Azienda Provinciale per i Servizi Sanitari
Provincia Autonoma di Trento

Task Force HPH Children & Adolescents (TF HPH-CA)

Standards di promozione della salute dei minori e processo di autovalutazione

Udine, 03/12/2019

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Coordinatore Task Force HPH-CA
Direzione Integrazione Socio-sanitaria
Servizio Governance Processi socio-sanitari
Azienda Provinciale per i Servizi Sanitari
Provincia Autonoma di Trento

HPH- CA Task Force Vision

We believe that Human Rights must become a reference platform for political, economic, social, cultural policies in every part of the world, starting from childhood. **Children are owners of rights** and they represent those new generations that can give continuity to human progress.

We know that the '**Child right to health' is a fundamental right** to achieve her/his full human potential.

We feel that the a 'Rights Age' starts up with a 'Children's rights Age' and that a 'Children's rights Age' coincides with a '**Child right to Health Age', driven from innovative health care context.**

Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (TF HPH-CA)

TF HPH-CA MISSION
(since 2004)

"to apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in & by hospitals, providing an organic conceptual and operational framework for institutions, decision-makers, healthcare organisations and their professionals, social workers".

The Task Force Members

Andy Mangione Standish, Lagle Suurorg, Raúl Mercer, Stella Tsitoura, Raquel Mullen, Andrew Clarke, Kjersti J. Ø. Fløtten, Ang Seng Bin, Ana Isabel Guerreiro, Dora Scheiber, Irma Manjavidze, Lucia Maria Loteran, Rosa Gloria Suárez, Sarah Spronk, Marija Radonić, Giuliana Filippazzi, Christina Dietscher, Jean R. Piard, Arian Tarbal Roquer, Francoise Galland, Nuria Serrallonga, Virginia Binns, James Robinson, Ana Lourenço, Gustavo Ramos Martín

CARTA DI OTTAWA

Costruire una politica pubblica per la salute
Creare ambienti favorevoli
Dare forza all'azione della comunità
Sviluppare le abilità personali

Riorientare i servizi sanitari

La responsabilità per la promozione della salute nei servizi sanitari è condivisa tra i singoli, i gruppi della comunità, gli operatori sanitari, le istituzioni che garantiscono il servizio sanitario e i governi. Essi devono lavorare insieme per un sistema di assistenza sanitaria che contribuisca alla ricerca della salute. Il ruolo del settore sanitario deve andare sempre più nella direzione della promozione della salute, al di là della sua responsabilità di garantire servizi clinici e curativi. I servizi sanitari hanno bisogno di adottare un mandato più ampio che sia sensibile e rispettoso dei bisogni culturali. Questo mandato dovrebbe sostenere i bisogni degli individui e delle comunità per una vita più sana e stabilire connessioni tra il settore sanitario e le più ampie componenti sociali, politiche, economiche e dell'ambiente fisico.

COME?

Azienda Provinciale per i Servizi Sanitari
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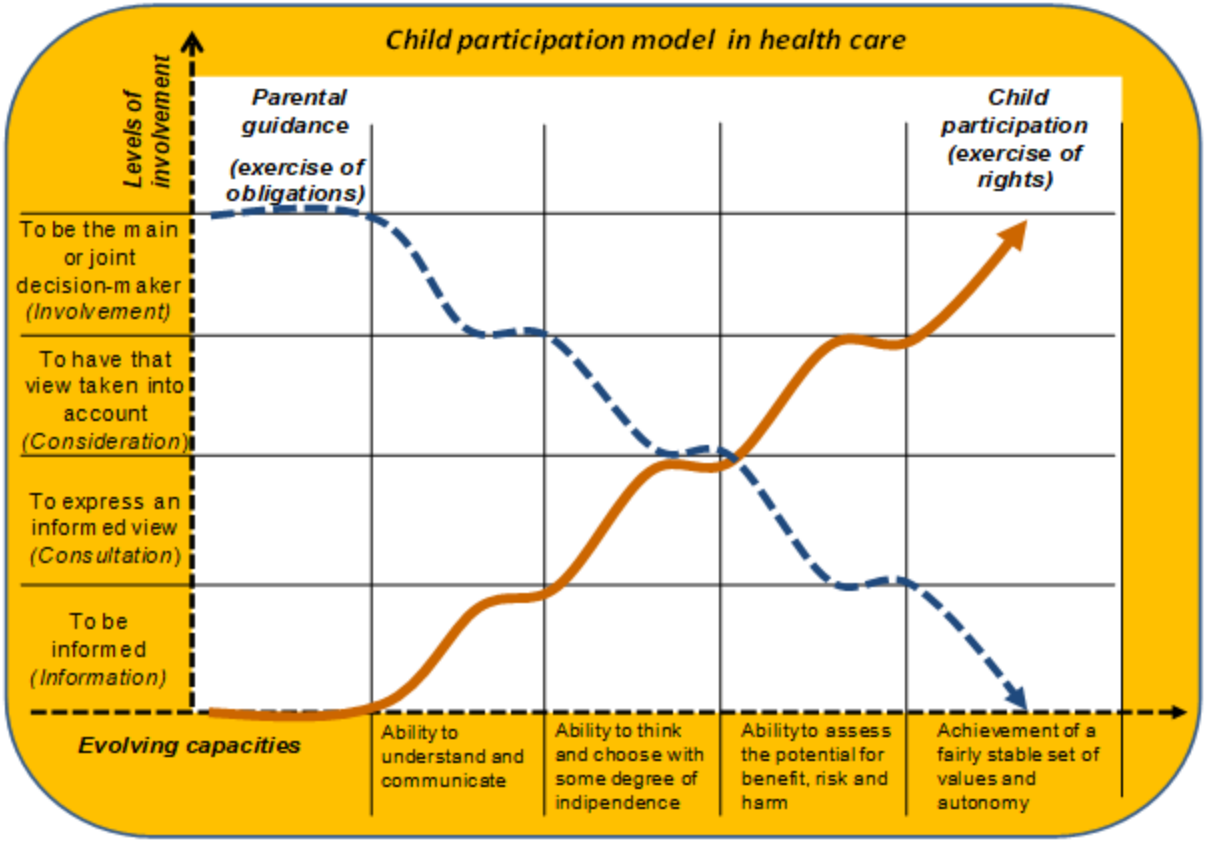
1. Empowerment & Partecipazione

L'empowerment può essere un processo sociale, culturale, psicologico o politico attraverso il quale gli individui e i gruppi sociali sono in grado di esprimere i propri bisogni e le proprie preoccupazioni, individuare le strategie per essere coinvolti nel processo decisionale e intraprendere azioni di carattere politico, sociale e culturale che consentano loro di soddisfare tali bisogni.

(WHO, 1998, HP Glossary)



Empowerment and decision making

Guidelines of the Committee of Ministers of the CoE on child friendly healthcare – Sept. 2011

International Journal of Qualitative Studies on Health and Well-being

Co-action Publishing

EMPIRICAL STUDY

Promoting participation in healthcare situations for children with JIA: a grounded theory study

BRITT-MARI GILLJAM, PhD Student[1,2], SUSANN ARVIDSSON, PhD[2], JENS M. NYGREN, Associate Professor[2] & PETRA SVEDBERG, Associate Professor[2]

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Abstract

Children's right to participate in their own healthcare has increasingly become highlighted in national and international research as well as in government regulations. Nevertheless, children's participation in healthcare is unsatisfactorily applied in praxis. There is a growing body of research regarding children's participation, but research from the children's own perspective is scarce. The aim of this study was thus to explore the experiences and preferences for participation in healthcare situations among children with juvenile idiopathic arthritis (JIA) as a foundation for creating strategies to promote their participation in pediatric healthcare. Twenty children, aged 8 to 17 years, with JIA were interviewed individually and in focus groups. In order to increase the children's opportunities to express their own experiences, different interview techniques were

Children's right to participate in their own healthcare has increasingly become highlighted in national and international research as well as in government regulations. *Nevertheless, children's participation in healthcare is unsatisfactorily applied in praxis*. There is a growing body of research regarding children's participation, but research from the children's own perspective is scarce.

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RESEARCH ARTICLE

WILEY NursingOpen

Patient participation, a prerequisite for care: A grounded theory study of healthcare professionals' perceptions of what participation means in a paediatric care context

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School of Health and Welfare, Department of health and nursing, Halmstad University

Abstract

1. **Children are a group of patients who are excluded from patient participation, with little attention paid to their views** (Runeson, Elander, Hermeren, & Kristensson-Hallstrom, 2000; Runeson, Hallstrom, Elander, & Hermeren, 2002) and with a marginal role in discussions about their care (Cahill & Papageorgiou, 2007; Coyne, 2006; Moore & Kirk, 2010; Savage & Callery, 2007).
2. **Children are not included when information is given concerning decisions about their care and in terms of their possibilities for being involved in decisions** that need to be made about their care (Coyne, Amory, Kiernan, & Gibson, 2014; Coyne & Gallagher, 2011; Hallstrom & Elander, 2004; Runeson, Martenson, & Enskar, 2007; Runeson et al., 2002; Feenstra et al., 2014; Koller, 2016; Moore & Kirk, 2010; Wyatt et al., 2015).

1. If the pediatric team has not learned how to handle difficult situations and to build relationships of trust and empowerment for the child, the result will be that pediatricians will talk about difficult children as if they were objects instead of with them as members of a team. (Lilly Damm, MD, Ulrike Leiss, PhD, Ulrike Habeler, MD, and Jochen Ehrich, MD, DCMT, Improving Care through Better Communication: Understanding the Benefits, EPA) 2. Research is way too limited (…and limitating): ‘Most of the studies have ignored the implications of a child's presence in medical encounters. Although all studies claim to examine the interaction in the doctor-parent-child triad, most research methodologies used are based on dyads’. (Tates, K., Meeuwesen, L. Doctor–parent–child communication: a (re)view of the literature. Soc. Sci. Med. 2001;52:839–851.)	1. Effective doctor–child communication is a necessary prerequisite for safe medical care (Lilly Damm, MD, Ulrike Leiss, PhD, Ulrike Habeler, MD, and Jochen Ehrich, MD, DCMT, Improving Care through Better Communication: Understanding the Benefits, EPA) 3. ‘…'children's participation' appears to have a protective and preventive effect for health-related problems. Therefore, it is argued, that 'enablement', a key-element of both the Ottawa Charter on Health Promotion and the International Convention on the Rights of the Child, should be at the core of every child-health promotion programme’. (de Winter, M., Baerveldt, C., Kooistra, J. Enabling children: participation as a new perspective on child-health promotion. Child Care Hlth. Dev. 1999;25:15–25)

Physicians can improve the likelihood that children will answer their questions by:

(a) asking them social questions early in the visit

(b) phrasing their questions as yes–no questions

(c) directing their gaze at the children during each question.

(Physician–child interaction: When children answer physicians' questions in routine medical encounters, Stivers, Tanya, Patient Education and Counseling , Volume 87 , Issue 1 , 3 – 9)

As chronically ill adolescents need to prepare themselves for transition to adult care, healthcare providers should encourage them to take the lead in communication by initiating independent visits and changing the parents' roles.

(Unraveling triadic communication in hospital consultations with adolescents with chronic conditions: The added value of mixed methods research,van Staa, AnneLoes, Patient Education and Counseling , Volume 82 , Issue 3 , 455 – 464)

Instead….

'There are still no established definitions, standardized diagnostic methods and effective interventions to treat and prevent this problem (ndr. non adherence to transplant related therapies). We propose the recommendations to approach the problems of adolescent transplant non-adherence from the transplant clinician's viewpoint. With early identification and appropriate interventions, significant improvement in adolescent graft survival is possible'.

Rianthavorn, P. and Ettenger, R. B. (2005), Medication non-adherence in the adolescent renal transplant recipient: A clinician's viewpoint. Pediatric Transplantation, 9: 398-407. doi:10.1111/j.1399-3046.2005.00358

Instead…

'Analyses of 105 videos show that in most consultations, both GP and parent displayed non-supportive behavior. Despite the GPs' initial efforts to involve the child in the interaction, 90% of the consultations ended up in a non-participatory way. During this last segment of diagnosis and treatment information, the child's voice was hardly heard, as reflected in the minimal involvement displayed and the absence of turning to the parent for support'.

(Doctor–parent–child relationships: a 'pas de trois' Tates, Kiek et al., Patient Education and Counseling , Volume 48 , Issue 1 , 5 – 14)

Contents lists available at ScienceDirect

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The child's perspective as a guiding principle: Young children as co-designers in the design of an interactive application meant to facilitate participation in healthcare situations

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ABSTRACT

During the last decade, interactive technology has entered mainstream society. Its many users also include children, even the youngest ones, who use the technology in different situations for both fun and learning. When designing technology for children, it is crucial to involve children in the process in order to arrive at an age-appropriate end product. In this study we describe the specific iterative process by which an interactive application was developed. This application is intended to facilitate young children's, three-to five years old, participation in healthcare situations. We also describe the specific contributions of the children, who tested the prototypes in a preschool, a primary health care clinic and an outpatient unit at a hospital, during the development process. The iterative phases enabled the children to be involved at different stages of the process and to evaluate modifications and improvements made after each prior iteration. The children contributed their own perspectives (the child's perspective) on the usability, content and graphic design of the application, substantially improving the software and resulting in an age-appropriate product.

The application, "Inter-Active Communication Tool for Activities" [IACTA], is intended to facilitate young children's, three to five years, participation in healthcare situations. The application will be run on a touchscreen tablet. When entering the examination or treatment room, the application is used jointly by the child and the professional.

COME?

Azienda Provinciale per i Servizi Sanitari
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2. Valutazione (Auto)

Measuring the World

Indicators, Human Rights, and Global Governance

by Sally Engle Merry

Indicators are rapidly multiplying as tools for assessing and promoting a variety of social justice and reform strategies around the world. There are indicators of rule of law, indicators of violence against women, and indicators of economic development, among many others. Indicators are widely used at the national level and are increasingly important in global governance. There are increasing demands for "evidence-based" funding for nongovernmental organizations and for the results of civil society organizations to be quantifiable and
of complex phenomena began in st
recently migrated to the regulation
to indicators in the field of global g
implications for relations of power
civil society. The deployment of sta
expertise. The growing reliance or
corporate form of thinking and gov

Indicators can effectively *highlight deficits, areas of inequality, spheres of human rights violations, and other problem areas*. Reform movements depend on producing statistical measures of the wrongs they hope to redress, such as human rights violations, refugee populations, disease rates, and the incidence of poverty and inequality. They are a valuable reform tool in their ability to show areas of state failure.

HPH Ospedali per la promozione della Salute Rete Trentina

International Network of Health Promoting Hospitals & Health Services

Standards on health promotion for children and adolescents

A Task Force HPH-CA Tool

Since 2004, the Task Force aims "to apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in & by hospitals, providing an organic conceptual and operational framework for institutions, decision-makers, healthcare organizations and their professionals, social workers".

Ilaria Simonelli (**Co-ordinator**), **Andy** Mangione Standish, Lagle Suurorg, Isabelle Aujoulat, Raül Mercer, Stella Tsitoura, Raquel Mullen, Andrew Clarke, Kjersti J. Ø. Fløtten, Ang Seng Bin, Ana Isabel Fernandes Guerreiro, Dora Scheiber, Irma Manjavidze, Lucia Maria Loteran, Rosa Gloria Suárez, Sarah Spronk, Marija Radonić, Giuliana Filippazzi, Christina Dietscher, Arian Tarbal Roquer, Nuria Serrallonga, James Robinson, Ana Lourenço, Paul Rainer, Giulio Fornero, Domenico Tangolo, Anabela Fonseca

11/30/18

HPH Ospedali per la promozione della Salute Rete Trentina

International Network of Health Promoting Hospitals & Health Services

Standards per la promozione della salute di bambini e adolescenti

Task Force HPH-CA

Dal 2004, l'obiettivo della Task Force è quello di "applicare i principi e i criteri di HPH alle questioni specifiche della promozione della salute di bambini e adolescenti negli ospedali e nei servizi sanitari, fornendo un quadro concettuale e operativo per le istituzioni, i decisori politici, le organizzazioni sanitarie e i loro professionisti".

Ilaria Simonelli (**Coordinatore**), **Andy** Mangione Standish, Lagle Suurorg, Isabelle Aujoulat, Raül Mercer, Stella Tsitoura, Raquel Mullen, Andrew Clarke, Kjersti J. Ø. Fløtten, Ang Seng Bin, Ana Isabel Fernandes Guerreiro, Dora Scheiber, Irma Manjavidze, Lucia Maria Loteran, Rosa Gloria Suárez, Sarah Spronk, Marija Radonić, Giuliana Filippazzi, Christina Dietscher, Arian Tarbal Roquer, Nuria Serrallonga, James Robinson, Ana Lourenço, Paul Rainer, Giulio Fornero, Domenico Tangolo, Theresa Bengough, Sarra Mougel

11/30/18

Azienda Provinciale per i Servizi Sanitari
Provincia Autonoma di Trento

PARTECIPANTI

Hospital San Joan De Déu, Spain
Budapest Pediatric General Practitioner, Hungary
SEMMELWEIS Hospital and Pediatric Clinic, Hungary
Tallinn Children's Hospital, Estonia
Regina Margherita Children's Hospital, Italy
DRMC Medical Center, USA

HPH TF on Standards
GB TF Reference person
WHO CC of Vienna and Copenhagen

PROCESSO DI DEFINIZIONE

Raccolta riferimenti internazionali
Redazione prima bozza
Testing prima bozza
Definizione documento finale
Implementazione e Diffusione

FRAMEWORK

Gli standard e gli indicatori per la promozione della salute di bambini e adolescenti negli ospedali e nei servizi sanitari sono uno strumento che consente ai professionisti di valutare le specifiche esigenze di promozione della salute. Sono rivolti agli operatori sanitari, ai decisori politici, alle associazioni che lavorano per i bambini negli ospedali e prevede un doppio utilizzo:

1. Misurare il livello di promozione della salute dei bambini negli ospedali e nei servizi sanitari
2. Supportare i professionisti nella valutazione peer to peer sul livello di realizzazione della promozione della salute negli ospedali e nei servizi sanitari

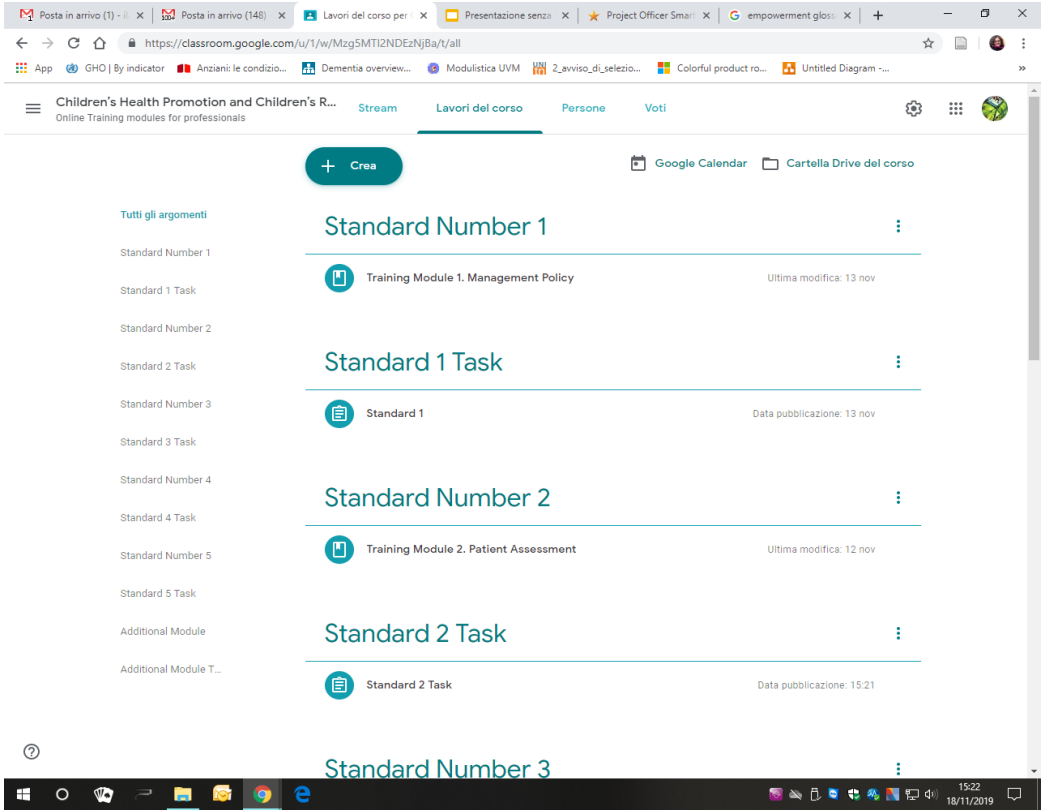
Azienda Provinciale per i Servizi Sanitari
Provincia Autonoma di Trento

Risultati:

Adozione da parte della Taiwan Society for Adolescent Medicine and Health (TSAMH) nell'ambito di un Progetto sponsorizzato dal Ministry of Health and Welfare.

Next step:

Preparazione di un Corso online per professionisti sanitari (da adottare a Livello Universitario e/o Professionale)



Proposta:
Esercizio di Autovalutazione coordinato da Regione FVG e supportato da APSS

- Giornata formativa con esercizio di auto-valutazione (2020)
- Creazione di un calendario di auto-valutazione annuale o semestrale da svolgere in autonomia o con supporto della TF e con registrazione del dato
- Pubblicazione congiunta dei risultati a fine 2020 (collaborazione FVG-APSS Trentino)

11/30/2018

SCHEDA DI VALUTAZIONE VELOCE

A: risultato raggiunto pienamente B: risultato raggiunto in modo moderato C: risultato raggiunto in modo parziale D: risultato minimo o non raggiunto □

INDICATORI	VALUTAZIONE
Presenza di una politica scritta sulla promozione della salute pubblicata in documenti, newsletter, opuscoli, sito web	○A ○B ○C ○D ○N/A
Consultazioni annuali con bambini e adolescenti	○A ○B ○C ○D ○N/A
Menzione dei diritti dei bambini nella politica scritta	○A ○B ○C ○D ○N/A
Attività di promozione della salute registrate nelle cartelle cliniche	○A ○B ○C ○D ○N/A
Fornitura di strumenti adatti ai bambini per esprimere le proprie opinioni (schede, raccolta consigli,...)	○A ○B ○C ○D ○N/A
Riunioni dei dipartimenti sulla comunicazione con i pazienti	○A ○B ○C ○D ○N/A
Presenza di materiale informativo	○A ○B ○C ○D ○N/A
Incontri con bambini, famiglie e associazioni	○A ○B ○C ○D ○N/A
Presenza di spazi per scopi di promozione della salute (ospitare genitori e pari, ospitare associazioni, ospitare scuole, ...).	○A ○B ○C ○D ○N/A
Adozione di documenti ufficiali sulla sicurezza dei bambini	○A ○B ○C ○D ○N/A
Accordi con le parti interessate della comunità (ad esempio medici generici, aziende ICT, associazioni, servizi sanitari territoriali, ...)	○A ○B ○C ○D ○N/A
Adozione di Check lists per la valutazione delle attività di promozione della salute	○A ○B ○C ○D ○N/A

Alcuni contributi recenti della TF

GRAZIE PER L'ATTENZIONE!

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