

Health promotion-who, us? Developing health promoting emergency departments

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Abstract

This paper describes the initiation of Victoria's Health Promoting Emergency Departments (HPEDs) Program, involving seven of Melbourne's Emergency Departments (EDs). The Program aims to integrate health promotion into the function of EDs, to complement the clinical and curative emergency care that they already provide. A development phase identified the means of achieving this and involved establishing a multi-disciplinary Steering Committee and engaging health promotion specialists to record the opportunities for health promotion within the ED context.

A literature review, and consultations with ED staff (focus groups and surveys) and other stakeholders were conducted. A concept paper was published and the development phase findings were documented, including recommendations on the future of the Program.

Introduction

Medical thinking has largely been concerned with responding to the needs of sick individuals. This thinking has been extended into risk identification and disease prevention as health professionals take responsibility for people's future health (Rose 1992). This will increasingly be the case for the following seven Emergency Departments (EDs) of suburban Melbourne hospitals that are participating in the Health Promoting Emergency Departments (HPED) Program:

- Angliss Health Service
- Dandenong Hospital
- Maroondah Hospital
- Western Hospital
- Box Hill Hospital
- Frankston Hospital
- Northern Hospital.

These EDs will integrate health promotion projects into their own department's activities and also work collaboratively on projects across the seven sites.

Health promotion activities are not entirely new to EDs. Many American, Australian, United Kingdom and Canadian EDs have developed traditional and niche roles in health promotion. They include: the provision of patient health information through written and audio-visual materials (Berger, Luskin and Krishel 1998), discharge planning (Williams, Counselman and Caggiano 1996) and telephone advice (Fatovich, Jacobs, McCance, Sidney and White 1998); screening and early intervention programs for alcohol abuse (Lockhart 1997), domestic violence (Hotch, Grunfeld, Mackay and Cowan 1995) and women's cancers (Ward and Proude

1999); injury prevention interventions such as data collection or surveillance (Garrison, Runyan and Dunn 1997) and patient education (Garrison, Foltin et al 1997). What is new to EDs of HPED is the infrastructure that is being developed to support the Program.

Development phase

In 1999 the Department of Human Services (DHS) announced that funding was available to identify opportunities for the seven EDs to promote health in complementary ways to the clinical and curative emergency care that they already provide (Victorian State Government 1999). A multi-disciplinary Steering Committee was established to guide a development and planning phase for the Program. Membership of the Steering Committee included senior representation from each of the participating EDs (ED Directors and/or Nursing Unit Managers); the DHS Acute Health and Public Health Divisions; the Australasian College for Emergency Medicine (Victoria Faculty); and the National Resource Centre for Consumer Participation in Health.

Table 1: Health promoting ED definitions

Health promoting EDs utilise combinations of health education, environmental supports and related organisational, political and economic interventions to facilitate behavioural and environmental changes that enable individuals and communities to increase control over the determinants of health, and thereby improve their health (Health and Welfare Canada 1990).

A health promoting ED incorporates the concepts, values and standards of health promotion into its organisational structure and culture by means of organisational development. The goal is to improve the quality of health care, the living and working conditions for, and satisfaction of staff, patients and relatives. A health promoting emergency department also extends its responsibility across the narrow borders of emergency clinical episodes and co-operates with the community to promote comprehensive concepts of cure, care and prevention (World Health Organisation 1991).

A project brief was written that defined health promotion (see Table 1) in the ED context and the scope of the five-month development phase. It described the research objectives and the methodology to be undertaken in exploring the opportunities for health promotion to be an integrated function of EDs. A small team of health promotion specialists were appointed in March 2000 to accomplish the specifications of the project brief. In cooperation with the Steering Committee the consultants achieved the following:

- a comprehensive review of the literature, summarising evidence of health promotion in EDs and hospitals in relation to numerous risk factors, diseases, and organisational issues
- focus group discussions with 76 ED staff about existing (see table 2) and potential health promotion (see table 3) activities for patients, staff and communities
- 323 ED staff workplace health (personal health and organisational health) surveys were completed and returned
- a workshop with 50 people who were external to EDs, but were interested in potentially partnering EDs with health promotion initiatives, such as other hospital departments, local government, community health centres, divisions of general practice, police, and lead health promotion agencies
- publication of *What are Health Promoting Emergency Departments?* (Bensberg 2000) to promote the Program.

Table 2: Focus group findings - existing ED health promotion interventions

EDs provide patients with health information and education in relation to local health services, lifestyles, and disease or injury management. This may form part of discharge planning or be provided by telephone advice. EDs engage in screening and risk assessment such as medical tests (blood pressure and cholesterol measurement) and individuals' behaviours (cigarette and alcohol consumption). Some EDs have been involved in advocating for seat-belt use and pool fencing legislation. EDs collect epidemiological data on the type, severity and causes of injury, which are used to plan community safety interventions.

Table 3: Focus group findings - potential ED health promotion interventions

Existing health promotion interventions could be more rigorous through improved planning, co-ordination and evaluation. Interventions could be developed to address under-aged binge drinking, asthma management, needle exchange, domestic violence screening and support, driver's safety, parenting skills, flu vaccinations, and staff safety. They could also support industry and sporting associations to reduce injuries, men's and women's health, and services for people from non-English speaking backgrounds.

In August 2000, a final report was presented to the Steering Committee. It documented each of these processes and made recommendations about the Program's establishment including:

- a framework to underpin health promotion practice in EDs (see Figure 1) that will be used as a tool for planning interventions
- a management structure for the Program, to enable the seven EDs to work co-operatively on some initiatives and independently on others.

The Steering Committee considered the recommendations and agreed upon a management structure for the first year of the Program's implementation. This commenced in November 2000 with the Angliss Health Service ED undertaking the function of the lead agency and accommodating a Manager to co-ordinate the Program and support the part time Health Promotion Advocates (HPA) that will be based in each of the participating EDs.

The role of the HPA is to facilitate the development of programs and organisational infrastructure for health promotion within the ED. As a component of the Program the DHS supported nurses from each of the EDs to complete the 2000 Graduate Certificate in Health Promotion at Deakin University and it is likely that these graduates will go on to fulfil the HPA positions in early 2001.

Figure 1: Framework for Health Promoting Emergency Departments

	Community-based health promotion		ED-based health promotion	
Health status	Optimal health	Wellness	Illness/Injury	Recovery
Health promotion interventions (Related to different health status)	Health development: aims to create environmental (social & economic) changes that support population health.	Primary prevention: aims to avoid disease or injury from occurring, by identifying & reducing the risk of exposure or behaviours.	Secondary prevention: aims to screen individuals for disease in early stages & provide advice or treatment to cure it or prevent it from progressing.	Tertiary prevention: aims to prevent the re-occurrence of disease & limit complications arising from a condition through rehabilitation.
Examples of health promotion interventions for injury prevention	ED collects data on the type & causes of injuries for planning & evaluating interventions. ED advocates for enforcement of car safety restraints & bike helmet use. ED interacts with the media about road traffic accidents.	ED is a member of an alliance with other agencies to prevent injuries in the community. ED has a demonstration centre (with safe kitchen & household items) for community members & groups to visit.	ED provides information (brochures, videos, and telephone advice) on injury prevention. ED educates parents of injured children about prevention during discharge planning. ED has a policy & committee to support their injury prevention work.	

EDs deliver health promotion to ill and injured patients and also to enhance the communities' health.

Achievements

The development phase was a useful step in establishing the HPED Program. It was an inclusive process with many ED staff and other stakeholders participating in its planning. It enabled EDs to get used to working together and to obtain a shared understanding of health promotion principles and the potential for the Program. The development phase has increased people's awareness of the Program and built a solid foundation for its continuation. A three-year strategic plan is being developed prior to the commencement of project in and across EDs. Papers are currently being prepared to document the findings of this work and to make information available about the possibilities of integrating health promotion and EDs.

Acknowledgements

The authors would like to thank and acknowledge the contributions and commitment of the Steering Committee members: Dr Mark Santa-Maria and Annie Wregg, Northern Hospital; Dr Andrew Maclean, Box Hill Hospital; Dr Andrew Rosengarten and Neil Currie, Maroondah Hospital; Dr Michael Bryant and Dianne Dixon, Western Hospital; Dr Johannes Wenzel, Dandenong Hospital; Dr Jeff Wassertheil, Frankston Hospital; Sue Brennan (chair) and Maree Roberts, DHS Acute Health Division; Martin Turnbull and Anne Plunkett, DHS Public Health Division; Dr Anne Johnson, National Resource Centre for Consumer Participation in Health.

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