

Reform of Health promotion committee in NTUH Hsin-Chu Branch

Mei-Ching Liao*, Meng-Kan Chen¹

¹Nation Taiwan University Hospital Hsin-Chu Branch, Hsin-Chu, Taiwan

Introduction

HPH program has been launched in Taiwan for more than decade. Health promotion committee (HP committee composed of different department in health care organization play the major role in the implement of HPH. Before 2017, HP committee was divided into 5 groups which focused on the variable missions (healthy diet, exercise...) ,However, lack of cross-sectorial, interdisciplinary working practices, lack of clear strategy /aims and indicators remained the major problems. Thus, we conducted the HP committee reform program in NTUH Hsin-Chu branch.

Methods

For solving the problem mentioned above, we reformed the HP committee and divided the committee into 6 groups (Policy, Patients, Hospital staff,community, Research, and Quality control)based on the principle of target population in 2017. The Policy group set the annual targets for different target population The groups of Patients, Hospital staff. and Community groups performed inter-sectorial health promotion programs for every target population. These programs were monitored regularly by the Quality control group and incorporated into our researches.

Results

in the past 2 years, we incorporated health motion into 6 disease-specific clinical care pathways, and 47 health literacy friendly patient instructions. The Patient group built up the inpatient smoking cessation program and nutrition consultation program for those obese patients. There were 34 items of Shared Decision Making (SDM) applied to our daily practice. Community health promotion programs including disability prevention and dementia prevention were conducted cross-sectorally. 13 health promotion related researches were completed by these groups.

Conclusions

In stead of mission-oriented, we adapted target -population grouping to solve all the health promotion issues (nutrition, smoking, exercise, and so on) In the target group. This reform program changed our intra-structure of HP committee and improved the previous problems of lacking of cross-sectorial.interdisciplinary working practices, lacking of clear strategy and indicators which were often seen in the implementation of HPH. By reforming the HP committee, we incorporated health promotion into our daily practice, improved the patients' health literacy. Our experience could be Applied to other.

