International Network of
Health Promoting Hospitals
& Health Services

2020 Standards for Health Promoting Hospitals and Health Services

The International Network of Health Promoting Hospitals and Health Services

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Contents

Preamble

This document presents the 2020 Standards for Health Promoting Hospitals and Health Services, a substantial upgrade from the original standards documents.

It reflects various novel areas of policy, practice, and evidence in order to support a broader implementation of the HPH vision. It recognizes the directions formulated in the new HPH Global Strategy 2021-2025 as well as new opportunities and challenges addressed by initiatives such as the United Nations Sustainable Development Goals, The Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, and the Declaration of Astana (1–3).

The document builds on years of work within the HPH Network, in particular the global experience with the implementation of the original HPH standards, as well as the developmental work for new standards in areas such as health literate organizations, standards for specific target groups such as the elderly, and thematic areas such as children and adolescent rights, environmental sustainability, and the societal impact of health care.

It is not expected that any health service organization easily complies with all these standards. Rather, the standards are expected to encourage refocusing the organization's strategy, to better address overarching health system challenges and to truly convert the organization into a health promoting setting.

Consequently, the standards are not primarily designed to allow for external accountability of health services, but rather to stimulate processes of continuous internal improvement.

This document comprises a comprehensive standard set for Health Promoting Hospitals and Health Services. It will be accompanied by documents that operationalize the standards and provide concrete measurable elements, against which performance can be measured.

The focus on health orientation and health outcomes

> *"Health promoting hospitals and health services (HPH) orient their governance models, structures, processes and culture to optimize health gains of patients, staff and populations served and to support sustainable societies." (4)*

The International Network of Health Promoting Hospitals and Health Services (HPH) was founded on the settings approach to health promotion as a response to the WHO Ottawa Charter for Health Promotion action area, 'reorienting health services' (5). WHO inspired a movement by initiating an international network of national and sub-national networks that supported the implementation of this concept (6). The whole-of-system approach of HPH produced action that brought several health reform movements together: patients' or consumer rights, primary health care, quality improvement, environmentally sustainable ("green") health care and health-literate organizations. The organizational development strategy of HPH involved reorienting governance, policy, workforce capability, structures, culture, and relationships towards health gain of patients, staff, and population groups in communities and other settings. As of 2020, the HPH network consists of more than 600 hospitals and health service institutions from 33 countries.

Figure 1: Location of HPH members

Standards were developed to operationalize the vision of the International HPH Network and to facilitate action on priority health issues. In 2006, a first standards manual and self-assessment forms were developed. The standards addressed basic responsibilities for health promotion at the managerial level, for patient assessment, and intervention, addressing the workforce and the links between the hospital and other care providers (7). These standards have had significant international reach for the HPH network, having been translated in seven languages and well-received by national health authorities, researchers, and renowned scientific associations and professional bodies. Building on the general approach and format of the original standards, various HPH Task Forces and Working Groups developed individual standard sets that addressed issue-specific topics: equity (8), mental health (9), the environment (10), health literacy (11), patient-centered care (12), and to support groups such as children (13), adolescents, and the elderly (14).

The need for an update of the HPH standards

Since the publication of the first Standards for Health Promotion in Hospitals significant changes occurred which require an update of the standards document.

- First, the need for an overarching standard set that comprises the full vison of the HPH concept was increasingly identified by members. Under the label “Umbrella Standards” a working group commenced where the standards produced by various HPH task forces and working groups were integrated into an overarching document, setting out the comprehensive vision of HPH while providing operational support.

- Second, the organization of health services is changing along with disease patterns and management models. In alignment with the Declaration of Astana, hospitals, primary care, and other health services need to be closely linked with collaborative treatment practice, rehabilitation, promotion, and prevention of both acute and long-term ill-health. Therefore, “health services” was added to “hospitals” in the HPH name. These new HPH standards will also be applicable across broader health systems in addition to hospitals alone.

- Third, health-orientation of health services includes strategies for empowerment with key areas such as shared-decision making and self-management support. They are now included in the updated HPH standards.

- Forth, in line with the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, an updated definition of HPH places further emphasis on governance models and leadership roles for the reorientation the health systems, which requires a strong senior leadership component in addition to clinical leadership.

- Fifth, disease patterns are shifting further towards non-communicable diseases, increasing the relevance of health promotion and disease prevention actions not only in high-income countries, but also in low and middle-income countries (15).
- Sixth, global high-level discussions on Universal Coverage and the Sustainable Development Goals require recognizing broader societal impact of health care organizations.

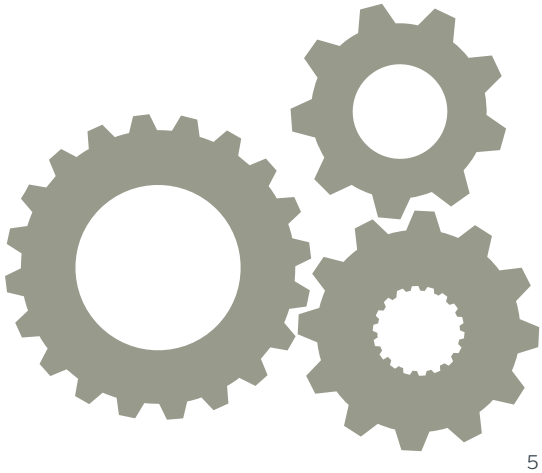
Upon request of the HPH General Assembly, the current set of HPH Standards has been revised to a broader set of Umbrella Standards that are harmonious with the new HPH Global Strategy for 2021-2025 and aligned with current global health policy principles (16).

Development process for the standards

The original WHO standards were developed following the steps proposed in ISQua's ALPHA program, drawing on a critical appraisal of the available literature and evidence, drafting and piloting of standards, pilot testing and implementation (17). This process was followed by various Task Forces and Working Groups in the International HPH Network, which developed domain-specific standards.

Following annual reports on the implementation of the original standards and the domain-specific standards, the HPH General Assembly requested that these standards be integrated into an overarching standard set, representing the breadth of the vision of the HPH concept and members. This work was to build on the analysis conducted by Dr. Chiarenza, which consisted of a comprehensive mapping work that identified differences and commonalities about important domains in seven standards sets developed by HPH Task Force and Working Groups. Based on this analysis, seven domains and relative subdomains were identified for the Umbrella Standards (18).

A Working Group led by the International Secretariat was set up in early 2020 to build on this analysis and to organize a two-stage Delphi study to refine it further. The Delphi study aimed to assess the standards with regard to the RUMBA principles. RUMBA stands for Relevant, Understandable, Measurable, Behavioral, and Actionable. The Delphi study elicited assessments of comprehension, scope and importance of the overarching standards, definitions, and substandards. In a second step, a rating was made of clarity of formulation and priority of the standards and its substandards. In addition to the quantitative assessments, both rounds elicited qualitative comments to help structure, align and formulate the standards. An expert panel comprising the HPH Governance Board, Standing Observers, National and Regional Coordinators, and HPH Task Force and Working Group leaders were invited to participate in the study. In the second Delphi consultation round, all standards contained within the defined dimensions and substandards were rated on their clarity and priority. The Working Group reviewed all quantitative and qualitative comments from the expert panel and synthesized the feedback.



Format of the standards

The standards are presented in a structured manner as follows:

- Number and name of the overarching standard
- Description of the objective of the overarching standard
- Presentation of the first substandard of a standard
- Presentation of the standard statements under the substandard

The current version of these standards includes 5 standards, 18 substandards, and 85 standard statements.

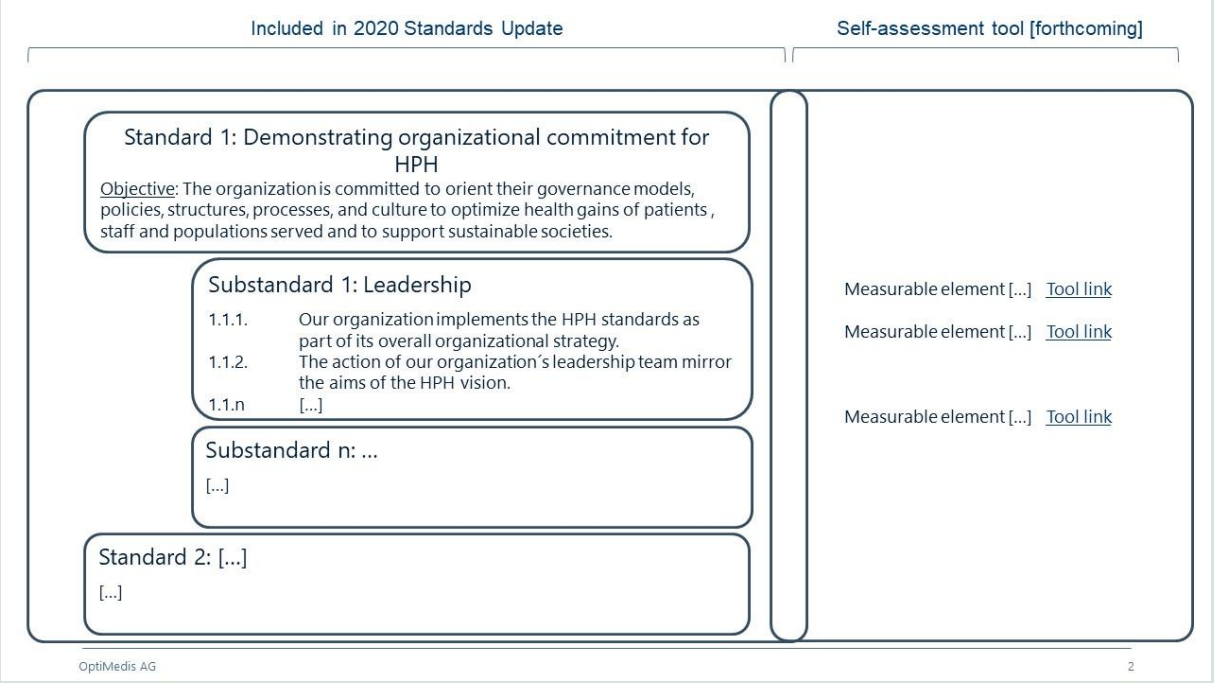


Figure 2: Format of the HPH Standards

Standard 1

Demonstrating organizational commitment for HPH

Objective:

The organization is committed to orient their governance models, policies, structures, processes, and culture to optimize health gains of patients, staff and populations served and to support sustainable societies.

Substandard 1: Leadership

1.1.1. Our organization implements the HPH vision as part of its overall organizational strategy.
1.1.2. The actions of our organization's leadership team mirror the aims of the HPH vision.
1.1.3. Our organization fosters a culture of health orientation and improvement.
1.1.4. Our organization has appointed a leader to implement the HPH vision and task leaders for the standards' subdomains, who produces an annual progress report for the board.
1.1.5. Our governing board reviews the implementation of the HPH vision.
1.1.6. Our staff induction training programs include the HPH vision.
1.1.7. Our performance appraisal and continuing development practices address the HPH vision.

Substandard 2: Policy

1.2.1. Our organization's stated aims and mission are aligned with the HPH vision.
1.2.2. Our aims and mission are clearly communicated to all stakeholders.
1.2.3. Our organization ensures the availability of the necessary infrastructure, including resources, space, and equipment, to implement the HPH vision.

Substandard 3: Monitoring, implementation, and evaluation

1.3.1. Our organization systematically monitors health needs and determinants of health in the population as a basis for planning and evaluating services.
1.3.2. Our organization's information systems integrate measurements required to assess the implementation of the HPH vision.
1.3.3. Our procedures and interventions for the improvement of health outcomes are periodically evaluated.

Ensuring access to the service

Objective:

The organization implements measures to ensure availability, accessibility, and acceptability of its facilities.

Substandard 1: Entitlement and availability

2.1.1. Our organization has a procedure to assess and to provide support for people where ineligibility or lack of resources (insurance or economic) compromises human rights.

2.1.2. Our organization informs all patients about their rights and our health promotion policies.

Substandard 2: Information and access

2.2.1. Our organization's contact information, location, and arrival information are easily found via internet search engines.

2.2.2. The organization's website is easy-to-use, also for people with low (digital) health literacy and is available in various languages based on the composition of the local population.

2.2.3. Our organization develops written material and navigational signs considering health literacy, language, and cognitive capabilities of patient groups.

2.2.4. Our organization provides outreach communication to marginalized or disadvantaged groups.

2.2.5. Our organization can easily be accessed and navigated by patients and visitors independent of impairments or disabilities.

Substandard 3: Socio-cultural acceptability

2.3.1. Our organization demonstrates awareness of and respect for the values, needs and preferences of different groups within the community.

2.3.2. Our organization implements special measures to ensure that the rights of all patients are respected.

2.3.3. Our organization makes every effort to adapt its procedures to the special needs of vulnerable persons.

2.3.4. The navigation system of our organization is tested by patients and is improved following the outcomes. Digital services and new media are pre-tested with representatives of target groups and patients before distribution.

Standard 3

Enhancing people-centered health care and user involvement

Objective:

The organization strives for the best possible patient-centered care and health outcomes and enables service users/communities to participate and contribute to its activities.

Substandard 1: Responsiveness to care needs

3.1.1. Our organization partners with patients, their families, and caregivers to develop procedures to assess patients' health needs.

3.1.2. Our organization has a standardized approach to assessing and documenting the need for interventions concerning behavioral risk factors (such as tobacco, alcohol, diet/nutrition, and physical inactivity).

3.1.3. Our organization employs guidelines to detect mental health risks among somatic patients and to identify somatic health risks among patients with mental illness or disease.

3.1.4. Our organization ensures that children's health needs are assessed with the active contribution of children, parents, relatives and caregivers, peers, and associated care providers.

3.1.5. Our organization has developed procedures to identify vulnerable patients in order to determine needs and reduce inequalities in our health services.

Substandard 2: Responsive care practice

3.2.1. The organization creates an environment where patients and families feel safe and their dignity and identity are respected.

3.2.2. In our organization, patient consultations take place in private rooms/spaces and with appropriate time that supports effective communication.

3.2.3. In our organization, patients' privacy is respected at all times and long-stay patients have the right to find places to relax. Where appropriate, the possibility for partners or next of kin to stay is assured.

3.2.4. Our organization invites and enables patients and families to become active partners as co-producers in healthcare and in shared decision-making processes along the care pathway.

3.2.5. Our organization offers all patients the right to individualized, culturally and age-appropriate prevention, promotion, treatment, rehabilitation, and palliative care.

3.2.6. Our organization has guidelines on high-risk screening for seniors and incorporates health promotion, rehabilitation and risk management into its departments' clinical practice guidelines or pathways, as appropriate.

3.2.7. Our organization implements, where applicable, the WHO/UNICEF Baby-Friendly Hospital Initiative recommendations.

3.2.8. Our organization implements the standards of the Global Network for Tobacco Free Healthcare Services.

Substandard 3: Patient and provider communication

3.3.1. Our organization implements patient-centered communication and shared decision-making as the main tools to support an active role of patients and families in their care.

3.3.2. Our organization trains staff in techniques that improve communication and patient-centeredness. This applies to both written and oral communication through methods such as plain language or teach-back techniques.

3.3.3. Our organization expects staff to communicate respectfully and values and trains patients to ask questions.

3.3.4. Our organization provides access to translators to facilitate patient-provider communication, where needed.

3.3.5. In our organization all patients can ask questions freely.

Substandard 4: Supporting patient behavioral change and patient empowerment

3.4.1. Our organization provides patients with clear, understandable, and appropriate information about their current condition, treatment, care, and factors influencing their health.

3.4.2. Based on individualized patient needs assessments, our organization offers short or intensive counseling services concerning major risk factors, such as tobacco, alcohol, diet/nutrition, and physical inactivity.

3.4.3. Our organization provides patients with (electronic, where appropriate) access to their patient record.

3.4.4. Our organization provides easy access to and facilitates the use of patient decision aids, where appropriate.

3.4.5. Our organization implements interventions to support self-management that help patients manage their condition, in preparation of discharge or long-term follow up.

Substandard 5: Involving patients, families, caregivers, and the community

3.5.1. Our organization supports user participation in the planning, delivery, and evaluation of its services.

3.5.2. Our organization identifies users at risk of being excluded from participatory processes and promotes the participation of those at risk of exclusion and discrimination.

3.5.3. In our organization, all documents and services relevant for patients are developed and tested together with patient advocates and representatives of patient groups.

3.5.4. Our organization encourages volunteers, including students, community seniors, patients, and their families to participate and contribute to its activities.

Substandard 6: Collaborating with care providers

3.6.1. Our organization collaborates with other care providers to maximize health gain.

3.6.2. Our organization has an approved procedure for exchanging relevant patient information with other organizations.

3.6.3. The receiving organization is given, in timely manner, a written summary of the patient's condition, health needs, and interventions provided by the referring organization.

Standard 4

Creating a healthy workplace and healthy setting

Objective:

The organization develops a health promoting workplace and strives to become a health promoting setting to improve the health of all patients, relatives, staff, support workers, and volunteers.

Substandard 1: Staff health needs, involvement, and health promotion

4.1.1. Our organization offers regular assessments of staff health needs and offers health promotion concerning tobacco, alcohol, diet/nutrition, physical inactivity, and psychosocial stress.

4.1.2. During exceptionally demanding periods, these health needs assessments are adapted in order to identify possible support needs in a timely manner.

4.1.3. Our organization develops and maintains staff awareness of health issues.

4.1.4. Our organization ensures the involvement of staff in decisions impacting clinical work processes and their working environment.

4.1.5. Our organization develops working practices involving multidisciplinary teams, where appropriate.

4.1.6. Our organization establishes a health promoting workplace, addressing the psychosocial work environment.

Substandard 2: Healthy setting

4.2.1. Our organization creates an environment where patients, families and staff feel safe, with their dignity and identity respected.

4.2.2. Our organization applies the common principles of Universal Design to its physical environment whenever practical, affordable, and possible.

4.2.3. Our organization, including waiting areas, are clean and comfortable.

4.2.4. Our organization is equipped with good lighting, non-slip floor surfaces, stable furniture, and clear walkways.

4.2.5. Our organization provides spaces and initiatives for patients, staff, and visitors to relax, exercise, and socialize.

4.2.6. Our organization provides healthy nutrition and prohibits unhealthy options from the premises and its immediate surrounding.

4.2.7. Our organization ensures that the health care environment is smoke and alcohol free and is able to minimize unnecessary noise.

Standard 5

Promoting health in the wider society

Objective:

The organization accepts responsibility to promote health in the local community and for the population served.

Substandard 1: Health needs of the population

5.1.1. Our organization collects data on service utilization patterns in the catchment area, as one data source to improve access and equity.

5.1.2. Our organization collaborates with public health organizations to collect information on health status, health care needs and determinants of health in the catchment area.

5.1.3. Our organization collaborates with public health organizations to collect information on disease prevention and health promotion needs in the catchment area.

5.1.4. Based on the health needs assessment, our organization has identified actions, and collaborators to improve population health in the catchment area.

Substandard 2: Addressing community health

5.2.1. Our organization develops outreach interventions such as health dialogues for defined age groups, for primary prevention.

5.2.2. Our organization works together with community organizations to support knowledge transfer on determinants of health and service utilization, takes initiative, and actively participates in collaborative interventions.

5.2.3. Our organization assumes responsibility to deliver innovative services to disadvantaged populations in the community, including home visits and through local community-based care centers.

Substandard 3: Environmental health

5.3.1. Our organization improves the health of patients, staff, community, and the environment by advancing the use of safe chemicals, materials, and processes.

5.3.2. Our organization reduces the volume and toxicity of waste produced by the health sector and implements the most environmentally sound waste management and disposal options.

5.3.3. Our organization reduces the use of fossil energy and fosters energy efficiency as well as alternative, renewable energy.

5.3.4. Our organization implements conservation, recycling, and treatment measures to reduce hospital/health service water consumption and wastewater pollution.

5.3.5. Our organization develops transportation and service delivery strategies that reduce the hospital/ health services' climate footprint and its contribution to local pollution.

5.3.6. Our organization reduces the hospital/health services' environmental footprint by fostering healthy eating habits and accessing locally and sustainably sourced food in the community.

5.3.7. Our organization incorporates green building principles and practices into the design, construction, and renovation of its facilities.

Substandard 4: Sharing information, research, and capacity

5.4.1. Our organization promotes research on health promotion and disease prevention interventions and health care innovations targeting the vulnerable, to improve accessibility and quality of care.

5.4.2. Our organization actively contributes to learning and sharing activities in international/national/regional networks of Health Promoting Hospitals and Health Services.

5.4.3. Our organization supports planning, evaluation and research activities that involve patients, families and citizens, especially from marginalized service-users, in the development of research questions, methods and reporting of healthcare research (participatory research as well as qualitative and mixed-methods).

5.4.4. Our organization educates the public about determinants of health and wider societal health challenges.

5.4.5. Our organization develops models and arenas for continued information to and in dialog with decision makers.

Next steps and working plan

These standards are the result of substantial work in various Task Forces and Working Groups over the last years. As a result of the process initiated by Dr. Chiarenza, this document now represents a comprehensive set of standards against which Health Promoting Hospitals and Health Services will be able to assess their performance. In order to do so, a self-assessment and improvement manual will be developed to provide concrete measurable elements and recommendations for their assessment.

This self-assessment and improvement manual will further provide guidance for the collection of the various data required to continually advance in achieving the HPH vision.

The primary aim of this HPH Standard Manual is to encourage reflection, identify areas for improvement, and initiate continuous improvement processes. A collaboration with agencies who design and conduct assessments and health services accreditation can be useful in some national and regional contexts to support dissemination and encourage the uptake of the HPH standards.

The International Network of Health Promoting Hospitals and Health Services should further develop strategies and resources to help organizations assess and improve their services. To ensure that the Standards reflect the diverse expectations and needs of the growing HPH Network, a standing committee should be established to lead an annual review and update of the standards.

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