



Project/Activity Questionnaire

This questionnaire must be filled in only by the project focal point

Information on Specific Health Promotion Projects/Activities

The following questionnaire aims to provide an overview of specific projects and activities in the member hospitals of the International Network on Health Promoting Hospitals (HPH).

Please fill in a one questionnaire for each project within your HPH activities even if the project is in the planning phase, is already finished or was cancelled. Please tick the boxes/complete the questionnaire by selecting the most appropriate answers. For some questions more than one answer is possible. Please give all information in English. You will need approximately 15 minutes.

You may find it difficult to answer some of the questions below. However, please try to fill in all questions as accurate as possible or provide estimates accordingly. Thank you for your cooperation.

*The information gathered will be registered in the database of Health Promoting Hospitals (HPH). **The aim of the HPH database is:***

- *To provide a good overview on the projects and strategies in the HPH network, including quantitative and qualitative monitoring of projects and activities.*
- *To facilitate the identification of useful information in the planning and to follow up of HPH projects.*
- *To provide a list of contacts in specific fields within HPH activities.*

***It is not the aim of the database** to provide comprehensive statistical analysis since this would result in questionnaires being much longer and being more standardized. Rather, for the purpose of meta-analysis and the development of guidelines, specific questionnaires may be devised to gather information on particular projects (such as strategies to develop a smoke-free hospital or outcomes of smoking cessation programmes).*

PLEASE RETURN THIS QUESTIONNAIRE TO:

National/Regional Coordinator



II. OUTLINE OF THE PROJECT/ACTIVITY

8. Please give a brief outline of the **aims and objectives** of the project/activity:

.....

.....

.....

9. **What is the main issue of the project/activity?**

- Patients
- Staff
- The community
- The organisation

10. **Which concrete issues are addressed by the project/activity?**

If the project/activity addresses more than one issue **please indicate in order of importance the main focus** area. 1 = main focus; 2 = secondary focus

Main focus: _____

Secondary focus (multiple selection possible):

- | | |
|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Physical environment |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Hospital accidents |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Quality management |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Organizational reorganization |
| <input type="checkbox"/> Psychosocial aspects | <input type="checkbox"/> Hospital hygiene improvement |
| <input type="checkbox"/> Satisfaction | <input type="checkbox"/> Hospital waste management |
| <input type="checkbox"/> Physical exercise | <input type="checkbox"/> Hospital infrastructure |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Culture change |
| <input type="checkbox"/> Child birth/prenatal care | <input type="checkbox"/> Arts and hospital |
| <input type="checkbox"/> Cardio vascular disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Prevention of fall |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Operation complications |
| <input type="checkbox"/> Hospital acquired infections | <input type="checkbox"/> Others: _____ |



11. What is the main target group addressed by the project/activity.

Main target: _____

Secondary targets (multiple selection possible):

- | | |
|--|--|
| <input type="checkbox"/> Children and youth | <input type="checkbox"/> Persons with acute illness |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Chronically ill |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Women | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Men | <input type="checkbox"/> Auxiliary staff, administration |
| <input type="checkbox"/> Socially deprived | <input type="checkbox"/> Executive management |
| <input type="checkbox"/> Patient's social networks | <input type="checkbox"/> Others: _____ |

12. Which methods are used in the project/activity?

Main method: _____

Secondary methods (multiple selection possible):

- | | |
|---|--|
| <input type="checkbox"/> Screening | <input type="checkbox"/> Training in health education/health promotion |
| <input type="checkbox"/> Vaccination | <input type="checkbox"/> Health fairs |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Health education | <input type="checkbox"/> Intersectoral partnerships |
| <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Organizational development | <input type="checkbox"/> Information technology |
| <input type="checkbox"/> Self help groups | <input type="checkbox"/> Personnel development |
| <input type="checkbox"/> Physical exercise | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Quality improvement of medical services | |
| <input type="checkbox"/> Quality improvement of nursing services | |
| <input type="checkbox"/> Quality improvement of hotel services | |
| <input type="checkbox"/> Improving management skills | |
| <input type="checkbox"/> Improving communication skills | |
| <input type="checkbox"/> Improving ergonomic equipment/infrastructure | |





III. EVALUATION

13. Do you have a **system in place for evaluation** of the project?

- No → question 18 Yes → question 14 and continue

14. Is the **project part of the overall quality assessment** of the hospital?

- No yes → please specify design (e.g. European Foundation for Quality Management Model): _____

15. In the following table please indicate what **best describes your methodological approach**:

- Qualitative Quantitative Mixed

Design:

- Systematic review and meta-analysis
- Randomised controlled trial
- Cohort study
- Cross sectional study
- Case series study
- Case control study
- Case study
- Focus groups
- Interviews
- Observation
- Others: _____

16. **What are your sources of data?**

- Routine data (please specify patient records, hospital statistics)
- Questionnaire (self developed, gold standard measure such as sf36, please specify: _____)
- Focus groups
- Observations
- Interviews
- Others: _____





17. What does evaluation system assess?

- The evaluation system assesses the **immediate effect of the intervention** (e.g. by testing the knowledge *gained* by patients after receiving information on the risk of smoking) please specify:

- The evaluation system assesses the **intermediate outcomes** (e.g. changes in the **determinants of health**, e.g. number of people quitting smoking after attending a cessation programme) please specify:

- The evaluation system assesses **final health outcomes:**

- Subjective** (e.g. self reported health assessments such as Nottingham Health Profile, SF-36 or EUROQOL), please specify:

- Objective** (e.g. measured carbon monoxide before and after intervention, weight, cholesterol level, blood pressure measurement, biochemical test, mortality), please specify:

18. Impact of project/activity

How many people are working to carry out the project/activity: _____

How much time does the project coordinator spend on the project/activity: ____ (hours/week)

How much time does the team spend on the project (including meetings): ____ (hours/week)

If possible, please indicate the costs of the project/activity: _____ (€/year)

Resources come mainly from the (hospital HP budget, general hospital budget, additional public funding, private sponsorship, donations, other _____ [multiple answers possible])

How many people are reached by the project/activity address (per year): _____





19. Which *professions/groups* are actively involved in the project work/activity? [Multiple responses possible]

- Nurses
- Auxiliary staff
- Physicians
- Administration
- Professions allied to medicine
- Executive management
- Social workers
- Patient representatives
- External partners, please specify: _____
- Other, please specify: _____

20. If you have already obtained *results* from your project/activity, please briefly outline them:

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.....

.....

21. If you have reached a *conclusion* on the project/activity, please briefly outline it:

.....

.....

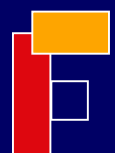
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22. Have the experiences or results of the project/activity been published?

- No
- International journal → please specify reference:

- National journal → please specify reference:

- "Grey-literature", internal documents → please specify reference:





Booklets or guidelines → please specify reference:

Guidelines → please specify reference:

Other (e.g. the Internet), please specify reference:

