

HPH Membership Application

How to join the International HPH Network

Any hospital, health service or organisation wishing to join the HPH Network, should first check whether a national/regional network exists in the specific country or region. You can visit our website to see if there is an existing network in your country or region: www.hphnetwork.org/members

If a national/regional HPH network exists, please forward your application to the national/regional HPH coordinator for approval. The national/regional HPH coordinator will then forward the application to the International HPH Secretariat.

If there is no such coordinator in your country or region, you should send your application directly to the International HPH Secretariat:

International HPH Secretariat

Burchardstrasse 17

20095 Hamburg, Germany

Phone: +49 040 22621149-0

Fax: +49 40 22621149-14

Email: info@hphnet.org

Application Form

The HPH membership application includes the HPH Letter of Intent, an information form and the signature page and must be filled out to join HPH or renew the HPH membership.

New HPH Members

Any new organisation applying for membership must fill out and submit the application form. This form affirms the intent of your hospital, health service or organisation to abide by the HPH Constitution and aim to implement health-promoting activities, strategies and policies.

Renewing HPH Members

All HPH Members must renew their membership every 4 years by filling out this application form again. This re-affirms the commitment to HPH and also it allows the secretariat to note any changes in staff and contact details.

HPH Letter of Intent

This letter of intent, signed by management, declares that the member hospital, health service or organisation will abide by the constitution of the International Network of Health Promoting Hospitals and Health Services (HPH) and implement health promoting activities according to the HPH constitution, HPH strategies and HPH policies.

To do so, please indicate your reasons and expectations of joining by answer the following questions¹:

Please select:

- ☒ Join as a Hospital ☒ Join as a Health Service ☐ Join as an Affiliated Member

- a) What does your organisation want to gain by being a member of the International HPH Network?

The company has been a member of the HPH network since 2003. The HPH strategy is included in the Regional Health Care Action Plan 2021. We are working hard about wellbeing/stress of the personnel in order to protect the therapeutic power of the setting. We expect benchmarking with other countries and updated tools to improve the organizational implementation strategies of health promotion in the healthcare context. We look for a strong HPH identity of the Health Care System, in order to influence the other health promoting settings of the community.

- b) Do you already have experiences from health promotion activities/projects, strategies or policies, that you want to share with the HPH network? What is their focus?

During 2020, the impact of the pandemic accelerated the activation of the Workplace Wellbeing working group of the HPH network. The regional group has implemented the project "Taking care of those who cared us", dedicated to contrasting stress in healthcare personnel. We are active in the Regional HPH Patient Engagement working group. We have a workline for young according to the HPH children and adolescents Task Force.

¹ This letter of intent does not constitute a binding declaration or legal force. The statements will be treated confidentially and accessed by the International HPH Secretariat and Governance Board only.



c) What actions do you plan to initiate in year one of membership?

It is not the first year of membership, so the health promotion strategy described by the regional Action Plan 2021 is going on: training and implementation of the method and the new HPH tools. Upgrade of the website.

d) What do you expect to achieve during the four-year membership period?

- 1) The stability of professional's network who promote health within the setting.
- 2) Systemic implementation of pathways for the well-being of healthcare personnel, with the measurement of the impact of stress and individual and organizational continuous improvement plans.
- 3) The systemic assessment of patients' health promotion needs, for personalized empowerment interventions.
- 4) The alliance with other health promoting settings in the community.

e) How did you find out about HPH?

☐

Colleague

☐

Conference

☐

Scientific Article

☐

Internet Search

☐

WHO

☒

N/R Network

☐

Other. Please specify:

Further comments:



Hospital/Health Service Information

☐

New Member

☒

Renewing Membership

Universitary Hospital & Health Services "Friuli Centrale" ASU FC

Name of Hospital/Health Service/Organisation in English

Azienda Sanitaria Universitaria Friuli Centrale (ASU FC)

Name of Hospital/Health Services/Organisation in local language

Post Address

Street: **Piazzale S.Maria della Misericordia, 15**

Zip Code: **33100**

City: **Udine**

State: **Italy**

Country: **Italy**

Phone: **+39 432 552788**

Fax:

Website: **<https://asufc.sanita.fvg.it/it/>**

Chief Executive Officer of Hospital/Health Service/Organisation

Name and title: **Massimo Braganti, CEO**

Phone: **+39 432 552788**

E-mail: **dg@asufc.sanita.fvg.it**

HPH Coordinator of Hospital/Health Service/Organisation

Name and title: **Carlo Antonio Gobbato, Ph.D.**

Phone: **+39 432 559926**

E-mail: **carlo.gobbato@asufc.sanita.fvg.it**

Name of National/Regional HPH Network Coordinator (where applicable)

Name of Network: **HPH Network of Friuli Venezia Giulia Region**

Name and title: **Cristina Aguzzoli, MD**

Phone: **0481/1438291**

E-mail: **cristina.aguzzoli@arcs.sanita.fvg.it**



International Network of
Health Promoting Hospitals
& Health Services

Signatures

The Letter of Intent shall be signed by the hospital/health service management and the National/Regional HPH Network Coordinator (if applicable), who will send it to the International HPH Secretariat:

Hospital/Health Service/Organisation Management

Name & Title: **Massimo Braganti, CEO**

Date & Signature: **8.4.21**

Name of National/Regional HPH Network Coordinator

Name & Title: **Cristina Aguzzoli, MD**

Date & Signature: **8.4.21**

NOTE: If no national/regional HPH network exists in your area, please send this letter directly to the International HPH Secretariat for signature:

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