CLINICAL HEALTH PROMOTION CENTRE

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Fast-tracking implementation of HPH in Estonia

Workshop on the WHO HPH Recognition Project (an international multi-centre RCT)

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Overview of today

1. **HPH Research and Implementation - An introduction /Jeff**
2. Group work
3. HPH QM: The WHO HPH Recognition Project /Jeff
4. Group work
5. Estonian HPH Network's activities of 2013 and plans for 2014 /Tiiu
6. LUNCH
7. Presentations of projects /HP Coordinators
8. Visits to clinical departments /all

HPH Research and Implementation - An introduction

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This presentation

- Clinical Health Promotion Centre
- Evidence-Based Clinical Health Promotion
- Researching and measuring Clinical Health Promotion
- Implementation and performance in Clinical Health Promotion (Std&Indic)
- Workshop 1

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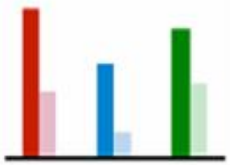
Clinical Health Promotion Centre

WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services



RESEARCH

EDUCATION

SCIENTIFIC JOURNAL

HPH

CLINICAL EFFECT DATABASES

WHO Terms of reference for CHPC

- The Intl HPH Secretariat
- Support countries to:
  - Implement WHO principles for HP and use HP strategies and standards
  - Create further evidence
  - Teach and train staff in EB HP
  - Implement best EB practice for HP

975 members by March 2014

HPH history

1988 WHO Project

1997 European Network

2004 Int. HPH Network and Secretariat

2005 Gen Assembly & Governance Board

2008 HPH Constitution

2009 HPH Strategy

2010 MoU w. WHO

2011 Sc J Clin HP

2012 First Intl Conference in Asia (Taipei)

2013 Scientific Society

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HPH Constitution

Purpose and Objectives, rules for decisions and relationships w. members and partners

Mission

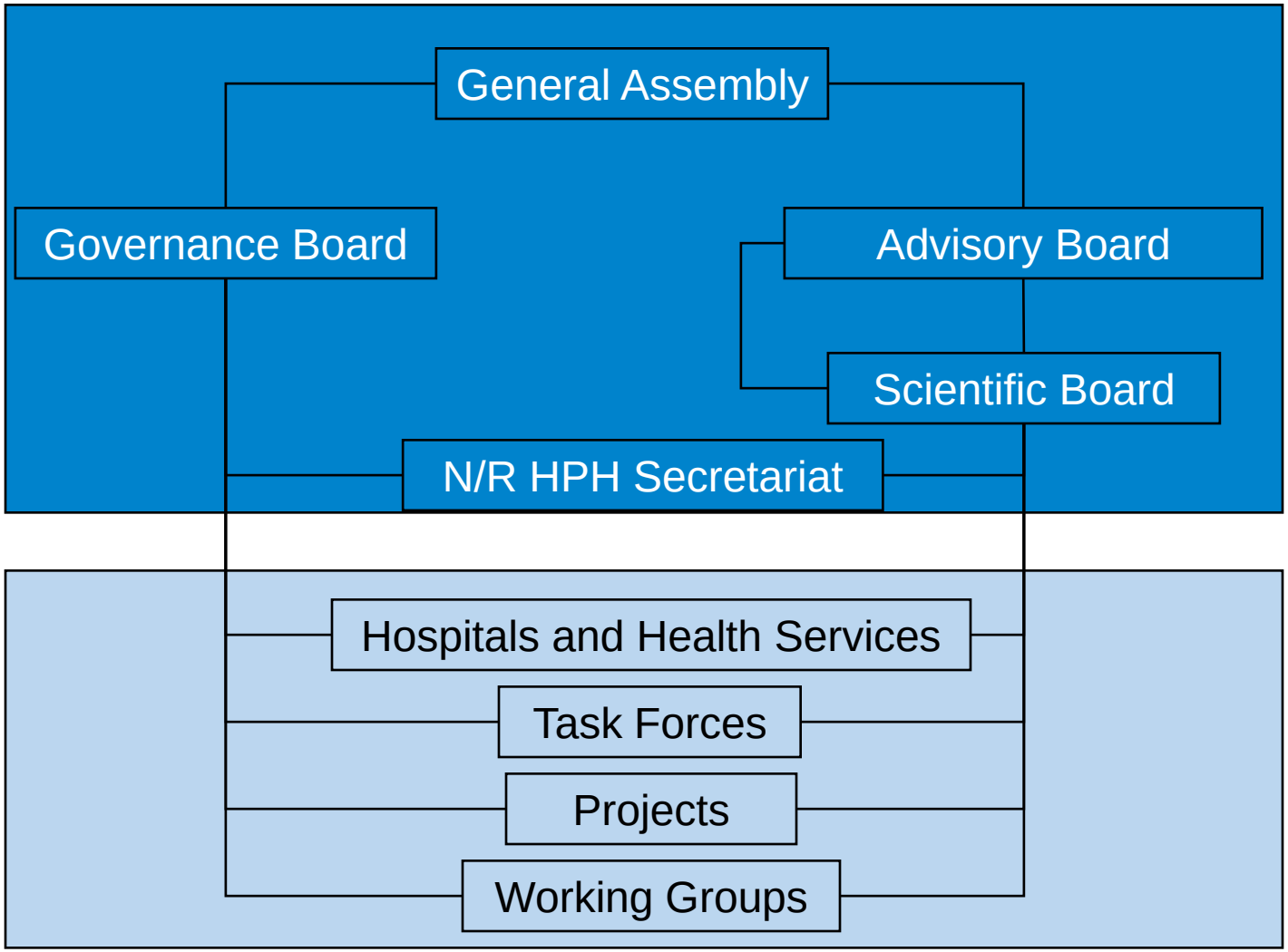
- ”HPH shall work towards incorporating the WHO concepts, values, strategies and standards or indicators of HP into the organizational structure of the H/HS”

Vision

- ”Increase the contribution of H/HS to better health gain through HP”

Background for HPH Constitution: Ottawa Charter, Budapest Declaration, Vienna Recommendations, Bangkok Charter and WHO Standards for Health Promotion in Hospitals

HPH Organization



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Organizational bodies

- **General Assembly**
- National / Regional HPH Coordinators
- WHO CC representatives
- WHO representative (observer)
- Task Force Leaders
- Observers from upcoming networks

- **Governance Board**
- 7 elected members (TW, IT, FIN, ESP, EST, TH, AUS)
- 2 WHO CC representatives (Vienna, Copenhagen)
- 1 WHO representative

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Member commitments

- Follow the HPH Constitution:
  - Endorse principles of WHO on HPH
  - Intend to implement principles, strategies and policies of HPH
- Implement HP activities
- Develop a policy for HP
- Become smoke-free H/HS
- Develop and evaluate an HPH action plan
- Pay annual fee
- Identify H/HS Coordinator
- Share information and experiences (nat / intl)

HPH in Estonia

- Far ahead in HP development
  - Impressively active country in the WHO HPH Network
    - 21 member H/HS
    - TF activities (smoke free H/HS, children etc.)
  - Impressive research work
    - incl. Participation in large in major HPH Studies internationally – such as:
      - the HPH Doc-Act Model (2007)
      - the HPH DATA Model (2012).
      - The WHO HPH Recognition Project (2014-2016)

East Tallinn Central Hospital
North-Estonian Medical Centre (Regional Hospital)
Tallinn Children's Hospital
Tartu University Hospital
Private Hospital Fertilitas
Viljandi Hospital Foundation
West County Hospital = SA Läänemaa Haigla (in Estonian)
Kuressaare Hospital
Hiiumaa Hospital
Pärnu Hospital
Valga Hospita Ltd.
South-Estonian Hospital
Põlva Hospital Ltd.
Räpina Hospital
Elva Hospital
East-Viru Central Hospital
Narva Hospital
Rakvere Hospital
Jõgeva Hospital
Mustvee Tervis (nursing care hospital)
Medical Service of the Estonian Defence Forces
West Tallinn Central Hospital

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What is CHP?

- Health Promotion = “enabling people to increase control over, and to improve their health”*
- Clinical = involving patients (klinikos)
- EB: Evidence at highest possible levels

*WHO 1998

What is CHP?

CHP bridges clinical treatment and public health - thus helping patients, families, community and society

Why is HP important in health care?

- High prevalence of patients with unhealthy lifestyle and NCDs
- Adding HP to treatment improves the outcome on short and long term
- Hazardous working conditions in hospitals
  - Reduce risks & improve working conditions
- Hospitals as knowledge-organizations
  - Intersectoral development of HP activities for community orientation
- Production of waste & hazardous substances
  - Ecological approach towards waste, energy management

Why is HP important in health care?

It is a key factor and it is under-developed

Four factors of importance for the outcome in patient pathways:

1. Disease / diagnosis
2. Intervention
3. Organisation
4. Individual patient-related factors
   - Health
     - **Diet and nutrition**
     - **Smoking**
     - **Alcohol**
     - **Physical activity**
   - Co-morbidity (chronic diseases)

But…

- Many hospitals and health care units do not give Health Promoting activities the sufficient attention
- Too few patients are offered Health Promotion activities in relation to their treatment (inspite of well-documented effects)
- Lack of know-how and focus – and missing support from management, decision makers, health planners and policy levels

Barriers to HP in Hospitals and HS

- HP is often seen as “somebody else’s job”
- Not “professional”, not scientific
- Too troublesome
- Patients don’t like it!
- I don’t have time
- Won’t make money!!
- …… (don’t know how to do it?)

We need to base HP on evidence to

- **Successfully plan ahead and be relevant**
  - Everything considered at outset: think possible outcomes through first thing (and before implementation)
  - Don't just do something → measure the improvement
  - Know what you are likely to get (and not get)
- **Be taken serious**
  - HP has gone from feelings, good intentions (lifted fingers?), and ideology → Increasingly evidence-based
  - Evaluations of the effects of HP are still too rare…
  - Your funds; at the cost of something else – can you justify it?
- **Be able to solidly recommend**
  - Non-evidence-based HP isn't "wrong "→ but solid evidence needed to really recommend it broadly
- **To expand HP at all levels**
  - International HPH Network is growing rapidly
  - Good projects, better and better implementation in more and more places, better integration in more and more policy docs

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Evidence-based HP

Decision making in politics – e.g. should the money go to A or B?

"Health Promotion should be based on evidence rather than ideology."

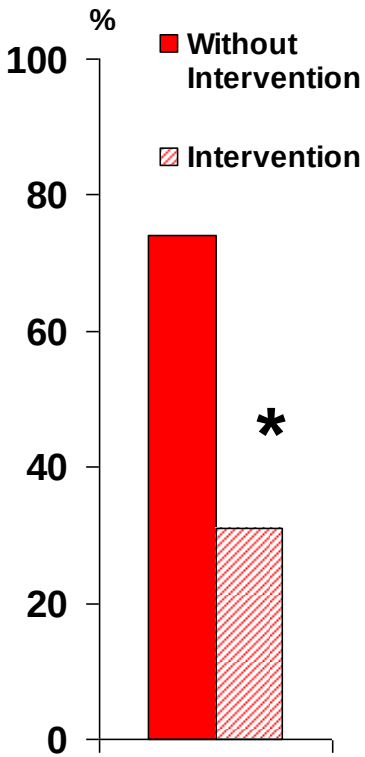
Gro Harlem Brundtland, WHO, 2000

"Decision-making in health should be based on evidence."

Zsuzsanna Jakab, WHO, Clin HP, 2011

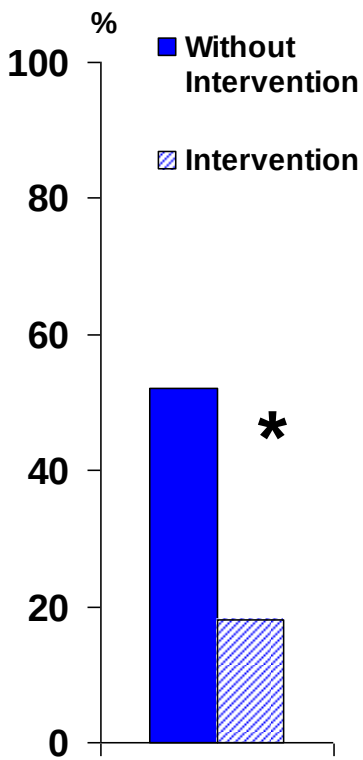
Ex: Effect of Clin HP in surgery

Alcohol cessation int.
Colorectal Resection



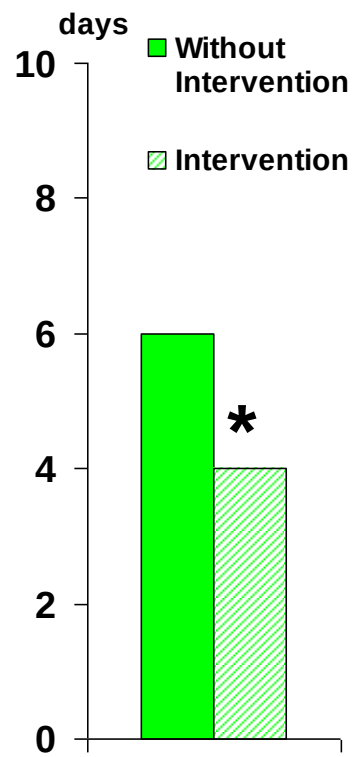
Postop complications
(BMJ 1999)

Smoking cessation int.
Hip/Knee Replacement



Postop complications
(Lancet 2002)

Physical exercise int.
Spine Surgery



Postop recovery
(BMC Health Serv Res 2008)

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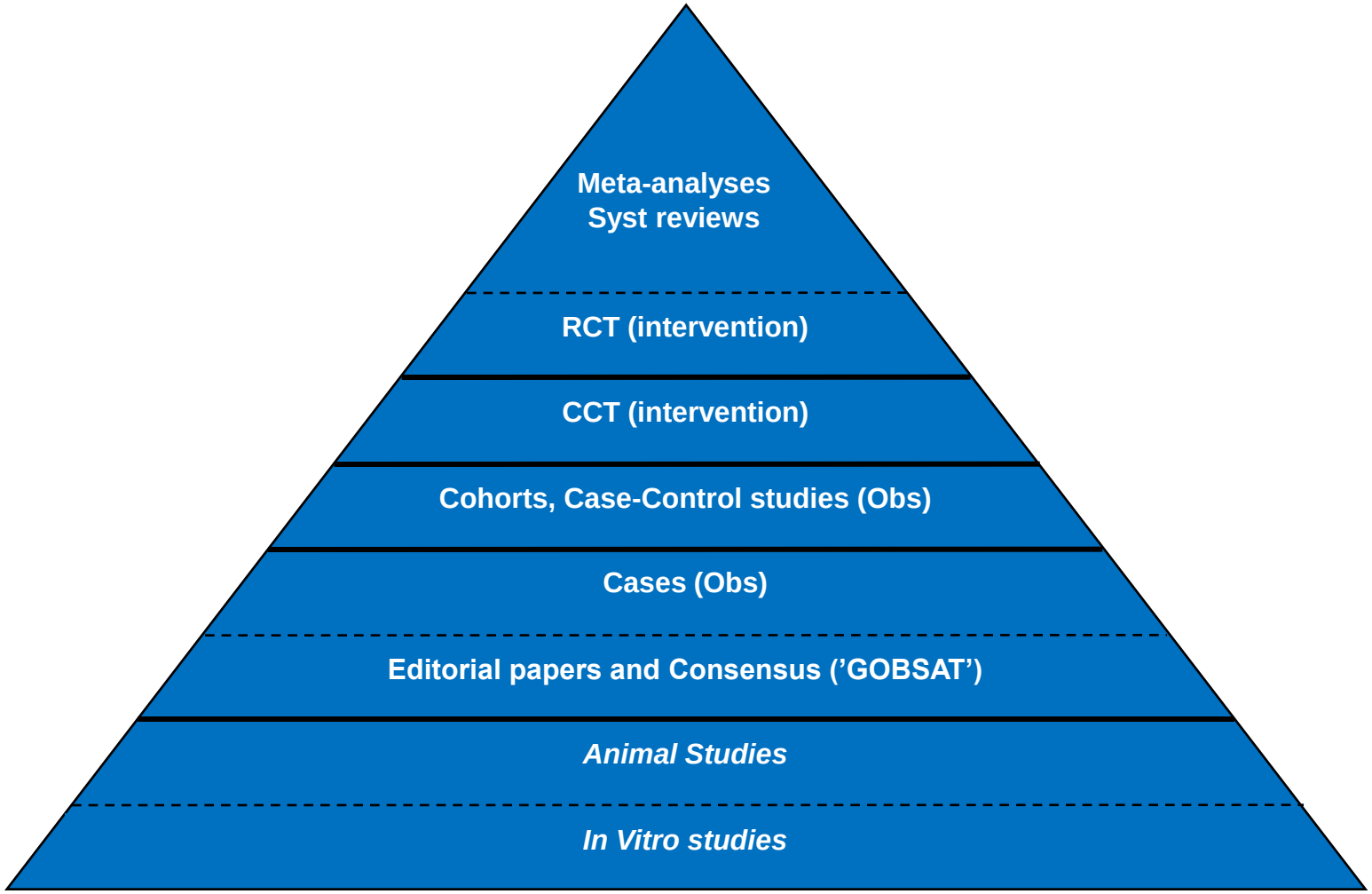
Evidence level



(Eccles M BMJ 1998)

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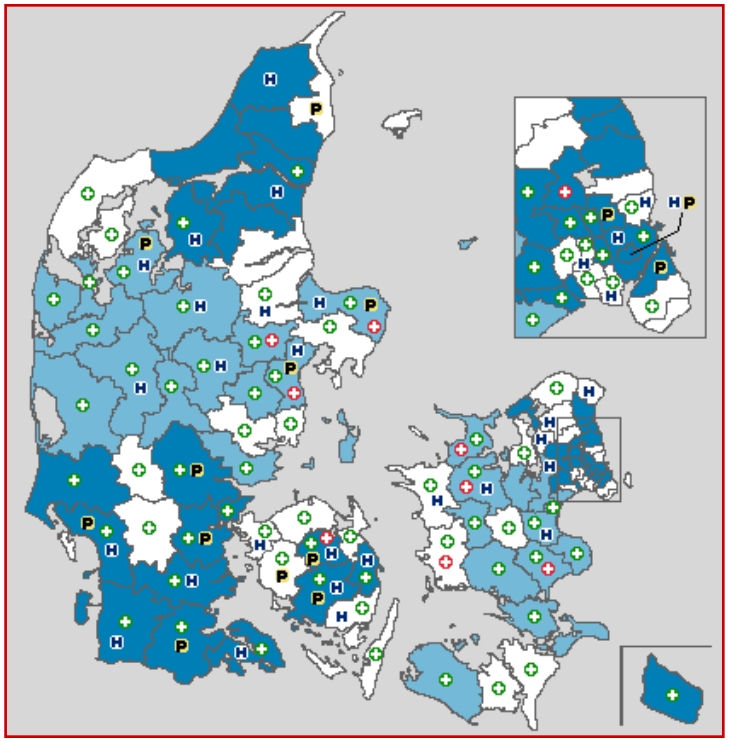
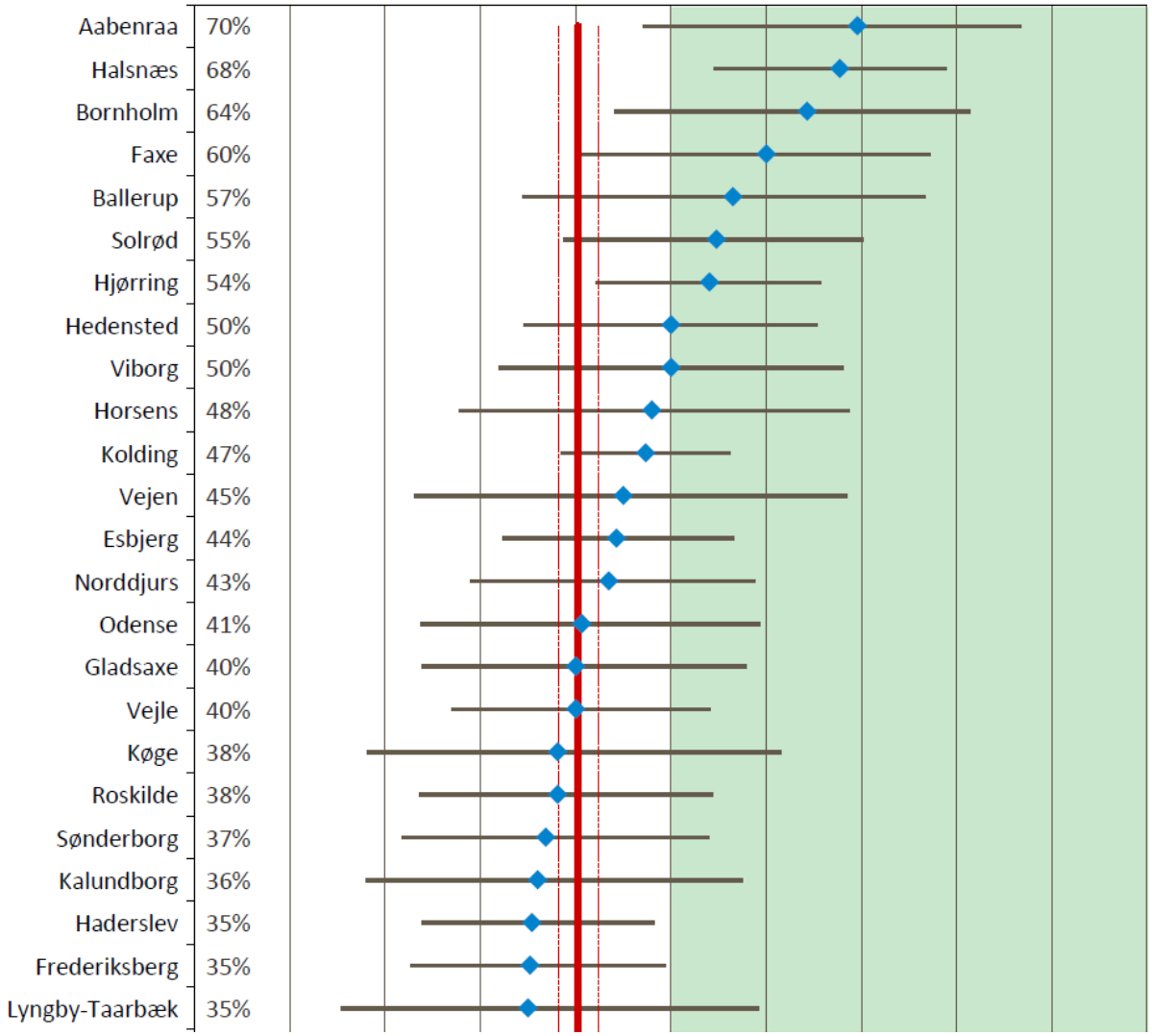
The follow up: Effect Databases



- 200 providers throughout Denmark
- 80,000 smokers registered in the database

Top quit-smoking rates
(Courses started in 2012 w. FU in 2013)



(% smoke-free after 6m - of those that have completed intervention/course)

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But Clinical HP is broader...

(*Sackett, DL, Strauss SE, Richardson WS et al. Evidence-based medicine. Churcill Livingstone 2000)*

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Staff expertise

Ex: The influence of specially trained nurses

100 + 100 Emergency patients (smokers and alcohol abusers)

- 47 of 100 accepted when offered brief intervention **by the staff nurses**
- 97 of 100 accepted when offered BI by **an experienced nurse** from another department

Nelbom et al 2004, Backer et al 2007

Patient preferences

- Being offered a 6-8 weeks preop program before knee or hip replacement therapy
  - All would like to have the program offered
    - Quitters
    - Smokers

Møller & Villebroe Ugeskr Laeger 2004

Patient preferences

- Being offered a few days preop program before breast cancer surgery
  - All found it relevant
    - Most: Insufficient in the present situation
    - A few: The kick I needed

Thomsen et al. 2009 Eur J Oncol Nurs

Patient preferences

- Being randomised to the control group instead of the 4+4 weeks intervention program in relation to general and hip/knee surgery
  - Half of the patients were disappointed

Lindström et al. Contemp Clin Trials 2009

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…Patient expectations?

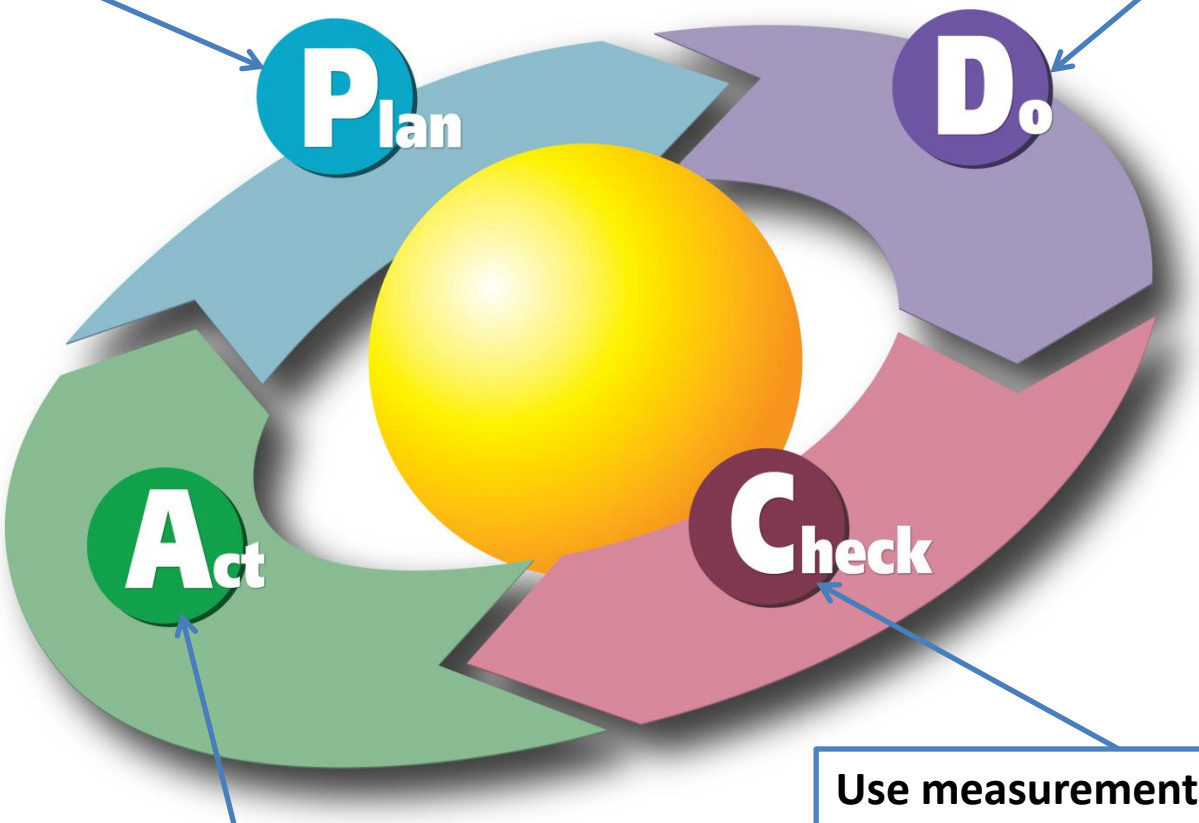
The future HP patients is "professional"

- Leader of own health and disease intervention
- Participant in new partnerships: networks, patient organizations
- Education (internet, self-help groups etc.)
- Focusing on health gain, not survival
- Demanding, not grateful
- Requiring evidence-based HP as part of clinical pathway (otherwise complaining)

Implementing CHP?

What is the goal and how do we measure if we reach it?

Implement a change? Start a project?



Sustain, maintain, and standardize what worked

Use measurements:
Did it work?
(if yes: good, continue)
(if not: consider why and then try something else)

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PLAN

What do you want to improve?

- Your goals should be specific, tangible, realistic and within your control
- Your goals should be prioritized and you should set a time limit
  - Allows you to chose a realistic portion of them
- Start a list of ways (strategies) and select the best (what will work in your real-life context?)
- Turn it into an actual plan (a plan for a project? A plan for a pilot/study? an initial quality plan?)
- Be flexible and ready to re-adjust – paper and reality very often differ

How to know if you succeed?

- Think about how you will measure (how do you measure effect and attainment of your goals?)
- Decide on the measures to use and how to do it practically

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DO

Carry out the change or test

- Implement
- a small scale is often a good idea

Monitor as you go

- make sure you document as planned
- validate measurements are really happening and correct and complete

CHECK

Check results

- Do you have the data you need?
  - Validate measurements are really happening and correct and complete
- Are the measurements working and useful as planned?

Analyse

- Use your measurements
  - Are you reaching goals and improvement as hoped?
  - Are there things that are not working?

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ACT

Act on the new information

- Adopt the change / abandon the change

Repeat the cycle

- Re-adjust as needed

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Measuring Performance in Clin HP

1. **HP Management policy**
2. **Patient Assessment**
3. **Patient Intervention and Information**
4. **Promoting a healthy workplace**
5. **Continuity and cooperation**

Tool to assess, monitor and improve HP in hospitals

Based on two complementary approaches of quality assessment:

1) 5 Standards (professionally consented required level of achievement)
2) Indicators (tool to assess performance in terms of process and outcome)

1 Standard
Management Policy

The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.

Objective

To describe the framework for the organization's activities concerning health promotion as an integral part of the organization's quality management system.

Substandards

1.1. The organization identifies responsibilities for health promotion.

1.1.1. The hospital's stated aims and mission include health promotion
[Evidence: e.g. time- table for the action].

Comments	Yes	Partly	No

Standard 1: Management Policy

Complementary indicators

_____ % of staff aware of health promotion policy

_____ % of patients (and relatives) aware of standards for health promotion

_____ % budget dedicated to staff HP activities

Additional indicators

(local indicators you may want to consider for the action plan)

In detail: Clin HP Performance

3 types of quality indicators

- Structural Indicators
  - e.g. resources, competence level, quality of equipment, facilities etc.
- Process Indicators
  - Specific activities in pathway, e.g. counselling, intervention, treatment etc.
- Result Indicators
  - Health results for patients, e.g. survival, symptoms, physical capability, satisfaction with treatment, health gain etc.
    - A) End result indicators: cured/not cured, survival/death, symptoms/no symptoms, regain of functionality etc.
    - B) Intermediary indicators: evidence-based, predicting end results (if these are years away etc.)

Kjærgaard, Mainz, Jørgensen, Willaing 2006

In detail: Clin HP Performance

- Structural Indicators
  - Easy to use – but is there a clear, documented relation to end goals? (end result indicators)
- Process Indicators
  - Easy to use – but is there a clear, documented relation to end goals? (end result indicators)
  - Process sometimes, by themselves, reflect quality – e.g. to what degree evidence based guidelines are followed etc.
- Result Indicators
  - A) End result indicators:
    - the most important indicator for pt, staff and organization
    - But they can be hard to asses (e.g. years away in future?, impossible to get sample size for rare things, financially demanding if result data is not registred already)
  - B) Intermediary indicators:
    - More readily accessible, no delay

Kjærgaard, Mainz, Jørgensen, Willaing 2006

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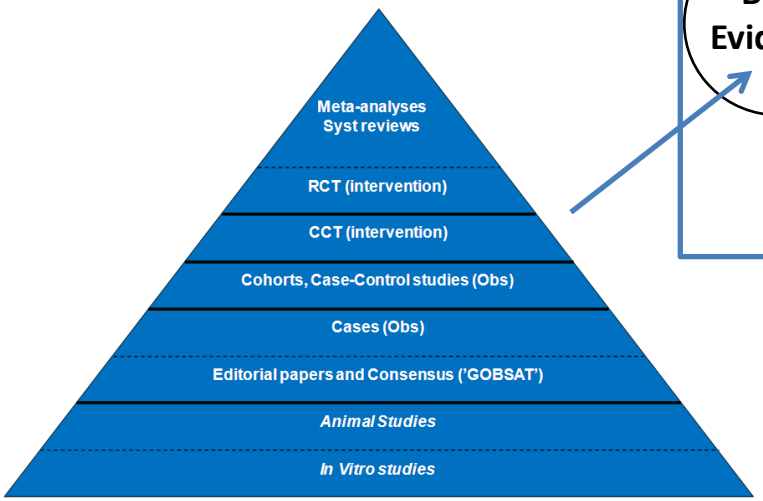
Effect and Performance → quality



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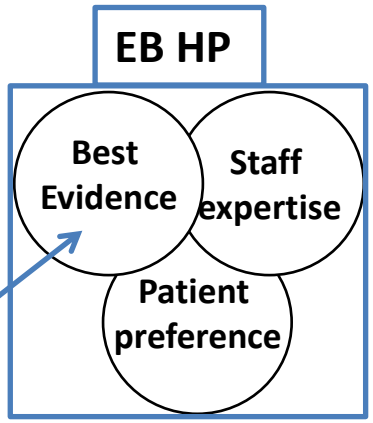

Quality

Standards = agreed idea of what is good quality and what level of quality should be aimed at during a specific period

Indicator = agreed measure to judge a particular clinical situation and indicate appropriateness of care

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WORKSHOP 1

Q1: What do we do currently?

Q2: What could we do to improve?

1) 10 minutes discussion in groups
2) 10 minutes present discussions in plenum

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