hospital Improvement Projects of Reducing Sharps Injury Rate

LIAO Wan-Lin, LIU Shing-Yi, WANG Yi-Hui

Introduction

Sharps injuries are the most common occupational injuries occurred at medical institutions. From 2011 to 2013, the sharps injury rate at National Taiwan University Hospital Yun-Lin Branch had increased from 3.03% to 3.51%. A majority of these events (93%) were caused by the staff himself. We analyzed the events which occurred in 2013, and found that noncompliance to standardized operating procedures, poor process of handling over surgical materials, and inadequate safe venipuncture devices were the target which might be improved.

Purpose/Methods

This project was aimed to reduce the injury rate to 2.5%. By applying revised checking tables, this project wished to improve therapist's anti-acupuncture operating procedure, reduce accidental injuries during knives delivery with bended pots for sharp surgical instruments, enhance equipment set cleaning standards, as well as complement empty needles for insulin.

Results

Via teaching, sharing experiences and practices, the results showed that sharps injury rate had decreased to 1.38% at our hospital, and accurate rate of clinical nurse operative technique has increased from 72% up to 95%. The usage of insulin safety needle has the best improvement, followed by the sharps injuries in the operation

Conclusions

The project succeeded in reducing hospital sharps injury rates and changed the behavior of staff when handling sharp objects. Over all, it had effectively improved the safety in the working environment.

Contact: LIAO WAN LING

National Taiwan University Hospital Yunlin Branch
No.579, sec2, Yunlin Rd., Douliu City Yunlin, TWN
y00156@ms1.ylh.gov.tw

Motol University Hospital

NOVAKOVA Jana, VLACHOVA Marie, POLASKOVA Klara

Introduction

Motol University Hospital has been a member of national and international network programme WHO/Health Promoting Hospitals & Health Services (HPH&HS) for ten years, it has been

supplemented by participation in the pilot international project Recognition Process in 2012 - 2014. Pneumological clinic participated in the project for the hospital.

Purpose/Methods

The survey took place at Pneumological clinic during the period November – December in years 2013 and 2014. For the survey was chosen questionnaire research, interactive team workshops and structured interview. Thematic subjects included questions regarding the topic „Health support“, conditions and requirements of active approach of the staff towards programme Health support.

Results

The question of beneficial effect of activities „Health support“ realized in the hospital has unequivocal support at medical staff. The survey proved that activities on fulfilment of 4th standard of Health support (Promoting a Healthy Workplace) can become one of the key topics influencing the quality of provided healthcare (even it is medically correct and well provided). These can manifest in the results of patients' satisfaction surveys.

Conclusions

From the point of view of the medical staff, nurses and doctors, are the activities within the programme Health support beneficial and meaningful. The survey showed that nurses and doctors are in agreement with point of view and opinion on these topics. The basic idea of what is Health support. The significance of mental well-being and support in treating patients and by medical staff. The importance of medical staff's approach to patients, important supportive meaning of interpersonal relationships and mutual communication on the workplace.

Contact: NOVAKOVA Jana
Motol University Hospital
V Úvalu, 15006 Praha 5, CZE
klara.polaskova@fnmotol.cz

A pilot study on human resource management within satisfaction of volunteers' management and Organizational commitment

TSAI Tien-Sheng, HUANG Tzu-Hui, CHIN Shan-Non, SHEN Hsueh-O, WANG Chun-Chi

Introduction

Nearly 30 years, with changes in the social environment. 1980 After Taiwanese society officially transformed into industrial and commercial society. Economic structure gradually transformed into the capital-intensive and technology-based. Due to industrial restructuring, people started to gradually improve living standards, also led to the rapid growth of

Taiwan's NPO and volunteer service organizations and volunteer service hours are also growing year by year.

Purpose/Methods

In this study, by way of a small questionnaire survey in the hospital & Non-Profit Organization, to compare volunteers' management satisfaction at the implementation of the volunteer human resource management strategies; as well as the impact of satisfaction of volunteers' management vs organization commitments . Finally, this research maybe proposed few conclusions for reference.

Results

"Education degree" vs "satisfaction of assignments and content" have significant difference; "Volunteering seniority" vs "satisfaction within pre-service and in-service training " has significant differences ; and "Whether served as a volunteer in other organization" vs "satisfaction within pre-service and in-service training" has a significant difference. "Gender" vs "sustained commitment" have significant difference; "age" vs "sustained commitment" have significant differences; "volunteer seniority" vs "value commitment" have significant difference; "Whether served as a volunteer in other organization" vs "sustained commitment" have significant differences.

Conclusions

1. "Volunteers' management satisfaction" revealed the positive correlation and significantly affected on "organizational commitment"; when "management satisfaction" is higher, "organizational commitment" is also higher. 2. Considering the implementation of the volunteer human resource management strategies; we should focus on the expertise of volunteers to make it suitable material applicable. 3. Considering the concept of Active Ageing, Recruiting Elderly volunteers should be properly planned. 4. Considering the concept of Friendly City, Recruiting Foreign immigrant volunteers should be properly planned.

Comments

Keywords: Healthy City, Human Resource, Organizational Commitment, Satisfaction of Management, Active Ageing

Contact: TSAI Tien-Sheng
Kaohsiung Municipal Hsiao-Kang Hospital
No.482, San-Ming Rd., Hsiao-Kang Dist
812 Kaohsiung City, TWN
h9471303@gmail.com

Descriptive Analysis of an Integrative Medicine Wellness Clinic for Staff Health Promotion: Evaluation of a Pilot Program



GAN Zuo-Hua, LIN Ming-Nan, FANG Yu-Chen, HSU Yu-Ching, TSENG Chiu-Lan

Introduction

Integrative medicine is an individualized, patient-centered approach to health, combining a whole-person model with evidence-based medicine. The objectives of this study were to evaluate and describe the creation of an integrative medicine wellness clinic for staff in a regional hospital.

Purpose/Methods

Since March 2014, we developed an integrative medicine staff wellness clinic, in hopes of providing it as an annual employee benefit. Clinical services were provided free of charge during this 3-month pilot. All participants were asked to complete an initial visit questionnaire and at the end of the clinic, an anonymous satisfaction rating and an open-ended survey. Quality of life was measured using the SF-12. We performed a clinical audit analyzing the participant's demographics, medical concerns, and treatment recommendations.

Results

21 hospital staff participated (mean age 35 years), with 95% survey completion rate. The most common medical concerns for consultation were fatigue/sleep disturbances (52.4%), followed by stress, depression/anxiety and gastrointestinal diseases. The mean standardized T-scores for SF-12 were 45.6 and 42.6 for physical and mental health respectively. Overall satisfaction was rated 4 and above by all participants. All participants agree to visit the clinic again and recommend it to colleagues. 95% agree to have this offered as an employee benefit.

Conclusions

The overwhelming satisfaction of staff with the services they received at the Integrative Medicine Wellness Clinic suggests that this model could be considered as a way to provide health promoting services to our staff. Further study is needed to examine the long-term outcome of the Integrative Medicine Wellness Clinic in staff health promotion.

Contact: GAN Zuo-Hua

Dalin Tzu Chi General Hospital
No. 2, Minsheng Road
622 Dalin, TWN
frankie.gan@gmail.com

Healthwise health promotion newsletter continues to be well evaluated in an Irish academic hospital

DOHERTY Kirsten, KINSELLA Laura, DALY Leslie, FITZPATRICK Patricia, GILROY Irene, FLANNERY Eimear, CONLON Greg,

KERLEY Mary, O NEILL Veronica, KELLEHER Cecily

Introduction

Healthwise, a health promotion newsletter disseminated to all staff, was first produced in 1993. It is distributed quarterly, in print and electronically. The aim of this study was to re-evaluate the newsletter, using the RE-AIM framework, a decade after its previous evaluation. In particular, we examined ease and method of access, reading rates, satisfaction with its content and opinions on current and future content. We also obtained demographic information.

Purpose/Methods

A simple random sample of 140 staff, representative of hospital groupings, was surveyed over one week, by distributing questionnaires outside the hospital cafeteria. Data was analysed using SPSS and compared with the previous survey where relevant.

Results

Of 75% of participants who read Healthwise, most read a printed (68%) rather than electronic (32%) copy. Women cited lack of time as a reason for not reading Healthwise more than men (38% versus 5%; $p = 0.022$). Most (94%) found the content useful, with women (96%) more likely than men (86%) to agree with this. Health professionals (82%) were most likely to want Healthwise to continue unchanged, while more administration staff (32%) wanted changes.

Conclusions

Healthwise was generally well received, with results similar to that found in 2003. It is notable that it continues to be read through printed copy as many hospital staff have no access to computers. Demographic variations re-enforce the need to target the material appropriately.

Contact: DOHERTY Kirsten

St. Vincent's University Hospital
Dept of Preventive Medicine, Elm Park, Dublin 4, IRL
k.doherty@svuh.ie

Workplace health promotion- a pilot study of hospital employees' health fitness

FU Chao-Yang, TSAI Chen-Yao, HUANG Yu-Ling, HSIAO Yu-Tuan, YEH Li-Ling, HUANG Chun-Nan, PAN Chui-Yi

Introduction

Recently Study has confirmed employees' health benefits could be increased by workplace health promotion and the subject of fitness has always been concerned by the government. 'HEALTH FITNESS' is a person's tissues, organs can function properly, leaving the ability of body competent to daily work, enjoy entertainment and deal with unexpected situation. The status

of fitness upgrades as the exercise boosts; with a healthy physical fitness, we can prevent cardiovascular disease, lessen emotional stress and strengthen immune system.

Purpose/Methods

The aim of this study was to determine the health status of hospital employees, and to be health promotion plans in the future. 71 staff was enrolled voluntarily consisting of 34 subjects in medical group and 37 subjects in administration group. All subjects obtained fitness test of body composition, cardiopulmonary fitness, flexibility and muscle strength. We could interpret the advantages and disadvantages in fitness categories by comparing the values with Service industry standardized norm in the database.

Results

There were no significant differences between groups in rate of obesity. Balance of administration group was poorer than medical group but there were no significant differences among the rest of categories. By comparing the norms, most males and females had average handgrip strength and average to good in sit-up; the majority of males' trunk flexibility was average and fair. For females the result was fair. On the cardiopulmonary fitness, most males were fair and females were poor.

Conclusions

In general, considering the fact that hospital staff is short of cardiopulmonary fitness at this moment, it can be applied by hospital administrators as reference for management policies. And to raise the employees' fitness condition by designing related activities. It is really supportive for the management of employees' personal health.

Contact: CHAO YANG Fu

Chest Hospital, Department of Health, Executive Yuan
No.864, Zhongshan Rd., Rende Dist., Tainan City
Tainan, TWN
tn50276@ccd.mohw.gov.tw

The Implementation of a Health Promoting Workplace in Hospital

YANG Ming-Chih, TU Shih-Te, LIN Pei-Ying, LI Wan-Zhen, CHEN Wen-Hui

Introduction

To support the development of a healthy and safe workplace, and to support health promotion activities of staff. We survey the health and safety needs of the employee in 2012. We also got the feedback regarding existing space, facilities and services from members of health promotion center in hospital. After that we integrated resources to all kinds of plans to move towards health promotion in the workplace.

Purpose/Methods

The new health promotion center has exclusive bathroom and dressing space, providing a more spacious environment, the

more diverse facilities. There is a classroom for coaching team sports. Organized sports activities can set point. Employees could collect the set of points to change gifts. Held many team exercise programs and sport competitions. Let employees understand their own physical condition and other peers. We has launched a weight management plan, and organized competitions to reward weight loss

Results

Employees regular exercise ratio increased from 8.7% in 2012 to 17.1% in 2013. It reached to 21% in 2014. Hospital employees participated in healthy weight loss program, weight management execution participation rate also increased from 83% in 2013 to 86.9% in 2014. To strengthen the sports facilities of staff surveys drop from 20.5% in 2012 to 15.7% in 2014.

Conclusions

Employee health promotion needs are not only to build health promotion center but also continually to organize activities and give incentives. It's important to coach sports associations and organize sport activities ... etc. In order to enhance the motivation to participate in health promotion. Cultivate a habit of employees, motivate each other and gradually form a trend in hospital.

Contact: YANG MING-CHIH

Lukang Christian Hospital
No.480 Zhongzheng Rd., Lukang Township
Changhua, TWN
35089@cch.org.tw

Session P2.8: Promoting the health of community populations throughout the life course

A Study of Health Promotion Needs among Community Residents

YANG Ting-Yin, HUANG Zih-Yan, CHAN Fang-Hsu, LI Wei-Lun, HUANG Hsiao-Ling

Introduction

Disease pattern changes from infection disease to chronic disease. Health promotion programs are much needed when people are suffered from chronic disease. Increased sense of Health Promotion in the community. For example, Healthy City and Healthy Community. In Taiwan, the government initiated Community Health Development Plan since 1999 which aims to promote health from the community level.

Purpose/Methods

1. Questionnaire survey
 - i. Samples are selected purposively.



ii. 129 participants living in Taichung city were took part in this study.

iii. There were five sections in the questionnaire: demographic characteristics, health status, healthy behavior, healthcare services utilization and health promotion needs. iv. Validity and reliability were examined.

2. In-depth interviews

I. 8 community leaders were interviewed in January 2008.

II. Interview outlines were based on Social Capital Theory which includes:

- i. Social Capital
- ii. Natural Capital
- iii. Economic Capital
- iv. Human Capital

Conclusions

According to Chinese health questionnaire, main health problems diagnosed by the doctor were hypertension, osteoporosis and high blood fats. Physical of health promotion needs preventive care, health examination, and nutrition. Mental of health promotion needs emotional coping, stress management and family relationship. Then, health promotion activities in the community health promotion programs are mainly physical fitness and lack of emotional and mental activities. Statements below were found in the interviews: "There are many health promotion activities in the morning and it is estimated that around 50-60 participate. Activities are mainly easy exercise such as shaking hands." "In our community, there are free health examination service which measure blood pressure, bone density etc." "We go cycling with neighbors." Cooperation between the community and the hospital on health promotion activities health promotion programs are mainly initiated by the hospital, and it seems seldom to jointly organized activities between the community and the hospital. Statements below were found in the interviews: "We receive plenty information about health promotion activities initiated by the hospital." "We seldom organize health promotion programs with the hospital."

Comments

Health status of participants is average compared to the general population, life style of participants is healthy, and health promotion programs are needed in the area of preventive care and emotional coping skill.

Contact: TING-YIN Yang

Hospital

No.25, Lane 442, Sec. 1, Jingguo Rd., Hsinchu City

Hsinchu City, TWN

tyyang@hch.gov.tw

Community-based" Health Promotion Issues and Priority Survey" in Taiwan.

CHOU Wan-Yun, CHIANG Yi-Hsuan, WEI Fang-Chun, YANG Yi-Chu, HUNG Kun-Long

Introduction

A HPH hospital in Taipei, Taiwan allies with five community sites in the hospital neighborhood area. The health demand assessment can help HPH hospital develop strategies to address local health demand and reasonable priorities and better resource allocation that improve community health.

Purpose/Methods

Our aim is to better understand the demand of a local population and then to help the health service resources used in the most efficient way based on the survey. Data of the "health promotion issues and priority survey" were collected from 142 subjects in five community sites. Structured questionnaire was used to establish the priority of health related issues which people concern. Descriptive statistics, such as means, standard deviations (SD) and percentiles were reported to describe study outcomes.

Results

A total of 142 participants with mean age (\pm SD) of 68.82 (\pm 9.9) years old. Data revealed that health screening program is the most needed health demand among subjects. The most efficient method to promote health is through disease screening. Subjects obtain health knowledge mainly from video and television. Community center is the most convenient place for subjects to participate in health promotion activities of free disease screening and boot their knowledge.

Conclusions

Assessment of health demand should identify unmet health demand of a population and how to meet these unmet demands systematically. The data collected provide an evidence-based result that can be used to guide strategies for improving the effectiveness of health promotion in the future.

Contact: CHOU Wan-Yun

Cathay General Hospital

280 Renai Rd. Sec.4. Division of Community Medicine

Taipei, TWN

sc1020@cgh.org.tw

Urbanization impact of obstetric care in Taiwan 1996–2010

LIU Hui-Chung, WANG Hsiu-Ling, CHANG Je-Ken, TANG Jen-Yang, TSAI Tien-Sheng

Introduction

The appropriateness of obstetric care in nonurban and urban hospitals impacts the health of women and infants. Cesarean delivery (CD) is a life-saving intervention, but it is associated with certain risks, for example, infection, surgical injury, pain, and infant respiratory illness). Cesareans without medical indication may adversely affect maternal and infant health (eg, postpartum hemorrhage, infant mortality, and prolonged length of stay). The "CD" indicated as being medically necessary is reimbursed twice the rate of the "VD" (vaginal delivery).

Purpose/Methods

To measure differences in obstetric care (Rates of CS vs. VD) in urbanization and hospital characteristic and to explore possible explanations for the difference between 1996 and 2010 in Taiwan. This was a retrospective, population-based study of hospital discharge records for all births in the 1996–2010 Nationwide Inpatient Sample, which constitutes 127,879 cases (39,530 in urban hospitals; 57,445 in sub-urban hospitals; 30,904 in rural hospitals); including 86,156 VD and 41,723 cases of CS.

Results

Compared with Urban, participants living at suburban and rural the adjusted odds of a CS were 1.06 (95% CI =1.01–1.12, $p=0.019$), 1.14 (95% CI=1.07–1.21, $p < 0.001$). Younger women (below 35 years age) giving birth with CS in higher service volume hospitals were 1.54 (in lower service volume of physician) [(1.29–1.85), $p < 0.001$] and 1.37 (in higher service volume of physician) [(1.17–1.60), $p < 0.001$] times than those in lower service volume hospitals.

Conclusions

During 2005-2006, The first care quality policy provided financial incentives to encourage VD by increasing the reimbursement for VD up to the same level of CS. The second care quality policy aimed to reduce the demand for elective cesarean procedure by employing a copayment when CS is not medically indicated. We found that while the CS utilization did not seem to respond to the interventions in high service volume hospitals. However, hospital comparisons without risk adjustment, may be methodologically biased.

Comments

The goal of any hospital should be to provide evidence-based care consistently to all maternity care patients. Although the means may differ across hospitals, policy efforts should enable hospitals to achieve the same level quality of maternity care. Future efforts underway to narrow the rural-urban gap in quality of maternity care specifically, and health care generally, should be rigorously evaluated. Keyword: rural health, urban health, obstetrics, cesarean, vaginal delivery

Contact: TSAI Tien-Sheng

Kaohsiung Municipal Hsiao-Kang Hospital
No.482, San-Ming Rd., Hsiao-Kang Dist
812 Kaohsiung City, TWN
h9471303@gmail.com

Healthy, Happy and Active: the “Three Happy Kids, Golden Ratio 321” campaign in Yuanli Township

CHEN Hui-Ju

Introduction

Healthy meals and snacks contribute to healthy growth and lower the risk of chronic diseases in school children. Parents worry about their children’s eating habits, especially when they consume too much junk food or don’t eat a wide enough

variety of foods. According to recent studies and surveys, school children in Taiwan are facing a hidden dietary crisis: W-shaped eating behavior. Experts cite four particularly bad dietary habits among children: they don’t drink milk, don’t eat enough vegetables and fruits, consume too many sugary drinks, and spurn breakfast. These behaviors in turn lead to the three highs and the two lows of the “W”: high protein, sodium, and cholesterol, and low calcium and dietary fiber. When children don’t eat properly, their intelligence, vision, growth, and immune systems are all negatively affected. Educating parents to foster healthy eating and exercise habits—and thus improve children’s academic performance and emotional well-being—is a major goal of the government and social participants today. It is hoped that schools can help to promote a healthy eating culture to families, so that communities can come together to create a high-quality food environment for all

Purpose/Methods

The goal of this initiative is to educate students and parents on how to eat healthily and exercise happily so that they can enjoy physical activities, good food and life in general. We have invited practitioners from across various disciplines and agencies as well as from the school district itself to form an evaluation committee to draw up an environmental evaluation survey and formulate strategies that are based on expert advice. After field studies were conducted, feasible action plans were drawn up on issues of interest. What’s more, fun teaching aids and materials were produced to guide students to discover the type of eater they were based on their eating behaviors, thus gaining an understanding of how and where their diets needed to improve

Results

I. School eating environment improvements:

1. Assisted nine schools to provide six low-fat, low-sugar food items.
2. Sponsored six parent-child summer boot camps (with a total of 12 classes) to help correct bad eating habits.
3. Launched promotions to encourage the food business to provide healthy food. Four lunch box providers started to label caloric contents.
4. Six restaurants put up the fruit-and-vegetables cancer prevention poster.
5. Nine government agencies posted health slogans.
6. Installed four colorful and interesting educational bulletin boards along sidewalks to spread information about healthy living.

II. Behavioral changes:

1. The percentage of parents able to correctly recall the suggested amount of daily vegetable consumption for school children rose from 52% to 89%.
2. The percentage of parents able to correctly recall the suggested amount of daily fruit intake for school children rose from 42% to 90%.
3. Rate of consumption of three or more high-fat snacks per week dropped from 75% to 32%.
4. Rate of consumption of three or more high-sugar snacks per week dropped from 85% to 22%.
5. A total of 1,000 people participated in parent-child summer boot camps to help correct bad eating habits.

Conclusions



Parental attitudes and determination about diet directly impact children's future eating habits. This extension plan aims to help school children and their parents to understand the impacts of food choices on environmental, community and individual health, as well as to cultivate good eating habits that are sustainable and respect life. This extension plan puts special emphasis on keeping parents and school lunch providers abreast of new ideas about healthy diets. The program sponsors seminars, workshops and publicity about healthy meals, urges parents to provide their kids with five portions of fruit and vegetables a day, and continues to assist schools in their efforts to promote healthy eating programs by using a variety of interesting teaching materials to encourage students to make healthy food choices. In addition, in response to a growing population that eats out regularly and the myriad food choices on the market, so that the public can dine without fear, government health departments have made use of community resources to foster coordination among government agencies and the public to actively promote a healthy eating culture and to encourage restaurants to provide seasonal and unprocessed food.

Comments

Yuanli Township has established a cross-departmental health promotion committee. The committee meets annually to conduct a community resource inventory, assess community needs, set topics of discussion with regard to community health issues, and plan strategy and execution in accordance with SWOT analysis and the Ottawa Charter for Health Promotion. Currently, Yuanli Township Hall is promoting the "Three Happy Kids, Golden Ratio 321" campaign. The township's health department sponsors health promotions and puts discussions of issues such as food labeling and food advertising on the agenda of its annual meeting with schools. It proposes revisions when it sees fit and reports outcomes periodically.

Contact: HUI-JU Chen

Health Center
Yuanli 16 number, Yuanli, TWN
yul-23@tcmail.mohw.gov.tw

Laboratorio Gammani: a community care setting sample in health care system

**CENCI Luigina, FIORI Stefano, ROSSI Lina,
ROSATI Francesca, MONTESI Arianna,
ZAMMIT Agnese, FRASCIONE Giulia**

Introduction

For specific clinical features, Dyslexia (DSA) is the most serious reading and writing disorder. This condition shows low incidence (0.5-1%), and a genetic abnormality in chromosome 6. In Italy, about 1.5 million people including adults and children suffer from dyslexia; in the first cycle of primary school, 8-10% pupils show some learning-related disorders and/or secondary linked difficulties (linguistic, cognitive, motoric, relational

features). 1% of about 180,000 pupils living in Le Marche region present DSA.

Purpose/Methods

The diagnosis of specific learning disorders is performed mostly at the end of the first cycle of primary school through dedicated screening. The traditional rehabilitation treatment is aimed to control the meaning contents and awareness in correcting errors. At school, a supporting individualized teaching or a custom path may be activated according to the special educational needs of the single child. However, intervention tools (dedicated staff, video lessons and learning-difficultie oriented computers) are not available in every single school. Since September 2014 a social private territorial cooperative company, responsible for a biweekly Afterschool Educational Laboratory (duration 2,30 h) was activated and addressed two groups of 6 children (aged 6-14 years).

Results

A multidisciplinary dedicated team (pediatrician, child-psychiatrist, psychologists, educators, social-worker, technician) is applied. The after-school program uses the most innovative information technology (compensatory softwares like vocal synthesis and digital maps) that also supports remote application. This organizational tool promotes effective study strategies consistent with the ministerial programs and is integrated in the health care service system. The available package cost is 200 €/month.

Conclusions

A multi-specialist service dedicated to DSA offers a child and her/his family the opportunity to improve both learning and social appropriate behavior at school; in this issue the Anglo-Saxon model in using technological tools seems to be very effective. As to the inheritance condition of the dyslexia, specific attendance is dedicated to parents to investigate the difficulties experienced during the adult lifetime. A valid reference condition is proposed by the presence of a private affordable-price service offering a spontaneous access, also available to public facilities in the construction of an integrated operation pathway. In order to prevent this project from causing/contributing to an increase in inequalities a foundation is ongoing, aimed to guarantee economic and support assistance to needy families, enhancing long-acting management and remote techniques.

Comments

The presence of a private affordable-price service offering a spontaneous access proposes a valid reference even to public facilities in the construction of integrated operation paths.

Contact: FRASCIONE Giulia

Cooperative company Gammani
Largo Ungaretti 1, Monte San Vito, ITA
cenci.luigina@gmail.com

Early Intervention promotion in rural community: An example from Hsinchu, Taiwan.

TSAI Hsiao-Ting, CHEN Yen-Hua, TSAI Yi-Chen, HUANG Yi-Chieh

Introduction

The importance of early intervention is well established. Families live in rural community with economically disadvantaged still lack of knowledge about developmental delay (DD) disorders. Those parents also lack of knowledge about the resource of getting information about early intervention. This condition may result in high average age of children when they received initial assessment and delayed prime time of intervention.

Purpose/Methods

For promoting the concept and enhancing medical care seeking behavior, the early intervention center of National Taiwan University Hospital Hsinchu Branch cooperated with local health centers, conducted screening for children below 6 years old in Hsinchu area. An interdisciplinary team including doctors, therapists, and social workers used the Preschool Child Developmental Checklist to screen and referred suspect cases for further evaluation and treatment. Education and caring skill for parents were also provided.

Results

Sixteen screenings were conducted in 2013 and 2014. Eighty-two children were evaluated and 18 children were suspect DD in 2013; 6 out of 64 children were possible delay in 2014. Functional performance was evaluated while first intervention and re-evaluation after 10 months rehabilitation. Positive feedbacks from families were received. The survey from early intervention center revealed that 94% to 97% parents were satisfied the information and treatment, and the rate of initial evaluation below 3-years-old increased from 37% to 47%.

Conclusions

Screening and interdisciplinary rehabilitation programs helped to detect children who were in needed and provided comprehensive evaluation and treatment. Through cooperation between local health center and medical institution would effectively help DD children and their families. The concept of establishing screening system in the community of rural area might reduce medical expenditure to decrease economic burden of their families and society.

Contact: TSAI Hsiao Ting

National Taiwan University Hospital HsinChu Branch
No.25, Ln. 442, Sec. 1, Jinguo Rd., North Dist.
Hsinchu City, TWN
httsai@hch.gov.tw

A Preliminary Project about Parents' Screening for Attention Deficit Hyperactivity Disorder in Rural Area

FANG Chun-Kai, WU Chun-Han

Introduction

Attention deficit hyperactivity disorder (ADHD) is a common child mental disorder. Some ADHD children without being diagnosed often get poor upbringing. Some of them may become patients with affective disorders if they don't grow up in health lifestyle. Therefore, early detecting ADHD is important for health promotion. In Taiwan, national health insurance provide good medical service for ADHD. However, some parents do not know what ADHD is. The project is to introduce the knowledge of ADHD for parents who living in rural area, and let them screen their children.

Purpose/Methods

From April to August 2014, New Taipei city government provided a brief document about ADHD for all parents who had 8 years old children. On the document, the behaviors of children with ADHD were described. The information about child mental health service was provide at the same time. If parents found their children had some phenomenon like ADHD, they could take their children to Mackay Memorial Hospital for free assessment by psychiatrists.

Results

There were 13 children taken by their parents to the Division of Children and Adolescent Psychiatry. 12 of them (92.3%) were diagnosed ADHD by psychiatrists. Among the parents of 12 ADHD children, only 3 (25%) agreed to get next service by clinical psychologists.

Conclusions

ADHD is a treatable mental illness. The self-screening by parents living in rural area was a possible way to find ADHD children. However, the following treatment had some difficulty. The more public education for ADHD will be considered in rural area.

Contact: FANG Chun-Kai

Mackay Memorial Hospital
92, sec. 2, Zhongshan Rd, Zhongshan Dist.
Taipei, TWN
fang0415@yahoo.com.tw



Young children's psychosocial health in Norway; effects of legislation and the employees' use of the term bullying in child care centers. A qualitative study in a Public Health view.

KJEVIK Gry

Introduction

From a Public Health view this study aims to explore how the use and understanding of the phenomenon bullying, can influence how a child thrives in the psychosocial milieu in childcare centres. Data analyses, in regard to the Public health levels, found a weak legislative mandate at the external State level and consequently weak legislative and control function mandate at the county and council levels to enforce safe psychosocial milieu for the child in childcare. Empowering parents with this knowledge.

Purpose/Methods

This study used a phenomenographic approach, with triangulation and emergent design. Staff at two childcare centres with different attendance to prior information sessions regarding the phenomenon bullying were interviewed, utilizing a semi-structured interview guide. Documents regarding anti-bullying policies were analysed and a pedagogic anti-bullying program session for children was observed. Personnel at different external department-levels with a legislative, controlling or supporting mandate for anti-bullying policies were located and interviewed regarding their role in creating a safe psychosocial milieu in childcare.

Results

The weak legislative control from all governmental levels left it up to each individual childcare centre's own motivation to whether they established anti-bullying policies. The use of the bullying terminology within the childcare setting was found to give emotional response at the childcare centre level. This leading to different acceptance and use of terminology influenced the childcare centre's uptake and use of governmental information and the creation of their own anti-bullying policy.

Conclusions

Utilisation of different terminology gave room for varied interpretations of incidents regarding psychosocial behaviour among the children. Weak legislative control, regarding governmental enforcement of the child's right to a safe psychosocial milieu, leaves it up to the individual childcare centre and their staff's emotional acceptance of the bullying terminology as to how anti-bullying policies are developed and utilized. Parents would at present time have to check out at the individual childcare centre regarding anti-bullying policy.

Comments

Chose Child & adolescent health team category, but this belongs also in Public Health and psycho social health: feel free to move it if other heading seems more appropriate. (Bullying is high on the Public Health agenda in Norway at present: Focus of antibullying with children as a preventer for mental health problems later in life).

Contact: KJEVIK Gry

Nordic school of Public Health
Grovikveien 52, N 4635 Kristiansand, NOR
grykievik@hotmail.com

Educational program for the prevention of postural damages in childhood

**MASTRONICOLA C., SIMONAZZI P.,
CODELUPPI D., IOTTI W., FERRI G., C.I.D.,
PIETRANTONIO A.M., LOMBARDI A.,
TRIPI F., ARCOLIN E.**

Introduction

The transition from childhood to adolescence is an important phase to defined a correct posture and avoid irreversible abnormalities. Risk to develop postural damage is multifactorial, the determination of predisposing factors is important in order to change it through specific measures. The school represents an ideal setting to optimizing environmental conditions in relation to spinal loading and giving prolonged feedback on good body mechanics. Furthermore, nearly all children and their own family can be reached for active promotion of health.

Purpose/Methods

Since 2014, Voluntary Associations "Pain Care Association", "The network" and "The New Hospital in Modena" promotes project "Back Straight", through: relatives path: physiotherapists and physiatrists explain postural deviations' signs and provide a "vademecum" to detection of early damage. A occupational practitioner and a engineer treats the prevention of visual and scheletric systems damages. classes path: Students are involved in "Two realms" performance. They show 2 opposite ways to grow up, to get awareness of the right behaviour.

Results

350 students of 3 primary Schools involved in the project. November 17th, the show was held at theater DADA. Aside of the correct posture, have been treated healthy lifestyles such nutrition and physical activity. November 24th was held the meeting with health professionals, with parents participation and interest to deepening knowledge and practical competences on health topics. At present, the project is monitored in order to assess whether the initiative leads to the desired results.

Conclusions

Our project shows as theatrical performance is a pleasant way to make learning more effective and focus easily the attention on health topics such as correct posture. Furthermore, our study highlights as multisectorial and cross disciplinary initiatives involving school organization, social partners, health care organization, patients associations offers the opportunity to create a good framework for prevention, health and a health promoting environment.

Contact: TRIPI Ferdinando

AUSL Modena

Viale dello Sport, 41122 Modena, ITA

f.tripi@ausl.mo.it

Preventing psychiatric disorders in adolescents: A joint venture between schools, health nurses and Child and Adolescents Psychiatry units?

INGUL Jo Magne

Introduction

In this study which has been running for 4 years now. Employees from the local Child and adolescent psychiatry (CAP) work one day a week at high schools in the region. Still referrals increase substantially and epidemiological research shows that most children and adolescents with mental health problems go undetected and untreated. This is potentially a great health problem with chronification and low psychosocial functioning as a result. In this ongoing pilot study we try to meet some of these challenges.

Purpose/Methods

Through meetings and counselling enhancement of the competence of teachers, nurses and educational welfare officers in identifying and helping adolescents suffering from mental health problems are pursued by the CAP employee working at each school. They also participate in assessment and short interventions, meeting students directly.

Results

The service is effective: There are 4-5 direct consultations every day. Drop out rates are lower than at the hospital. The adolescents that seek out the service are suffering from mental health problems to the same degree as those referred to the CAP unit. Students receive help, adaptations and in some instances referral earlier than previous. School and health staff in the local communities is very satisfied with the service.

Conclusions

Findings from this study indicate that, moving the services closer to adolescents result in earlier identification and better communication between the CAP unit and local health services and schools, thereby making services to each student more coherent and effective. Ways to further improve this service will be discussed.

Contact: INGUL Jo Magne

Dept of C & A psychiatry, Levanger Hospital

Kirkegt, 7600 Levanger, NOR

jo.magne.ingul@hnt.no

Accountability model for resilience of young people: "what's up?" - a framework for stakeholders actions

AGUZZOLI Cristina, PERAZZA Franco, BERTOLI Marco, CULOT Wally, ANZALLO Calogero, POLICARDI Erica, KRANNER Marjeta, GIURESSI Cristina, MILETA Paolo, DEL FABBRO Tiziana, SANDRIN Luana, PONTELLO Elisabetta, DE SANTI Anna, VIDI Miryam, VIDOZ Liliana, DOMINGUEZ Claudia, DAMILANO Igor, BELLOGI Renzo

Introduction

In Health Behaviour in School-Aged Children Survey 2010(HBSC), we noticed a high level of chronic stress symptoms in adolescents. In the world it's growing the phenomenon of self-injury and aggression linked to cyberbullying. The province of Gorizia was involved recently in three fatal episodes of self-harm in young adolescents. Our Health Services and stakeholders of the community are implementing a system for stress management, based on resiliency principle, involving policy makers and different settings of the community.

Purpose/Methods

"What's up?" is a program that aims to support the healthy development in adolescence. The adolescence is one of the periods at higher risk of stress (Pervanidou 2012), but often adults are not able to upgrade their skills to give proper support against the pressures that young people live. Despite of the numerous initiatives, sometimes actions overlap and it is not clear the investment on protective factors. We are pursuing an accountability system on salutogenesis, risk and paths care.

Results

According standards HPH: 1)Definition of the coordinating group and sections on the issues of salutogenesis, risk and taking charge; 2)Analysis of the HBSC Surveys; 3)Selection of resilience tools. Activation of competition for students on life skills; 4)Training for parents, teachers, sports coaches, peer to peer, to improve stress management techniques; 5)Memorandum of understanding in order to activate the technical committee between Health Services and welfare section of Local Banking foundation. Activation of administrative secretariat managed by the public assessorate of welfare

Conclusions



"What's up? " defines an accountability vision between institutions and citizens about the assets available for young people. In order to fight self-harm, depression and deviant tendencies in adolescence we chose the approach of community-based life skills and resilience. This program is the methodological framework for the line on the welfare of youth in the Regional Plan for Prevention 2014-2018. The program addresses protection factors, risk factors and the continuity of care in case of need.

Comments

The first phase was the activation of a coordinator in the healthcare setting in order to link strategies on health vs risk factors and accessibility to services dedicated to adolescence. The second phase has involved the stakeholders in the community to share resilience interventions. The intervention model, started up in the school setting, will be adapted in sport and leisure contexts. Now we are monitoring the system, to set up the intersectoral model through the Deming Cycle.

Contact: AGUZZOLI Cristina

Azienda Servizi Sanitari 2 Isontina
Via Vittorio Veneto, 34170 Gorizia, ITA
cristina.aguzzoli@ass2.sanita.fvg.it

To investigate the impact of exercise on sarcopenia of the elderly in community

TAI Hsu-Chih, HUANG Shu-Hua, CHAO Ying-Hua

Introduction

In human aging process, the gradual degradation of the physiological condition, coupled with multiple chronic diseases, physical impairment leading to not move, accelerate the reduction of muscle mass. Muscle disease is less disability, falls, functional degradation, hospitalization and even death risk factors. Therefore, strengthening the old campaign to improve muscle strength is very important.

Purpose/Methods

This study investigated the causes of aging sarcopenia and to develop prevention strategies. We received a total of 133 elderly participants were compared before and after activity after 12 weeks through the implementation of "Tai Chi Synergy" aerobic exercise classes measures. Research tools included questionnaires and a body composition analyzer, analysis results provided effective methods of prevention.

Results

The results showed significant in grip section ($\alpha < .0001$), arm circumference ($\alpha < .05$); lower limb balance ($\alpha < .0001$), and body flexibility is increased ($\alpha < .0001$), 4m walking time decreased ($\alpha < .0001$), and better of walking.

Conclusions

This study showed that after 12 weeks, "Tai Chi Synergy" aerobic exercise classes measures to reduce muscle and fat becomes an increasing trend began to emerge, but upper extremity muscle strength, flexibility, balance and walking ability of the body is still growing and getting better trend.

Comments

Increases with age, older people still need a healthy and appropriate exercise, can reduce the rate of muscle degeneration. So faced with the arrival of the era of aging, creating age-friendly environment, the construction safety campaign to assist the elderly community is the direction of efforts.

Contact: SHU-HUA Huang

Toufen Township Health Station
No.72, Xianhui Rd., Toufen Township, Miaoli County 351, TWN
tof14@tcmail.mohw.gov.tw

Prevention of malnutrition in the elderly in the community

YAMADA Tadashi, FUJII Tsuyoshi, KATO Mari, KAKIUCHI Sanae, MURAYAMA Reiko, TAKANO Yoshie, KAWAKAMI Masami, SAITOH Fumihiko, NEGISHI Kyota

Introduction

In 2012, we examined the nutritional status of elderly, and assessed a clue to prevent malnutrition of them. In this preliminary study, 127 people were registered. 77% of them were older than 75 years old. 38% were malnourished, and 41% were at-risk. We expanded this study and widened the scope of research. In this new study, we disclosed more accurate nutritional status of the elderly. We expected this result made aging people connect to the medical activities.

Purpose/Methods

We targeted more than 75 years of age and distributed a questionnaire on nutrition, and classified them into two groups. One was the nursing care group (NC) who were receiving long-term care services, and the other was the control group (C) who did not. We compared the nutritional status, the ratio of sarcopenia and dysphagia, calf circumference (CC), and family structures between the two groups. The nutritional status assessed by Mini Nutritional Assessment-Short Form (MNA-SF). We analyzed these data by chi-square test.

Results

Total 278 were eligible. 177 categorized in the NC group, and 101 in the C. The proportion of malnourished and at-risk people was 29% and 46% in NC, and 0.9% and 24% in C, respectively. The percentage of poor nutrition status people was about 80% as same as the result of the former study. The percentage of sarcopenia in each group was more than 50%. The differences in the ratio of nutritional status, dysphagia and CC were significant between two groups ($p < 0.01$, respectively).

Conclusions

We confirmed again a large number of community dwellers were poor nutritional status, and sarcopenia related to malnutrition. We know the presence or absence of dysphagia and CC are associated with sarcopenia. It is important to assess the CC and the presence or absence of dysphagia, and to prevent the sarcopenia of the elders. Because we think that the prevention of malnutrition in the elderly improve the quality of life and reduce the risk of disease like pneumonia.

Contact: SAITOH Fumihiro

Oizumi Health Cooperative Hospital
Higashi-Oizumi, 178-0063 Nerima, Tokyo, JPN
fumisaitoh@gmail.com

Study of the Relationships among Depression in Home care and Community Elders

TSAI Pei-Chen, LIN Wan-Ting, YANG Fen-Hua, YANG Tzy-Ying, CHENG Jin-Shiung

Introduction

The prevalence rate of geriatric depression in Taiwan is as high as 13% to 21%, and geriatric depression causes the decline of physical, mental and social functions of senior citizens, change of their life quality, and even suicide.

Purpose/Methods

The study adopted purposive sampling and used GDS-15 as its measuring tool. After their data were collected, SPSS 18.0 was used to conduct statistical analysis. The comparison of continuous variables was analyzed with Student t-test, while that of categorical variables was analyzed with chi-square test.

Results

Among the 140 cases of home care, the correlation coefficient of their illness symptoms and GDS-15 was -.503, which reached a significant correlation ($p=.010$). However, there was no significant correlation with their age, marriage and illness. There was no significant correlation with their age, marriage and illness. Among the 50 cases of community care, the correlation coefficient of their residential conditions and GDS-15 was .388, which reached a significant correlation ($p=.005$). However, there was no significant correlation with their age, marriage and illness.

Conclusions

It is hoped that the feelings of cases and their family members can be discovered as early as possible through regular visits and screening by home nurses who can actively provide required assistance and appropriate transfer so that there will be outlets for the emotions of happiness, anger, sorrow and joy of the cases and their families.

Comments

In addition, the nurses are expected to participate in the construction of support system for senior citizens in

communities to reduce their sense of loneliness and to prevent misfortunes from happening.

Contact: WANG CHIN HUI

Kaohsiung Veterans General Hospital
No.386, Dazhong 1st Rd., Zuoying Dist., 81362 Kaohsiung, TWN
cichwang@vghks.gov.tw

Promoting Health and Community-living for Elderly People through Community Empowerment in MeiCheng Village, Xindian District, Taiwan

LEE Yu-Tsen, TSENG Chun-Han, HSIEH Hung-Yu, CHANG Yu-Lan

Introduction

The aging population is rapidly increasing in New Taipei City in Taiwan. In 2012 more than 9% of the population was 65 years of age or older. In MeiCheng village, Xindian district, 10.42% of the people were 65 and over. An aging society has serious financial and social impacts, because older people are more vulnerable to physical and mental health problems. Therefore, this project plans to use the community empowerment approach to promote healthy community living among older people.

Purpose/Methods

This project aims to establish an alliance within local organizations to address health needs of older people based on three empowerment domains' identified by Laverack (2006). Participation: interactive courses for older people are designed and implemented to strengthen social networks and support. Community-based organization: the community-based courses are created with neighborhood support and assistance from local churches. Local leadership: people of rank and good standing are invited to participate and direct the alliance in order to achieve the desire results.

Results

A health alliance between three organizations was established. Two series of three-month courses were arranged. These included: exercise, nutrition and handicraft courses. 31 older people participate in the courses (attendance rate=63.7%, 87% female). A satisfaction survey showed an overall score of 2.97 (SD=0.1, max. value=3, min. value=1, n =14), 85.7% of the participants agreed to exercise regularly, 64.3% were willing to have 5 servings of vegetables and fruit a day, and 92.3% were happier than they were a year ago.

Conclusions

This project's aim to build collaborative partnerships for community health was achieved by facilitating co-operative planning and community action in addressing health needs of the aging population in MeiCheng village. With further empowerment strategies, continued improvements can be



made to strengthen the health related services for elderly people in the community. Furthermore, this project can be a model of community empowerment for other communities in Taiwan.

Contact: LEE YU-TSEN

Cardinal Tien Hospital
No.362, Zhongzheng Rd., Xindian Dist., New Taipei City, TWN
s900088@yahoo.com.tw

Helping people promote their elderly parents' health

CHAN Hsin-Lung, CHANG Tony, LU I-Jung, HWANG Lee-Ching

Introduction

With the application of new information technology, we integrate resources to build lasting motivation of exercises for the elderly people through family support, personal motivation, community encouragement and government policy.

Purpose/Methods

In our healthcare center, children could subscribe for monthly plan from telecom's program to obtain Cloud-based blood pressure monitor and activity monitor for parents. Under this program, parents exercise regularly as motivated by children ; the health and exercise data like blood pressure, heart rate and pedometer is automatically uploaded to the Health Cloud. Real-time analyses feedback through smart phones to subscribers (always the children) via Health Cloud to increase user (always their parent) interaction and peer support. Long-term exercisers are also awarded by our hospital and social media.

Results

1. Promote relationship among parents and children. 2. Expand new business for Phone Co. 3. Enhance health management via real time data. 4. High-risk groups are easily identified. 5. Little awards make big impacts. 6. Media coverage improves peoples' health consciousness and influences them to take action.

Conclusions

This new IT model really can provide a practical means for elderly parents to keep exercising and sustainable health management.

Contact: CHAN HSIN-LUNG

Mackay Memorial Hospital
No. 45, Minsheng Rd., Tamshui District, 25160 Taipei, TWN
lunglung2000@gmail.com

The Effect of Community Health Promotion Program for the Community-dwelling Elders: A Qualitative Analysis

CHANG Li-Chen, LIN Yueh-Er, LIAO Yen-Chi

Introduction

The elongation of human life expectancy let Taiwan become an aging society. The proportion of the elders over 65 years old is more than 16% in Chiayi County, ranking the highest in Taiwan. The government of Chiayi County has provided the health promotion program for the community-dwelling elders since 2003. However, it was unknown that how did the program benefit the elders. This study was to analyze the effect of this health promotion program for the participating elders.

Purpose/Methods

This study was to analyze the effect of this health promotion program for the participating elders. We have conducted the qualitative analysis through focus group interviews to collect the elders' opinion and evaluation on the program services. There were a total of 99 participants were grouped into 10 focus groups by sex, age and attending years. Then we coded and analyzed the verbatim drafts based on the interview records.

Results

The study found some advantages of the program for the elders: 1. Physical and mental health: Through various exercises, the elders have experienced much improvement of their physical and mental functions. 2. Emotional support: The participating elders taken care by experienced social workers in this program can greatly reduce their emotional stress. 3. Social relationship establishment: This program has created many opportunities for the elders to have connections with others and that avoided social isolation of them.

Conclusions

Health promotion program that fits the life experiences of the elders can attract the elders to attend the activities of this program. The participating elders have improved their physical, mental health and social relationship which may delay their aging process. We believe applying such health promotion program in the community can improve the health of elders in an aging society

Contact: CHANG Li Chen

Chiayi Christian Hospital, Taiwan
No.539 Zhongxiao Rd. East Dist., Chiayi City, TWN
cych03109@gmail.com

Applying the Crisis Theory to explore the experiences of spousal bereavement in the elderly

CHEN Yimin, CHEN Jiao-Long

Introduction

Experiencing a loved one's death can be extremely stressful. Ages and sexuality in adjustment to bereavement are different. It's noteworthy that the loss of a spouse is the most difficult for the elderly. However, older bereaved spouses in Taiwan often

concealed their emotional distress and little attention to paid from families and healthcare teams. The purpose of this study was to explore the experiences of spousal bereavement in the elderly.

Purpose/Methods

Qualitative research with in-depth interview was used. Purposive sampling was performed to recruit seven bereaved spouses whose partners were terminal cancer patients. Crisis Theory was used as a framework in a research; it included crisis origins, personal crisis manifestations, and crisis outcomes.

Results

Crisis origins included carrying heavy loads, unable to fend for oneself in aging stage, and ambivalence of life and death. Crisis manifestations included psychological ambivalence while their loved one is suffering, distressing symptoms from anticipating loss. After the partner passed away, positive outcomes included death was a relief to oneself, relink social relations, and striving to create meaning in lives. On the other hand, loneliness of losses, meaningless of future, social isolation, and declined in physical status were negative outcomes.

Conclusions

This study could provide important information for healthcare teams to maintain awareness of older bereaved spouses' health status and emotional reactions. Healthcare teams should proactively offer interventions on the onset of bereavement and processes of meaning reconstruction to enhance physical, psychological, social, and spiritual well-being of older bereaved spouses.

Contact: CHEN Yimin

Changhua Christian Hospital
135 Nanxio St., Changhua City
Changhua County, TWN
108110@cch.org.tw

The Effects on Elders Participating Health Improving Program

LIN Pei-Ching, WU Jung-Nan, TZENG Pu-Yuan, CHENG Ya-Ai

Introduction

In this study there are thirty-five, over 65-year-old elders from one of the community elders clubs in Taiwan to join in our health improving program which contains both dynamic and static activities twice a week lasting for two years. The Purpose of the program is to Strengthen the capacity of older people to look after themselves.

Purpose/Methods

Through the evaluation and the examinations (twice a week) on the participants, we used SPSS 18.0 to get the descriptive statistics and run the paired t tests. If the p-value is less than 0.05, that means this research contains significant differences or our program and health improving are highly relevant.

Results

The descriptive profile of the elderly is as follow :height is 1.553m, weight: 58.5 Kg, BMI: 24.3 waist circumference: 87.1 cm, hip circumference:98.2 cm. Physical fitness is as follow : balance on one foot: 14.4 seconds, muscle strength test(sit and stand in thirty seconds): 16.7 times, flexibility (two hands hook together behind one's back): 8.5 cm, sit- stand- walk test for 2.44 m : 8.1 seconds, knee pull-in for two minutes: 81.9 times.

Conclusions

From the results of the examinations in 2013 and 2014, we found out that the waist and hip circumference of the participants become less and the balance and knee pull-in tests have improved a lot.

Comments

According to our research,physical fitness test data of their elders has also shown a downward trend. We hope that health promotion activities could push elders develop regular exercise habit, slow functional decline, keep the body and mind happy, maintain good and healthy behavior.

Contact: PEI CHING Lin

I-Shou University-Graduate student
No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung
Kaohsiung City, TWN
ed100711@edah.org.tw

About a Nordic Walking classroom for the elderly of the neighborhood

YOKOYAMA Keisuke

Introduction

I am going report the past activities because our hospital started a Nordic walking classroom in 2011

Purpose/Methods

Compared to jogging Nordic Walking <NW> is one of the most effective ways for the elderly to improve fitness safely. In addition, as an exercise program Nordic Walking also enables a lot of people to participate, because it is an easier way for them to incorporate it into their everyday life. We also began to hold a regular classroom of Nordic Walking from this year in our hospital.

Results

We held a regular class of NW once a week the total number amounted to 31 times, the total participants was 167 people. We got good comments from them. For example, "thank you for your project because I like walking", "Nordic Walking gives me a lot of comfort" "I want to walk more"

Conclusions

A problem that has arisen in the classroom, that there is a large gap of fitness level between the individuals. We basically set a pace and course for low physical fitness level participants. But it often gave unsatisfaction to high fitness level people. So, In the future we will hold a few more courses according to the



participant's levels and enrich staff for them to walk casually, pleasantly, but get a lot of effect.

Contact: YOKOYAMA Keisuke

Yosida hospital
1-7-1,saidaijiakodacho
631-0818 Nara, JPN
soshiki@heiwakai.or.jp

Effect of Brisk walking for community dwelling elderly with chronic illness

LIN Yen-Ju, YUAN Su-Chuan, CHEN Jhen-Yi, WENG Yu-Ching

Introduction

Physical inactivity are strongly correlated with chronic disease, risk of falling and mortality. There is strong evidence that physical activity is associated with a reduced risk of developing high blood pressure, diabetes, cardiovascular disease and cancer. It also could improve physical fitness among elderly and their health status by maintaining healthy bones, muscles, and joints. Some studies suggest the elderly to take exercise as frequently as possible in relation to maintain their physical function and the level of physical fitness.

Purpose/Methods

The purpose of this study was to examine the effects a twelve week of brisk walking program on physical fitness among the elderly with chronic disease. Quasi-experimental design and repeated measures design was used. A total of 66 elderly with chronic diseases were divided into two groups, training group and Control group. Data collection was conducted by using questionnaire and physical fitness such as grip, chair-stand test, two-min step test, back scratch test, 8-foot up-and-go test and chair sit-and reach test.

Results

The training group shows significant improvement in 2 min step test and chair sit-and reach test ($p < 0.05$). The 2 min step test has improvement of 16.61 step and chair sit-and reach test has 1 cm improvement after twelve week of brisk walking program. There is significantly decrease in grip and back scratch test in control group. The control group reveals deteriorated result in grip (less of 1.26kg) and back scratch test (distant of 2.92 cm).

Conclusions

This study point out that the positive effect of brisk walking among elderly with chronic disease. Elderly who attended brisk walking program would increase their physical function after twelve weeks. Brisk walking is a recommend exercise for elderly with chronic disease.

Contact: LIN Yenju

Chung Shan Medical University
No.110,Sec.1,Jianguo N.Rd
40201 Taichung City, TWN
yilin@csmu.edu.tw

HAN in Italian chronic patients: prevalence of a Northeast's unit

RUGGERI Federico, MOZZONI Lorella

Introduction

Rationale: To determinate the prevalence (cases per million inhabitants) of Home Artificial Nutrition (HAN), Enteral (HEN) and Parenteral (HPN), in long term follow-up population, with weight change and BMI as main outcome.

Purpose/Methods

Methods : We have done a systematic follow up regarding 204 pts, 41 of whom in high care intensity, with Artificial Nutrition prescription; body weight (BW) and BMI was undertaken, not obese, ≥ 3 follow up/ years, morbidity and mortality. All informations was collected from medical records.

Results

Results: HAN prevalence is 497 (85,76 % HEN, 14,24 % HPN); 35 % males, mean age females 80,6 males 77,9 years ($p > 0,05$). For 14 % of them no clear medical diagnosis was identified, 33 % were suffered of dementia, 15 % of circulatory diseases, 12 % neuromuscular, 5 % of Parkinson's, 18% cancer / after surgery, 2% intestinal failure. A positive association with HAN prevalence ($P = 0.012$) was correlated with age % inhabitants $>$ or = 75 years and also between the % neurological patients and the population density ($P = 0.130$). There was an observed complication index of 0,57 episodes/patient-year and our index of rehospitalization was 0,34 hospitalization/ patient-year.

Conclusions

Conclusions: The prevalence of HAN is increasing for higher aging population and tendency to manage chronic patients at home. On the other hand, there is an explosion of spending, for greater sensitivity to malnutrition issues and to the availability of technical and nutritional solutions increasingly sophisticated. At last, in Italy the absence of a clear legislation to "end of life" that leads to interventions sometimes resultless but expensive

Contact: RUGGERI federico

Ceccarini Hospital RICCIONE
V.Cervi, 47838 Riccione, ITA
ruggeri.federico@auslrm.net

Apply the integrated care model to improve the accuracy of the concept of Self-medication at home

WU Pei-Chun, HSIEH Ya-Chiao, HUANG Ying-Kun

Introduction

Integrated healthcare, the union between high-risk cases with multi-concentration healthcare specialists, applies strategic coordination, group communication, and all-around healthcare

to progress healthcare quality, lower financial costs, and better healthcare results. A statistical analysis on the cases received by our hospital reveals that out of 181 total home care cases, complications with medication inaccuracies are found in 128 cases (which amounts to 70.7%). As such, we believe that integrated healthcare could rectify this situation by fortifying the patient's knowledge of correct medication and strengthening the channels of communication between pharmacists and nurses. The result of this would be an increase in medication accuracy and thereby improving overall healthcare quality.

Purpose/Methods

In order to increase medication accuracy, we recommend the following:

1. After each consultation with the home care pharmacist, a prescription checklist should be made and evaluated.
2. A seven-day pillbox should be made available for qualified individual cases and properly labeled with the instructions for the specific medication involved.
3. Home care pharmacists should establish prescription profiles for their individual cases.
4. Home care pharmacists should evaluate and prescribe the proper medical knowledge and medication instructions (which would include the name of the drug, its effects, dosage, application, medication timetable, precautions, method of storage, and common side effects) for individual cases.

Results

After intervention, our goal for this case has effectively been reached: 1. Out of the original 128 cases of found medication inaccuracies, we have lowered the total number to 42 (amounting to an a 67.2% increase in medication accuracy) 2. After the implementation of integrated healthcare, we lowered the original 96 cases of incorrect medication, flawed medication knowledge, and inaccurate expectation of medication effects to 10 cases.

Conclusions

The professionalism of medical specialists is critical for home care patients. Integrated healthcare planning is a panoramic service that relies on the strategic alliance between the doctor and patient; its effect of improving medication accuracy and reducing social costs depends on the degree of its implementation. The extended goal of this project targets the construction of a platform in the near future that connects specialist backgrounds with individual patient IDs. We expect this design to further improve long-term home care

Contact: PEI-CHUN Wu

Ten Chen Medical Group/Ten-Chen General Hospital
No.155, Yanping Rd., Zhongli City, Taoyuan County 320, Taiwan
320 Taoyuan, TWN
vernneky0905@gmail.com

The effectiveness of homecare rehabilitation services to reduce arthrocontracture

SHEN Chung-Hsiu, SHU Li-Huang

Introduction

Recent medical advancements, and improvements in life have led to longer life expectancy. As increasing age will have more chronic illness problem, the aged persons with chronic illness usually experience high probability of disability. The disability populations will increase the demand for long-term care, often causing a great burden of families, caretakers and community. Joint contractures are a common problem for older, disability patients. Using Chronic Illness Management as framework, the home care facility may provide accurate information and proper assistance to help primary caregiver taking care of the disability patients. Through professional "Physical therapist" and "Occupational therapist" providing rehabilitation therapies in the home, it will reduce functional impairments and activity limitations. Thus may reduce the demand for long-term care, and improving quality of life.

Purpose/Methods

Homecare model is case and family oriented caring system, Through the screening for homecare rehabilitation demands, this system provides homecare services, including 1. Physiotherapy and occupational therapy, 2. Assistive technology devices survey, 3. home environment assessment, 4. wheelchair, walking assistance or other assistive technology devices training and instruction, 5. Home rehabilitation nursing training. By providing the caregiver's knowledge of home rehabilitation knowledge such as muscle tone, muscle power, sensory and skill, it will reduce functional impairments, joint contractures and activity limitations of the disability persons, and will improve the homecare ability and activity limitations.

Results

In 2013, 264 homecare services cases in National Taiwan University Hospital Hsinchu branch hospital, there were 119 cases of cerebrovascular accident (CVA) patients (119/264, 45%), 27 cases of dementia (10%), and 21 cases of parkinsonism (8%). Among them, the Kanofsky scale of grade 4 accounts for 83% (218/264), grade 3 was 17% (46/264). The poorer the daily activity function, the more assisted technology devices dependent, the more severe homecare problems, it is evident that "Impaired physical activities" is the major homecare issue. Among them, 51 cases underwent the homecare rehabilitation services, once an hour and 12 times an year at most. There were significant improvement of muscle power and less arthrocontracture in those cases.

Conclusions

Since year 2007, Taiwan government launched a nation-wide "Ten year project of long term care", focusing on integrating long-term care resources. The main purpose of this project was to provide the disabilities an comprehensive long-term rehabilitation services, among them, the homecare rehabilitation services was one of the most important program.



Homecare nurses are the frontline professionals, they are also the key persons surveying the demand of the disabilities. Through systemic assessment and appropriate integrated resources, the homecare rehabilitation services could reduce the burden of caregivers, improve the quality of nursing care and provide a better quality of life of the disabilities.

Contact: TING-YIN Yang

Hospital

No.25, Lane 442, Sec. 1, Jingguo Rd., Hsinchu City

Hsinchu City, TWN

tyyang@hch.gov.tw

Investigation of hearing impairment among naval personnel

KAO Tung-Wei, CHEN Wei-Liang, WANG Chung-Ching, WU Li-Wei, CHANG Yaw-Wen

Introduction

The hearing impairment is an important issue in the navy. Our purpose is to explore the prevalence of hearing impairment in naval officers and soldiers in the different environment.

Purpose/Methods

The survey adopts prospective study design. The study is conducted in the navy in the northern city in Taiwan from January 1, 2011 to December 31, 2011. The definition of hearing impairment is made as the pure-tone average 25-dB hearing level of pure-tone thresholds at low/midfrequencies (500; 1,000; and 2,000 Hz) and high frequencies (3,000; 4,000; 6,000; and 8,000 Hz). The independent risk factors are investigated using logistic regression.

Results

The 339 participants completed the completed the audiometric examination and structured self-administered questionnaires. The eligible subjects had a mean age of 36.28 ± 12.22 years. The participants with low/mid-frequency hearing impairment have more hearing loss in the less than a high school education, whereas no significant differences in other variables. In the low/mid-frequency, the mean pure tone average of left ear is 27.31 ± 12.61 dB, and the mean pure tone average of right ear is 25.67 ± 10.88 dB. In the high frequency, the mean pure tone average of left ear is 32.20 ± 19.07 dB, and the mean pure tone average of right ear is 31.62 ± 18.89 dB. Controlling for other variables, odds ratios for associations with low/mid-frequency hearing impairment are 1.373 for BMI 24-27 and 25.70 for $BMI \geq 27$. Controlling for other variables, odds ratios for associations with high-frequency hearing impairment were 1.003 for BMI 24-27 and 6.315 for $BMI \geq 27$.

Conclusions

In our study, it is important to strengthen hearing protection, environmental noise monitoring, periodic healthy examinations and follow-up, and education because a significant proportion of staff has high and low frequency hearing loss.

Contact: KAO Tung-Wei

Tri-Service General Hospital

Number 325, Section 2, Chang-gong Rd, Nei-Hu District, 114, 114 Taipei, TWN

ktw61916@yahoo.com.tw

Session P2.9: Towards tobacco-free hospital and healthcare

Create a Smoke-Free Hospital, the Hospital On the Road

TSAI Tsung-Lung, LO Hsien-Yi, FANG Miao-Ju, CHEN Ying-O, WU Shu-Chuan, LIN Shu-Chao, LAI Yang Chin, LEE Jez-Yau, CHANG Shih-Pao

Introduction

To create a "smoke-free hospital" is one of the priorities of the WHO health promotion international network for hospitals. The related study showed that about 30% of all types of diseases could be attributed to the effects of smoking. Our hospital actively create a healthy and friendly "smoke-free hospital" environment, to assist smokers to quit successfully. This would let people reduce costs and get healthy. A smoke-free environment will be created for the hospital staff, patients, and their families.

Purpose/Methods

ENSH standard interventions were introduced into our hospital, led by the President and Vice-President. The implementation strategy is as follows:

- Participate in "Global Smoke free health care service network authentication" (ENSH)
- Participate in the 2014 "Smoke hospital service quality improvement plan "
- Train smoking cessation quit physicians and health promotion instructor
- Promote the course to the wards
- Operate adolescent "cessation classes" in school
- Apply the service to high risk of maternal smoking by pregnant women or second hand smoke.

Results

We participated in "Global Smoke free health care service network authentication" (ENSH) 2012, and won a gold medal as certainly. We also participated in the 2014 "Smoke hospital service quality improvement plan", trained 11 physicians(71.4%), 132 elementary(92.3%), 71 advanced(49.7%), and 6 high-order(4.2%) health teachers. Two smoking cessation classes were held for teenagers in school. There were 26 individual health educations with 156 participants, 9 community health educations with 1728 people, 5 pregnant women with smoking or with second hand smoking hazards.

Conclusions

Through such effort, the number of people stopping smoking increase from 237 to 582, and the success rate of smoking cessation was 40% in 3 months, and 39% in 6 months. The reason of success of this plan is due to the support of superiors, so that all employees could move on the road. In addition to the policy guidelines and grants by the Department of National Health, it started from the hospital to create a smoke-free environment and in-depth campus. The pregnant women at high risk of containing were also included.

Contact: CHEN Ying-O

Puzi Hospital, Ministry of Health and Welfare
No 42-50, Yung Ho Li, Potz City, 613 Chiayi County, TWN
0705ying@gmail.com

How to Provide Excellent Quality Hospital-Based Smoking Cessation Service and Increased Quantity at the same time : A Taiwan's Experience

HSUEH Kuang-Chieh, HSUEH Shu-Chun, CHOU Ming-Yueh, PAN Lee-Fei, TU Ming-Shium, CHENG Jin-Shiung

Introduction

Smoking-free environment on hospital is important for patients, visitors and employees. Tobacco use has been prohibited in most Taiwan's medical facility, but there are lots of patients who have nicotine addiction problem need to deal with. This report reveals the fantastic experience of a Taiwan's medical center which linked smoking-free hospital policy and smoking cessation service via Cancer Screen System /Nurse-Care System under Standard Operating Procedure.

Purpose/Methods

We enrolled multiple departments to set up a smoking-free environment and completed patients and visitors' questionnaire to determine most of them support our plan. One the other way, we combine Cancer Screen System and Nurse-Care System to make a smoking mark or record on all smokers' electronic chart. All smokers will be identified easily after the procedure and all of them will be encouraged to accept smoking free consultation (free) or/and smoking cessation clinic service (partial cover by special government health insurance)

Results

Smoking-free policy questionnaire revealed our policy is supported by 97 % employees and patients (N=1947), after vertical and horizontal integration in hospital, serial politics pronouncement and promotion, the case numbers of whom accepted smoking cessation consultation service before system implement is from 664 (July 2012- Jun 2013) increased to 1871 (July 2013- Jun 2014); the number of patients whom accepted

smoking cessation clinic was 309 (July 2012- Jun 2013) increased to 561 (July 2013- Jun 2014) after our SOP implement

Conclusions

Smoking free hospital is a good policy but not easy to implement, most of smokers don't want to or not ready to quit smoking. The results indicate that correct policy and good integration of Cancer Screen System, Nurse-Care System, Transfer system, Smoking Cessation Service can make fantastic result and increased or double the number of smoking patients who accepted smoking cessation service

Contact: HSUEH Kuang-Chieh

Kaohsiung Veteran General Hospital
386 Ta-Chung First Road, Kaohsiung 813, Kaohsiung, TWN
kjhsuch@vghks.gov.tw

Tobacco-free hospitals-supporting smoking cessation

HAN Seol-Heui, WOO Nam-Sik, CHOI Jae-Gyeong, YOO Yeong-Bum, KI Hyun-Kyun, KIM Jin-Kook, CHOI Yeong-Jun, LEE Kwang-Seop, LIM Yeong-Sun, YOO Jeong-A, KIM Yoon-Sook

Introduction

Konkuk University Medical Center is a health-promoting hospital, and is committed to its responsibility as a health care provider, not only to its patients, but also to its staff and visitors. The abolition of indoor smoking follows the 2013 national legislation. In the interest of the health and safety of patients, staff and visitors, it is planned to extend the existing indoor smoking ban to the whole of the campus, including the grounds, from the 1st of July 2013.

Purpose/Methods

It is happening through a series of steps:

- 1) adopting the tobacco-free hospital campus policy
- 2) collaborate with other organizations in the community
- 3) development of Tobacco-free program for inpatient
- 4) Counselling and support for patients and staff

Results

Hospital campus responded to the situation analysis highlighting: 1) 100% are Tobacco-free within property boundaries (indoor and outdoor area) 2) two diseases (cerebral infarction and pneumonia) adopt a Tobacco-free program for inpatient 3) 100% adopt a counselling for inpatient (down from 42% in 2013) 4) 100% adopt a Tobacco-free program for volunteer staff 5) vast majority are Konkuk HPH committed to further improvement

Conclusions

Staff and patient perceptions of policy compliance remain variable. Systematic provision of smoking cessation support requires an ongoing consolidated approach from staff members to patients within a Tobacco-free hospital.



Contact: KIM YOONSOOK

KONKUK University Medical Center
120-1, Neungdong-ro, Hwayang-dong, Gwangjin-gu
143-729 Seoul, KOR
20080352@kuh.ac.kr

Implementation and outcome analysis of tobacco-free hospitals in Taiwan

HUANG Chu-Ya, LIN Mei-Chu, HUANG Go-Bin, LEE Hsiao-Chien, TSAI Chia-Chi, HSIEH Wu-Chi

Introduction

Since Taiwan became a member in ENSH-Global Network for Tobacco Free Health Care Services in 2011, all hospitals in Taiwan were encouraged to participate and a total of 179 hospitals have been awarded certificates so far. To understand the effectiveness of these efforts, we compared the performance of smoking cessation between tobacco-free and non-tobacco-free hospitals, as well as the difference before and after implementation of tobacco-free policies.

Purpose/Methods

The Health Promotion Administration, Ministry of Health and Welfare provided data during January 2010 and August 2014 for our analysis. We examined volume of smoking cessation service, volume of successful cessation at 6 months, and success rate at 6 months. This study aimed to (1) compare the numbers of patients who used smoking cessation services and success rate between tobacco-free and non-tobacco-free hospitals in four years; (2) compare the difference of performance between two time periods – 2010~2011 and 2013~2014—in 60 hospitals that introduced the ENSH standards in 2012.

Results

(1) In each year between 2011 and 2014 the volume of smoking cessation in the tobacco-free hospitals was 2.64, 2.99, 3.32, and 6.84 times higher than non-tobacco-free hospitals; the number of successful quitters was 1.02, 2.31, 2.46, and 5.49 times higher. It indicates that tobacco-free hospitals outperformed their non-tobacco-free counterparts, and also showed the performance gap is widening between them.

(2) Compared with 2010 and 2011, the volume of smoking cessation services increased by 3.42 times on average in two years (2013-2014) after hospitals implemented the ENSH standards. The number of successful quitters also grew by 11.74 times. Compared with non-tobacco-free hospitals, these hospitals were 1.34 and 4.98 times better in terms of service volume and successful cases. It means that the implementation of ENSH standards enhanced the effectiveness of smoking cessation services. Success at 6 months was between 32.11%~36.4% in tobacco-free hospitals, higher than 25.09%~26.6% in non-tobacco-free hospitals.

Conclusions

Introduction of the ENSH certificate process has produced a substantial increase in service volume of smoking cessation and volume of success at 6 months. Although success rate at 6 months was not significantly higher, this research showed that implementation of the ten standards of ENSH demonstrated encouraging outcomes. The process effectively provided guidance for member hospitals to build up a comprehensive tobacco-free environment and promoted health at the global level.

Contact: TSAI Annie

Taiwan College of Healthcare Executives
9F, No.95, Sec.3,Roosevelt Rd, Taipei, TWN
annie1221@tche.org.tw

Employee's smoking behavior and attitudes on only non-smoker hiring policy at a smoke-free hospital in Taiwan

WANG Hsiu-Ling, CHANG Tzu-Ling, KAO Yun-Ning, SHIH Yi-Chun, LIU Hui-Chung, TSAI Tien-Sheng

Introduction

Taiwan is the 51th declaredly accepted the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in the world while has not yet proposed legislation to implement "nonsmoker- only" hiring strategies. Taiwan Ministry of Health and Welfare (MOHW) promoted the Tobacco Control work in hospitals and joined "Global Smoke Free Hospital Network (ENSH)" in 2011. By 2013, there were 53 hospitals participated in ENSH, among those of nine hospitals won the International gold certification award.

Purpose/Methods

We examine the relationships between employees' smoking behaviors and their attitude toward "nonsmoker- only" hiring. A cross-sectional online anonymous survey was conducted at a hospital with 385 beds in 2014. 850 staff totally, 448 completed the questionnaire, for a response rate of 52.89%. 90.0% was female. The average age of the participants was 38.6 years. 81.9% had a college education. 72.1% worked in medical units, and 27.9% worked in administrative departments.

Results

Lower rates (4.7%) have known policy (non-smokers who buy premium 50% cheaper than smokers) in insurance companies. High rates (65.6%) supported that employees and candidates should be tested for nicotine. The non-smoking hiring policy were not supportive (22.5% agree, 41.7% disagree). Those with smoking habit were more unlikely to be agree "non-smokers hiring" than non-smokers ($p < 0.05$). The tenure of less than three years or more than seven years were more likely to support " non-smokers hiring" than others.

Conclusions

Male believed that hospitals should adopt "nicotine test" (including job candidates, newer) higher than female 0.436 ($p < 0.05$). The ethical issues surrounding non-smoker hiring programs have stirred considerable discussion. Such hiring policies curtail, potentially severely, the employment opportunities of smokers and those who are exposed to nicotine for other reasons. They also raise concerns about social justice because smoking is more prevalent among lower socioeconomic groups who are also more vulnerable to unemployment and job insecurity.

Comments

Restrictions on smoking in workplace have become common in the world. More recently, a number of organizations have taken the further step of implementing nonsmoker hiring policies that bar tobacco users from employment. Some hospitals have even put in place what they call "nonnicotine hiring policies," which exclude all job candidates who test positive on cotinine tests. Although such policies do not violate employment legislation, it does not follow that they are ethically permissible. Keyword: smoking, smoking-free hospital, hiring, workplace-friendly

Contact: TSAI Tien-Sheng

Kaohsiung Municipal Hsiao-Kang Hospital
No.482, San-Ming Rd., Hsiao-Kang Dist
812 Kaohsiung City, TWN
h9471303@gmail.com

Hospital-wide Health Promotion Programs: Started with Smoking Cessation and Obesity Reduction

KIMURA Noriko

Introduction

Since Kumagaya Cooperative Hospital joined HPH in March 2014, its Occupational Health and Safety Commission has aimed to establish and carry on health programs. According to the report by Kawachi et al., in the regions or workplaces where the social cohesion of people is stronger and in the workplaces where the interaction of people is more frequent, the obesity level and the smoking rate are lower and the ratio of healthy people is higher.

Purpose/Methods

The purpose is to verify whether hospital-wide health promotion programs can help stop smoking and reduce obesity. Eight smokers participated in a smoking cessation program, and six obese employees in an anti-obesity program. The progress was made open. Reward was promised for achievers. Smoking subjects were guided and encouraged by medical doctors, whose work schedule was adjusted to make subjects visit the office. Obese subjects were guided by medical doctors, managerial dieticians and physical therapists. Subjects answered questionnaires afterward.

Results

Seven of the smoking cessation program subjects still stay away from smoking now. As a result of the anti-obesity program, 5 subjects lost weight, and 1 subject gained weight. Answers to the questionnaires included: "I participated in the program because I was suggested personally," "I succeeded in quitting smoking because I tried together with my colleagues," "Encouragement of my doctor made me keep no smoking," and "Enthusiastic backing of HPH made me try to reduce weight."

Conclusions

It served as a motivator that all hospital employees were notified of the smoking cessation and anti-obesity programs as a hospital-wide approach. The creation of environment to facilitate the achievement and the establishment of professional support systems led to the real action. The encouragement and reward to the subjects, as well as the publication of the progress, helped continue the action. These results were obtained due to the hospital-wide health promotion activities addressed and supported in a united manner.

Contact: KIMURA Noriko

kumagaya-hospital.coop
Kamino, Kumagaya-city Saitama, JPN
n-kimura@mcp-saitama.or.jp

Effectiveness Evaluation of Smoking Cessation Program in the Psychiatric Day Care Patients

LIN Chiung-Hui, CHEN Chi-Ya, SHAO Ming-Fen, TAI Chun-Hui, HUANG Li-Chi

Introduction

The effectiveness of intervene of the "smoking cessation program" for the cognition of tobacco hazard, nicotine dependence, and carbon monoxide concentration in the psychiatric day care patients.

Purpose/Methods

We use the single-group pre- and post-experiment test method. The case enrollment criteria are psychiatric day care patients in our hospital, ages over 20 years old, with carbon monoxide concentration over 6ppm. and not involved in any nicotine substitution therapy or on any tobacco-quitting medication. The total case numbers are 33. The smoking cessation program lasts from the 27th of June to the 12th of September in 2013.

Results

The patients get a better score in "cognition of tobacco hazard", but there is no statistic difference, neither is there in "nicotine dependence". As for the "carbon monoxide concentration scale", the paired t-test between the pre-test and post-test 1 reveals statistic difference ($p < 0.05$), and so is pre-test and post-test 2 ($p < 0.001$). There are two patients succeed in tobacco-quitting during the research.

Conclusions



Intervene of the "smoking cessation program" can fulfill the purpose of tobacco-quitting for the psychiatric day care patients. It is recommended that the psychiatric hospitals can take this as a reference to set into action of tobacco free environment and health promotion.

Contact: 林瓊慧

署立桃園療養院
龍壽街71號
33058 桃園縣桃園市, TWN
jesuscold@gmail.com

To investigate the use of smoking cessation experience mental illness services Success Factors

LU Wen-Lan, CHANG Shu-Min, SHEN Shu-Hua

Introduction

To investigate mental ill designed primary motivation for to quit smoking success factors in order to intervene as a reference cessation services.

Purpose/Methods

The object of study a psychiatric hospital disease patient accept quit service treatment quit success who of factors analysis, to collect data from 2013 years August 8 up to 2014 years October 15, Quit smoking health education questionnaire interviews for research tool, content contains case basic data, and quit motivation containing environment factors, and health factors, and others factors, and economic factors, by Quit smoking health education questionnaire interviews; SPSS 18.0 to carry out data processing and statistical analysis.

Results

quit smoking success people number 92, women 2, and male 90, years restrict employment to 40 to 49 age occupies 36.1%, second 30 to 39 age occupies 35.2%, 50 to 59 age occupies 12.2%, The main diagnostic to schizophrenia occupies 55%, depression 2%, Smoker age smoke to 11-20 years has 39 occupies 42%, 21 to 30 years 20 occupies 21.7%, quit smoking begins to airport to health factors up occupies 63 occupies 68.4%, doctor o people staff 24, 26%, The other, 5%.

Conclusions

The implementation of smoke-free hospital environment, health effects of tobacco harm health education, and the smoker does not improve psychotic symptoms, but let the spirit of the concept worse. Health education interviews with case management approach for continuing care cases, smoking cessation success with significant resistance, instead improve patient hopelessness, build hope. Patients concerned about their health and promote a positive way of thinking to face the problem; the spirit of care for the break through, it is worth promoting.

Comments

Emphasis on health factors involved in quitting smoking health education, and health care case, a nurse-patient relationship, along with professional counseling can increase the confidence of the mentally ill, higher chances of quitting.

Contact: CHANG shu-min

Jianan Psychiatric Center
NO.80, Lane870, jhongshan RD., Rende Dist., Tainan, TWN
shu@mail.cnpc.gov.tw

The experience of implementing Smoking cessation to improve sexual health in men

WENG Wei-Che, TSENG Hui-Cheng, SU Chin-Ming

Introduction

Erectile dysfunction is considered a significant public health problem and is estimated to affect over 180 million men in the world. Large cross-sectional and longitudinal epidemiological studies indicated that chronic smokers are about 1.5 to 2-times as likely as nonsmokers to report erectile dysfunction after controlling for age and confounding cardiovascular risk factors. Although stopping smoking enhances many aspects of health, the positive health benefits of smoking cessation are not sufficient enough for many smokers to considered quitting. The aim of this study was to examine whether smoking cessation was associated with sexual health improvements, with the hope that the results could influence men to stop smoking.

Purpose/Methods

The male smokers, irrespective of erectile dysfunction status, who were motivated to stop smoking, were enrolled in a 12-week smoking cessation program using a nicotine transdermal patch treatment and adjunctive counseling. The participants were accessed at smoking regularly, at mid-treatment and at a 4-week post cessation follow-up. Circumferential change and subjective sexual arousal indices, as well as self-report sexual functioning were assessed at each visit.

Results

There were total 65 smoking men involved in our study and completed the follow-up. There were 20 successful quitters and 45 relapsed men. The quitted showed enhanced erectile tumescence responses, and faster onset to reach maximum subjective sexual arousal compared with the relapse men.

Conclusions

Smoking cessation significantly enhances both physiological and self-reported indices on sexual health in long term male smoker, irrespective of baseline erectile impairment. We hoped that this result may serve as a novel means to motivate men to stop smoking.

Comments

The cigarette smoking brings about the cardiovascular flow change and it is the main cause of erectile dysfunction. Smoking cessation was found to improve both physiological and self-reported indices on sexual health in long term male smoker in our study. This result may encourage the smoking men to stop smoking to enhance their erectile function.

Contact: WENG Wei-Che

Kaohsiung Municipal United Hospital
976 Chung-Hwa 1st Road
804 Kaohsiung City, TWN
hansan@kcg.gov.tw

Experience Sharing of Community Health Promotion in Tobacco Prevention – Longci, a Remote Area in Taiwan as an Example

CHEN Li-Fan, SU Yi-Hwa, WU Mei-Hui, CHANG Mei-Jen, CHIU Ge-Lin, CHANG Jia-Ping

Introduction

Of the ten leading causes of death in Taiwan, as much as six causes were associated with smoking. Although the Tobacco Hazards Prevention Act was executed since 1997 in Taiwan, the smoking prevalence in 2011 for people aged 18 or more was 33.5% in male and 4.4% in female, respectively. Longci, with around 4000 residents, is one of the remote districts in Taiwan. However, there are inadequate medical resources. The information of tobacco prevention is difficult to be extensively spread.

Purpose/Methods

We adapted the five strategies proposed in the "Ottawa Charter for Health Promotion", which included building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services, in order to build a tobacco preventive community in Longci in Taiwan.

Results

After two years of community health regeneration, with the support of the district chief, we have set up smoke-free campus environments, temples, parks and a painted wall. All tobacco product selling stores have signed not to sell cigarettes to underage youths with 100% inspectors combined rate. We have conducted series of anti-smoking events, including parents of teenage signing to create a non-smoking family, tobacco control talks, road races, smoking cessation referrals and oral cancer screening for the smokers.

Conclusions

Taiwan government promotes the implementation of the concept of tobacco control and prevention. With the success of using the five strategies of "Ottawa Charter for health promotion" in establishing a smoking-free community in Longci

by National Cheng Kung University Hospital, we still need to promote tobacco control and prevention continuously until the knowledge and the ideal of tobacco prevention are conveyed to everywhere and to everyone.

Comments

National Cheng Kung University Hospital in response to the government to promote "tobacco prevention" issue was in collaboration with residents in Longci. This successful experience could be used to promote tobacco prevention for community health in future.

Contact: CHEN Li-Fan

National Cheng Kung University (NCKU) Hospital
No.138, Sheng Li Road
70403 Tainan, TWN
nhc@mail.hosp.ncku.edu.tw

Investigating the Effectiveness of Smoking Cessation Classes in Prison (Corrective Institutions)

FANG Miao-Ju, CHEN Ying-O, WU Shu-Chuan, HSIAO Yu-Ling, LIN Shu-Chao, LEE Jez-Yau, LO Hsien-Yi, TSAI Tsung-Lung

Introduction

The harm of tobacco leads to a variety of preventable diseases, and even death. Adult smoking rate in our nation is around 19.8%, which accounted for 35.0 percent of male smoking rates. Smoke rate in the corrective institutions - prison is up to 82% of the population, and where is the only place not constrained by the Tobacco Control Act. Smoking cessation classes were provided to the asylum to stop smoking, The effectiveness of the implementation was explored.

Purpose/Methods

The purpose of this study is discussing the issues of prison smoking cessation classes, how to introduce smoking quitting related knowledge, and to improve the success rate of smoking cessation. The subjects were a prison housing males in the south. The period was between May 21st and June 25th, 2014. Totally, 12 participants of voluntary registration were enrolled. Various field of professional staffs and smoke quitting related educational seminars were give.

Results

Carbon monoxide concentration was tested before, and after the smoking cessation classes. An own designed structured questionnaire was used after the end of the course for follow-up investigation. There were 12 questionnaire responses (100%). Successfully quit smoking cigarettes was found in four people, and amount reduction in seven ones. Seven days quitting success rate was 33.3% at follow up of three months. The satisfaction rate was 91.7%.

Conclusions



Smoking cessation classes in corrective institution- prison have high effectiveness. We could actively apply cessation classes to reduce prison inmates smoking rates, and to improve the success rate of smoking cessation. The expected future is that this study could provide a reference to smoking cessation related activities in prisons and hospitals. It could also provide medical personnel to help the inmates willing to quit smoking more smoothly, to improve prison cessation service satisfaction, so that the inmates; prison staffs could enjoy more fresh air.

Contact: CHEN Ying-O

Puzi Hospital, Ministry of Health and Welfare
No42-50, Yung Ho Li, Potz City,
613 Chiayi County, TWN
0705ying@gmail.com

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