International Network of
Health Promoting Hospitals
& Health Services

Self-Assessment Tool for implementing the 2020 Standards for Health Promoting Hospitals and Health Services

The International Network of Health Promoting Hospitals and Health Services

The International HPH Secretariat is based out of the office of OptiMedis AG:

Burchardstrasse 17
20095 Hamburg
Germany

Phone: +49 40 22621149-0
Fax: +49 40 22621149-14
Email: info@hphnet.org

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The consultation process to define measurable elements for the 2020 Standards for Health Promoting Hospitals and Health Services as well as the production of this document were led by Dr. Oliver Groene and Keriin Katsaros of the International HPH Secretariat.

Contents

Aim of the self-assessment tool

This document presents self-assessment forms for the 2020 Standards for Health Promoting Hospitals and Health Services that operationalize the standards and provide concrete measurable elements, against which performance can be measured.

The main purpose of the document is to provide a tool that can support hospitals and health services in

- assessing and implementing health promotion.
- stimulating processes of continuous internal improvement.
- encouraging the refocusing of the organization's strategy, to better address overarching health system challenges and to truly convert the organization into a health promoting setting.

Organizations, particularly those in the International HPH Network, are strongly encouraged to use the self-assessment tool.

As the standards are considered public domain, we further encourage quality improvement agencies and accreditation bodies to integrate the standards for health promoting hospitals and health services in their existing standards.

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." (1)*

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 World Health Organization's (WHO) Ottawa Charter for Health Promotion action area, 'reorienting health services' (2). WHO inspired a movement by initiating an international network of national and sub-national networks that supported the implementation of this concept (3).

HPH's whole-of-system approach created movement that brought several health reform shifts 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 the health gain of patients, staff, and population groups in communities and other settings.

As of 2021, the International HPH Network consists of more than 600 hospitals and health service institutions from 33 countries (Figure 1).

Figure 1: Location of HPH Members

The development process of the self-assessment tool

The original Manual and Self-assessment Forms for implementing health promotion in hospitals developed by the WHO in 2006, were developed by following the steps proposed in ISQua's ALPHA program, which draws on a critical appraisal of available literature and evidence, drafting and piloting of standards, and implementation (4, 5). Likewise, this process was followed by various HPH Task Forces and Working Groups, which developed subsequent domain-specific standards.

The HPH General Assembly requested that all 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 an 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 a set of initial Umbrella Standards (6).

A Working Group led by the International HPH Secretariat was established 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.

In a first step, the Delphi study elicited assessments of comprehension, scope, and importance of the overarching standards, definitions, and substandards. A rating was made of clarity of formulation and priority of the standards and its substandards. 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 second Delphi consultation round, all standards contained within the defined dimensions and substandards were rated again on their clarity and priority. In addition to the quantitative assessments, both rounds elicited qualitative comments to help structure, align, and formulate the standards. The Working Group reviewed all quantitative and qualitative comments from the expert panel and synthesized the feedback. As a result, the 2020 Standards for Health Promoting Hospitals and Health Services were presented and approved by the HPH General Assembly.

The process to define the measurable elements in this document began with inviting the same expert panel to propose measurable elements for each standard and its substandards. A working group composed of members from the HPH Secretariat and the German HPH Network condensed and synthesized the responses received from 11 HPH Networks based on the following assessment attributes of the proposed measurable elements:

- directly observable and able to be observed as being met or not met
- preference for being able to be reviewed based on existing documentation, rather than requiring a survey
- logical and widely applicable in various institutional and regional contexts
- focused on facts, documents, or other sources that help measure/observe/prove the implementation of the standard

This critical assessment resulted in an initial list of proposed measurable elements which was redistributed to the expert panel for their evaluation. In a final step, the internal working group incorporated feedback. The final list of measurable elements, reflecting the experience in assessing the implementation of the Standards for Health Promoting Hospitals and Health Services is found in this tool.

How can the self-assessment tool be applied?

Approaches for quality assessment can be grouped broadly into internal and external assessment:

- Internal assessment refers to assessment based on judgement or institutional self-assessment based on standards.
- External assessment refers to expert inspection or accreditation.

Self-assessment is a process used by healthcare organizations to assess their level of performance in relation to established standards and to implement measures for continuous improvement. This process enables management to identify areas of good practice and those where there is a need for improvement. Hospital management can then prioritize and plan necessary actions or replicate good practices in further departments of the hospital or health service.

Accreditation is also usually based on self-assessment but is followed up by an external peer evaluation process. The external assessment typically results in an overall evaluation of hospital quality, by identifying priority areas for improvement and, provided the stated level of performance is achieved, in a formal declaration of the hospital being accredited.

There are two main lessons to be learned through processes of self-assessment and accreditation: quality improvement requires data on performance and a culture of improvement.

Without data on performance, measured by standards, no clear direction for quality improvement can be recommended. And, without a culture of participation and support, even if data on the quality of care are available, quality improvement proposals cannot be implemented. The strategy of self-assessment is therefore one of encouragement and education, assisting health care organizations as they develop continuous quality improvement processes.

Clarifying responsibilities

Health promotion cannot be delegated to a specific role or function within the hospital or health service; it is everyone's responsibility to contribute. A team needs to be established for the project with clearly defined roles and responsibilities:

- Management: Essential to the success of this project is the commitment of the chief executive, governing body, and senior managers of the organization, to ensure implementation of the action plan and to provide resources to undertake the task.

- Project leader: A project leader is appointed to lead the process and train others in carrying out the self-assessment.

- Lead person for standards: Lead persons will take responsibility for assessing the level of compliance with a standard and substandards. They will be responsible for collecting the evidence that supports their response.

Multidisciplinary steering group: The project leader establishes a multidisciplinary steering group that represents the staff at all levels. The steering group meets on a regular basis to discuss progress with the self-assessment, generate ideas across disciplines and promote greater ownership of the project. Members of the steering group shall ideally include a senior nurse who may also be responsible for quality/clinical audit, a senior and junior doctor, a senior manager, a human resources/personnel member, a member of staff from ancillary professions allied to medicine (e.g., physiotherapy, occupational therapy), general support medical services (e.g. radiology) and/or a member of staff from general non-clinical services.

Collecting data

Staff at different organizational levels should be involved in collecting data and assessing the standards. There is little value in a single person completing the self-assessment without the involvement of relevant staff, as this may also prevent staff from taking ownership and learning from the process.

Three main data sources can be used for the assessment of standards:

- Routine information systems: Routine information systems may include information for some of the health promotion standards. Data available from routine sources, if available, should be used for the self-assessment to reduce the workload of data collection. However, the type of information contained in such databases may not be sufficiently specific for the purpose of assessing health promotion issues.

- Survey methods: Surveys need to be carried out for a range of measurable elements. This may be a survey on the experience of patients or staff members.

- Audit procedures: an audit of patient records is required for some measurable elements. Following established practice, we recommend that 50 records of discharged patients are chosen randomly for assessment. The audit should be conducted by an interdisciplinary group of professionals with good knowledge of the unit's documentation routines. The term "patient records" reflects various documentation (medical records, nursing records, therapist and dietician's notes etc.) that must be taken into consideration during the assessment.

Interpreting results

It is difficult to interpret the result of the assessment without a standard of comparison by which it can be compared. The different types of comparisons are:

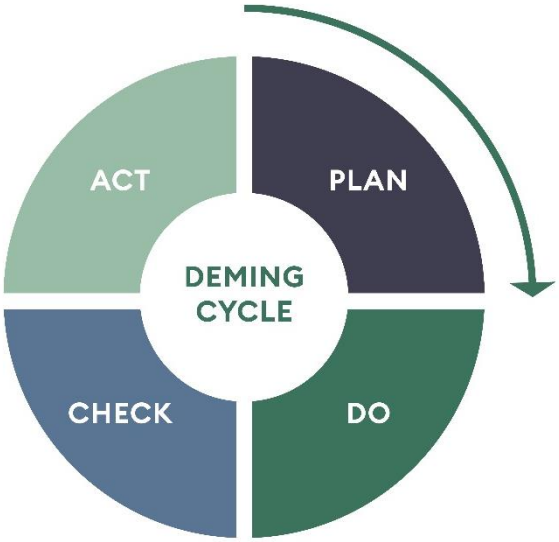
- internal comparison over time (comparing ratings before and after quality improvement efforts),

- external comparison to similar providers (e.g., peer groups) at a single point in time or over time,

- prescriptive standard (e.g., goals set by regional health plans).

Developing a quality improvement plan

It is recommended to follow the plan-do-check-act (PDCA) cycle. The PDCA cycle was originally conceived by Walter Shewhart in the 1930's, and later adapted by W. Edwards Deming (7,8). The cycle provides a framework for improving processes within a system. It can be used to guide the entire improvement project, or to develop specific projects once target improvement areas have been identified. The PDCA cycle can be used as a dynamic model (Figure 2): the completion of one turn of the cycle flows into the beginning of the next.



Plan: planning an activity, project, or procedure aiming at improvement. This entails analyzing what needs to be improved, identifying areas that present opportunities for change, and deciding where the greatest impact can be realized.

Do: carrying out the change or testing (preferably on a small scale) and implementing the change identified in the "plan" phase.

Check: reviewing results and analyzing failure and success. This is a crucial step in the PDCA cycle. After implementing changes, their impact must be assessed – are their intended improvements realized?

Act: Adopting the change, abandoning it, or repeating the cycle.

Figure 2: Plan-Do-Check-Act Cycle

Each section of the tool contains a text box where quality improvement actions can be documented and responsibilities for that action be identified. Notes and observations should include a timeframe for that action and its expected results.

The project leader, together with the steering group, records data as accurately and realistically as possible. When the self-assessment is completed, the steering group will be able to identify areas of good practice and areas for improvement. An action plan can then be developed. It is important that actions in the plan consider local and national priorities, targets, and the organization's own available resources. To monitor development, the action plan should also be integrated into existing management systems.

After successful identification of quality improvement potentials, planning and implementation of activities, subsequent self-assessments need to be carried out to continue the quality improvement circle. As each full PDCA cycle comes to completion, a new and slightly more complex project can be undertaken to continuously improve services further.

Format of the self-assessment tool

The current version of these standards includes 5 standards, 18 substandards, and 85 standard statements. The measurable elements are presented in a structured manner as follows (Figure 3):

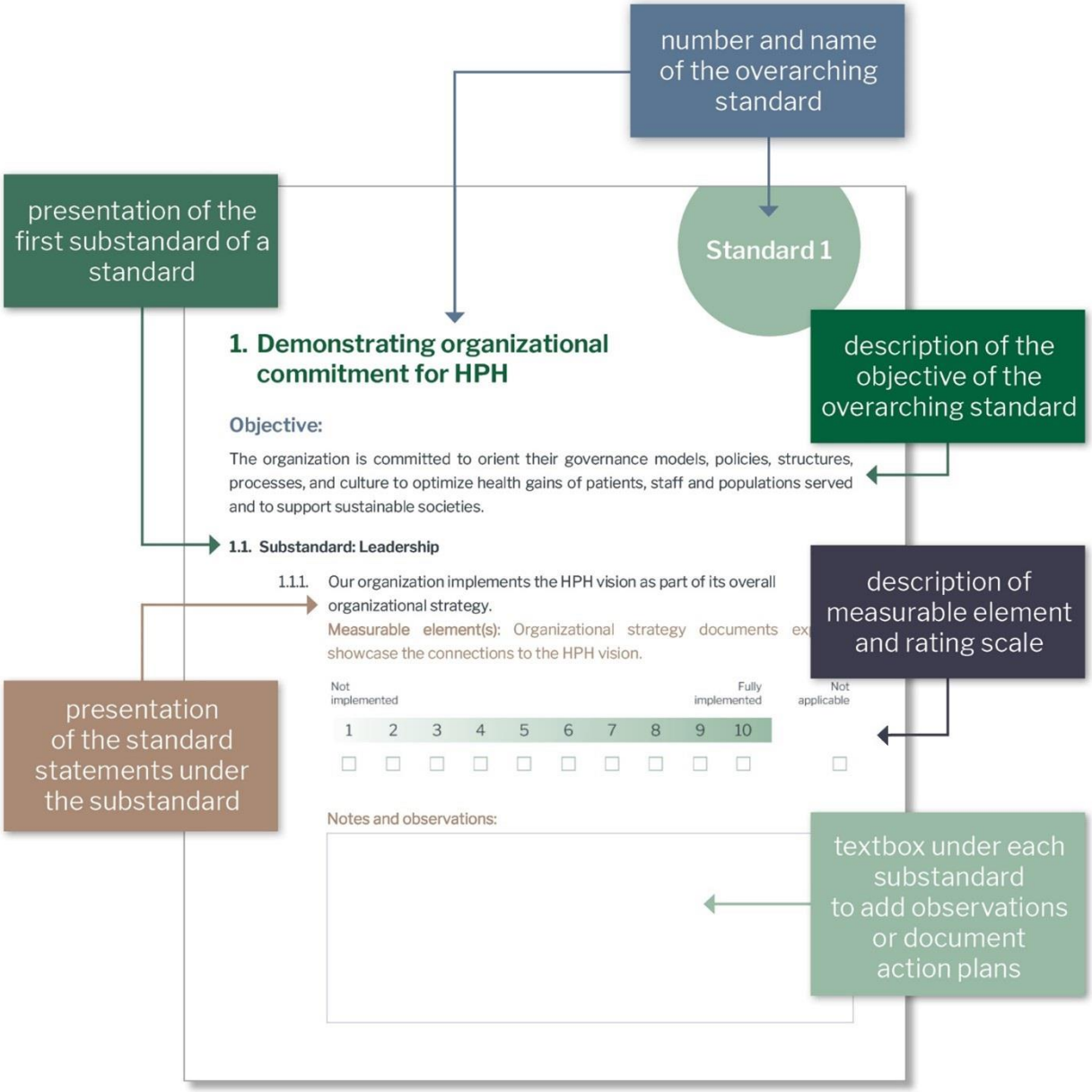


Figure 3: Format of the self-assessment tool

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.

1.1. Substandard: Leadership

1.1.1. Our organization implements the HPH vision as part of its overall organizational strategy.

Measurable element(s): Organizational strategy documents explicitly showcase the connections to the HPH vision.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1.1.2. The actions of our organization's leadership team mirror the aims of the HPH vision.
Measurable element(s): Annual work and action plans mirror aims of the HPH vision.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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1.1.3. Our organization fosters a culture of health orientation and improvement.
Measurable element(s): Organizational vision, mission, and values statements reflect a commitment to health orientation and improvement.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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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.
Measurable element(s): A leader and task leaders are appointed; their job descriptions include the production of an annual progress report and action-oriented HPH activities.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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1.1.5. Our governing board reviews the implementation of the HPH vision.
Measurable element(s): A leader and task leaders are appointed; their job descriptions include the production of an annual progress report and action-oriented HPH activities.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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1.1.6. Our staff induction training programs include the HPH vision.
Measurable element(s): A review of the HPH vision is present in the meeting agenda and minutes of the last three board meetings.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1.1.7. Our performance appraisal and continuing development practices address the HPH vision.
Measurable element(s): Induction training material (welcome packages, briefing notes, induction guidelines) cover HPH.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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Notes and observations:

1.2. Substandard: Policy

1.2.1. Our organization's stated aims and mission are aligned with the HPH vision.Measurable element(s): Mission and aims statements support the reorientation of hospital/health services to optimize health gains. (HPH logo present, HPH website linked to homepage).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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1.2.2. Our aims and mission are clearly communicated to all stakeholders.
Measurable element(s): Aims and mission are clearly documented (e.g., on the organization's webpage) or otherwise widely accessible (posters, leaflets).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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1.2.3. Our organization ensures the availability of the necessary infrastructure, including resources, space, and equipment, to implement the HPH vision.
Measurable element(s): A budget is designated for the implementation of HPH actions and field observations (observable elements reflecting necessary resources, staff, space, and equipment).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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Notes and observations:

1.3. Substandard: 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.
Measurable element(s): Evidence of organizational reports/analyses on population health factors is available as well as examples of how they were used in planning and evaluation.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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1.3.2. Our organization's information systems integrate measurements required to assess the implementation of the HPH vision.
Measurable element(s): Information systems allow for the collection of data relating to HPH indicators; an overview of computable indicators is available.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1.3.3. Our procedures and interventions for the improvement of health outcomes are periodically evaluated.
Measurable element(s): Recent examples of health outcomes reporting demonstrate periodic evaluation.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

2. Ensuring access to the service

Objective:

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

2.1. Substandard: 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.

Measurable element(s): The organization provides evidence of assessment procedures is available and relevant staff is trained on its utilization.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): A patient rights statement is easily accessible, available in key languages of the community, and in multiple mediums.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

2.2. Substandard: Information and access

2.2.1. Our organization's contact information, location, and arrival information are easily found via internet search engines.
Measurable element(s): The website displays contact information, location, and arrival information.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.
Measurable element(s): The website is available in the community's key languages and is written in plain language.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Written materials and navigational assessments correspond to health literacy levels, languages, and cognitive capabilities of patient groups.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Evidence of outreach communication targeted towards specific marginalized or disadvantages groups (age, gender, ethnicity, education level) can be provided.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Assessments of the health literacy environment have been conducted that demonstrate appropriateness in relation to patient and visitor accessibility and navigation.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

2.3. Substandard: 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.
Measurable element(s): Evidence of information in key languages of the community can be provided, cultural mediators are utilized where appropriate, staff is provided cultural awareness training, and culturally-appropriate nutritional and religious services are offered.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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2.3.2. Our organization implements special measures to ensure that the rights of all patients are respected.
Measurable element(s): Systematic evaluations with patients are conducted and outcomes are applied to address patient rights in the organization's policies and staff training.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Systematic evaluations are conducted and applied to address the needs of vulnerable patients, such as the elderly, children and adolescents.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Reports on pilot testing of the navigation system using a diverse pool of participants are available.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

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.

3.1. Substandard: Responsiveness to care needs

3.1.1. Our organization partners with patients, their families, and caregivers to develop procedures to assess patients' health needs.
Measurable element(s): Mechanisms can be described by which the organization partners with patients, families, and caregivers to develop procedures for health needs assessments.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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).
Measurable element(s): Data collection forms and patient records include and allow for the collection of data concerning behavioral risk factors using the HPH Data Modell.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Relevant guidelines are available and implemented in the organization.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Convention on the rights of the Child/UNICEF and the Charter on the Rights of Children in Hospital are available and stipulations are implemented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Procedures are in place for identifying vulnerable patients and used to analyze mechanisms to reduce inequalities.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

3.2. Substandard: Responsive care practice

3.2.1. The organization creates an environment where patients and families feel safe and their dignity and identity are respected.
Measurable element(s): Patient and family feedback and survey data on their perceptions of the care experience are used to improve the care environment (focus on domains: patient safety, dignity, patient rights).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

3.2.2. In our organization, patient consultations take place in private rooms/ spaces and with appropriate time that supports effective communication.
Measurable element(s): Patient and family feedback and survey data on their perceptions of the care experience are used to improve the care environment (focus on domains: privacy, time for consultation).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.
Measurable element(s): Patient and family feedback and survey data on their perceptions of the care experience are used to improve the care environment (focus on domains: quality of the built environment, availability of public spaces).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Examples of shared decision-making aids and protocols on organizational embedding are available.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Requirements are addressed in the organization's patient rights charter.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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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.

Measurable element(s): Guidelines on high-risk screening for seniors that incorporate health promotion, rehabilitation, and risk management are employed.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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3.2.7. Our organization implements, where applicable, the WHO/UNICEF Baby-Friendly Hospital Initiative recommendations.

Measurable element(s): A WHO/UNICEF Baby-Friendly Hospital or other relevant certifications have been obtained.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): A certification as a tobacco free healthcare service has been obtained.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

3.3. Substandard: 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.

Measurable element(s): The organization can demonstrate that patient complaints and survey data from patients and families on their perceptions of the experience of care are used to improve the care environment (focus on domains: patient-provider communication, involvement in decision-making, patient activation).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Staff training programs are available; their curriculum includes guidance on improving communication skills and patient-centeredness.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Patient and family feedback and survey data on their perceptions of the experience of care are used to improve the care environment (focus on domains: staff communication, patients asking questions).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Documentation of language translation services, including services for the deaf, and cultural mediation services are available.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Procedures are in place to encourage patients to ask questions (such as the "Ask Me Three" campaign).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

3.4. Substandard: 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.

Measurable element(s): Examples of patient information or discharge letters are provided and assessed for comprehensiveness according to the standard.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): The organization demonstrates the needs assessment procedure and the availability of short or intensive counselling services.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Access to the patient record is evidenced through the patient rights charter and can be verified using sample cases.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Examples of shared decision-making aids and protocols on their organizational embedding are available.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Patient and family feedback and survey data on their perceptions of the experience of care are used to improve the care environment (focus on domains: self-efficacy, self-management, care transitions).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

3.5. Substandard: Involving patients, families, caregivers, and the community

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

Measurable element(s): Meeting minutes reflect patient participation in the planning, delivery, and evaluation of the organization's services.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Patients participating in organizational functions are recruited from diverse socio-economic backgrounds.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): The participation of patient advocates or patient advocate organizations in the organization's activities can be described.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Examples of advertising encouraging the inclusion of volunteers, students, community seniors, patients, and their families in activities can be presented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

3.6. Substandard: Collaborating with care providers

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

Measurable element(s): Examples of collaborations providing comprehensive patient care together with other care providers can be presented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): A procedure is in place to exchange relevant patient information (with the possibility of IT integration, where appropriate).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Summaries of patients' conditions, health needs, and required interventions are transferred in a timely manner, which can be demonstrated with a date and time stamp.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

Standard 4

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.

4.1. Substandard: 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.
Measurable element(s): Regular staff health assessments and evaluations are conducted; staff health promotion activities and services, as well as their uptake can be described.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.1.2. During exceptionally demanding periods, these health needs assessments are adapted in order to identify possible support needs in a timely manner.
Measurable element(s): Based on staff health assessments, an adapted, quick procedure is in place for identifying appropriate services and the needs of all staff.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

4.1.3. Our organization develops and maintains staff awareness of health issues.
Measurable element(s): Regular staff interviews and surveys about health needs are conducted.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Participatory meetings with staff are conducted (evidenced by meeting minutes) to make collective decisions on significant organizational changes.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Meeting reports demonstrate participation from multidisciplinary teams.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Workplace health promotion planning, and implementation consider drivers (such as working conditions and social support), early indicators (such as commitment and health behavior), and late indicators (such as high job rotation or sickness absence).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

4.2. Substandard: Healthy setting

4.2.1. Our organization creates an environment where patients, families and staff feel safe, with their dignity and identity respected.
Measurable element(s): Survey and interview data reflect a respectful environment; patient and family feedback and survey data are utilized to identify areas of improvement.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.2.2. Our organization applies the common principles of Universal Design to its physical environment whenever practical, affordable, and possible.
Measurable element(s): Examples of Universal Design are found throughout the physical environment of our organization.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.2.3. Our organization, including waiting areas, are clean and comfortable.
Measurable element(s): Field observation and surveys reflect a clean and comfortable environment.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.2.4. Our organization is equipped with good lighting, non-slip floor surfaces, stable furniture, and clear walkways.
Measurable element(s): Field observation and audits/risk evaluations of workplaces reflect good lighting, non-slip floor surfaces, stable furniture, and clear walkways.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.2.5. Our organization provides spaces and initiatives for patients, staff, and visitors to relax, exercise, and socialize.

Measurable element(s): Field observation reflects the presence of rooms and initiatives designated for patients, staff, and visitors to relax, exercise, and socialize.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.2.6. Our organization provides healthy nutrition and prohibits unhealthy options from the premises and its immediate surrounding.

Measurable element(s): Field observation shows diverse nutritional options available that are in accordance with national guidelines for healthy nutrition (including certification, where available). An organization-wide agreement prohibiting unhealthy options is signed; verified via field observation.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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4.2.7. Our organization ensures that the health care environment is smoke and alcohol free and is able to minimize unnecessary noise.

Measurable element(s): The organization is certified as a tobacco-free health care organization (GNTH), the sale of alcohol and tobacco products are prohibited. An organization-wide agreement prohibiting tobacco and alcohol is signed; verified via field observation. Surveys and risk evaluations of noise are completed.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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Notes and observations:

5. Promoting health in the wider society

Objective:

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

5.1. Substandard: 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.
Measurable element(s): Reports on service utilization patterns in the catchment area include relevant public health indicators (such as primary care sensitive hospital admissions or fit between key epidemiological drivers and the organization's services).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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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.
Measurable element(s): Cooperations with local public health organizations to collect health information in the catchment area are documented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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5.1.3. Our organization collaborates with public health organizations to collect information on disease prevention and health promotion needs in the catchment area.
Measurable element(s): Cooperations with local public health organizations to collect disease information in the catchment area are documented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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5.1.4. Based on the health needs assessment, our organization has identified actions, and collaborators to improve population health in the catchment area.

Measurable element(s): Action plans reflect needs assessments developed with cooperating organizations.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

5.2. Substandard: Addressing community health

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

Measurable element(s): Evidence of outreach interventions can be found on our website and other media outlets.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.
Measurable element(s): Evidence of a collaboration procedure and events can be found.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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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.
Measurable element(s): Evidence of services targeting disadvantaged populations in the community are documented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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Notes and observations:

5.3. Substandard: 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.

Measurable element(s): Safe chemicals, materials, and processes are defined, and their usage is confirmed through audit.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Documented procedures are in place for measuring the volume and toxicity of waste and for using ecological waste management and disposal options.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Evaluations of energy consumption sources are conducted and used to reduce the use of fossil energy.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Documented procedures for assessing water consumption are established which allow us to implement conservation measures.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Public transportation and low emission transportation options are included in service delivery strategies.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Measurable element(s): Documentation about food procurement, waste, locally- sourced and sustainable food sources are used to devise plans to reduce our environmental footprint.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

5.3.7. Our organization incorporates green building principles and practices into the design, construction, and renovation of its facilities.
Measurable element(s): The organization is a certified green hospital or has obtained other relevant certifications (Global Green and Healthy Hospital, Green Hospitals).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes and observations:

5.4. Substandard: 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.
Measurable element(s): Leadership or involvement in relevant research grants and research output in cooperation with universities and schools can be documented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): The organization is a member of the International Network of Health Promoting Hospitals & Health Services and staff contributes to and/or participates in network-wide activities (conferences, task forces, webinars).

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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).

Measurable element(s): Evidence of involvement of marginalized services users in setting research and service delivery priorities can be presented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Evidence of public education (public lectures, press releases, web-based information) can be documented.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Measurable element(s): Minutes of working group meetings demonstrate dialogue with decision-makers.

Not implemented									Fully implemented	Not applicable
1	2	3	4	5	6	7	8	9	10	
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Notes and observations:

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