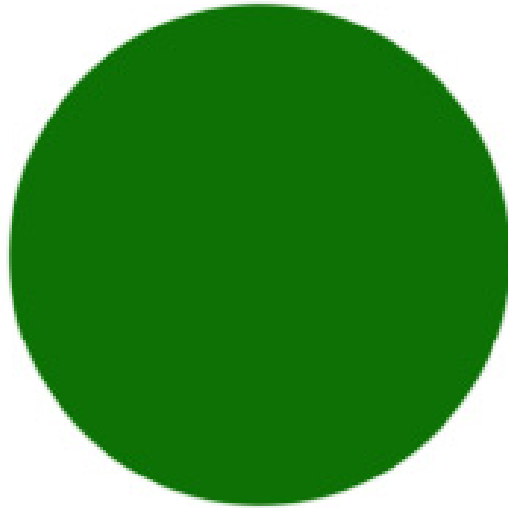




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International Network of **H**Health **P**Promoting **H**Hospitals & Health Services

Professor Hanne Tønnesen, MD, DMSc
Head of Research (Specialist in surgery)
Director of WHO Collaborating Centre for
Evidence-Based Health Promotion in H & HS

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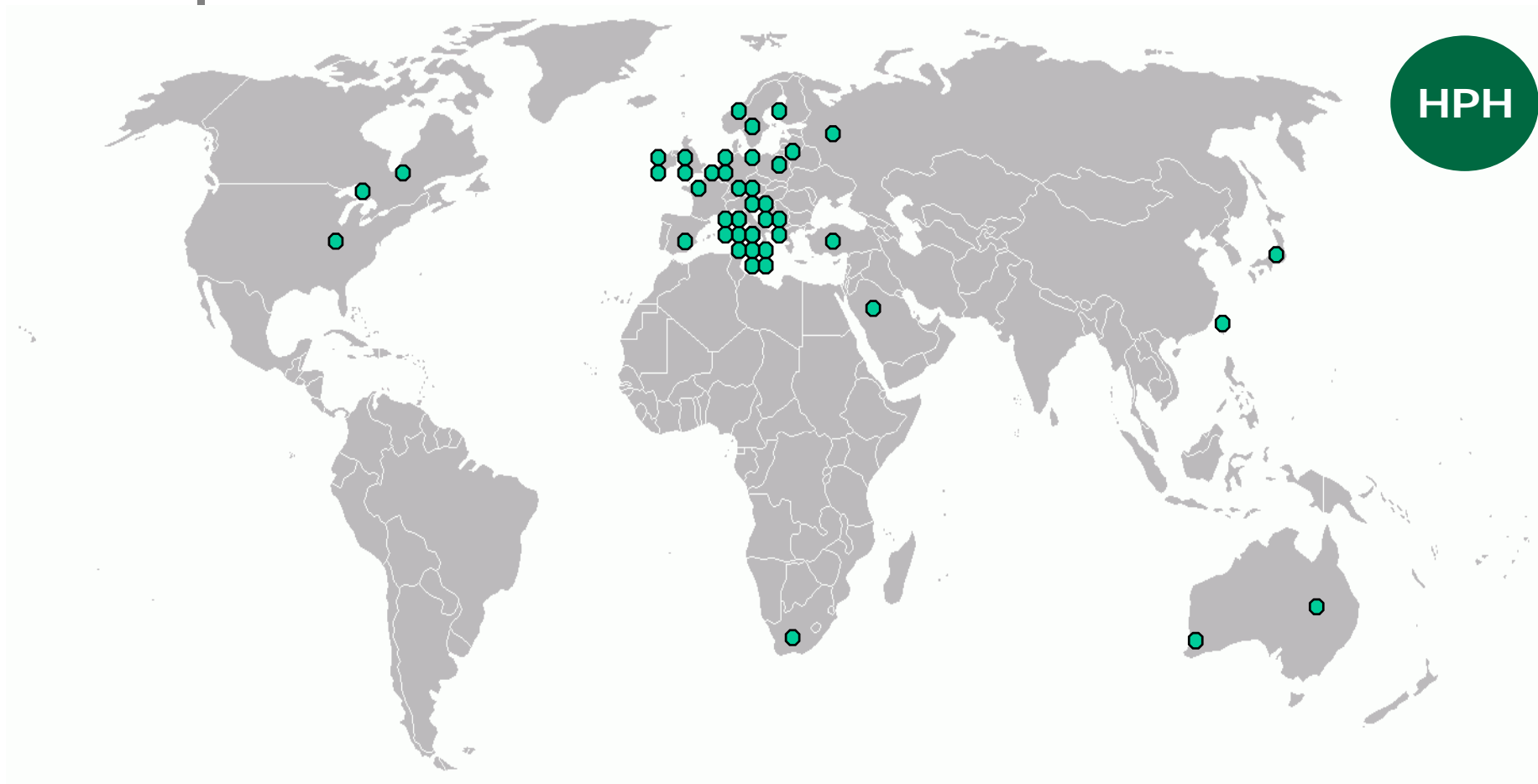
Outline



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1. Concept
2. HPH Development and structure
 - Governance and Operational level
3. WHO & HPH Standards
4. Other HPH Tools
 - Documentation of HP activities
 - Examples of handling HP in DRG
5. Conclusion

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National/Regional HPH Networks

Austria, Belgium, Bulgaria, Canada (Montreal & Toronto), China (Taiwan), Czech Republic, Estonia, Finland, France, Germany, Greece, Ireland, Northern Ireland, Italy, Lithuania, Norway, Poland, Russian Federation, Scotland, Slovakia, Spain (Catalonia), Sweden, Switzerland, **USA (Pennsylvania)**

Individual Hospitals/Health Services

Australia, Denmark, Japan, Saudi Arabia, Serbia, Slovenia, South Africa, Spain, Turkey, England, **USA (Connecticut)**

HPH in total

35 Networks

712 Hospitals/Health Services

38 Member States

(Feb. 2009)



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21 new members in 2009



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Welcome to new Hosp & HS:

- Australia
- Canada (Montreal)
- China (Taiwan)
- Japan
- Norway
- Poland
- Saudi Arabia
- Sweden
- Turkey
- USA (Connecticut)

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A Network of N/R Networks

- Working together to **reorient** H&HS towards better **health** gain by integrating **HP** in all aspects
- Aiming at patients, staff and community

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Health = Investment



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- A state of complete physical, mental and social wellbeing
- A resource for everyday life, not an objective of living
- A positive concept emphasizing social and personal resources as well as physical capacities
- A major resource for social, economic and personal development

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Health Promotion



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- Builds on and incorporates health education and disease prevention
- Focuses on achieving equity in health
- Ensures equal opportunities for all people to achieve their fullest health potential
- Responds to local needs and possibilities
- Sees the patient as a co-producer of own health (empowerment strategy)

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Re-orienting



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To orientate H&HS at complex concepts of health gain

- Clinical outcome + **QoL, Satisfaction, H literacy**
- Absence of illness + **Optimal presence of pos H**
- Treatment + **DP, protection, HP and rehab**
- Physical + **mental and social health**
- Healthier patients + **relatives, staff & community**
- Outcomes of services + **impact of H&HS setting**

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HPH Constitution



Constitution

- Purpose and Objectives, rules for decisions and relationships with 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"

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WHO-Collaborating Centre

- WHO-CC runs the International HPH Secretariat and supports countries to
 - Implement WHO principles, use HP strategies and standards
 - Create further evidence
 - Teach and train staff in EB HP
 - Implement best EB practice for HP

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HPH Strategy: Priorities in 2009



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- 1. Growth (quantitative)**
- 2. Partnerships & Alliances**
- 3. WHO Standards & Indicators**
 - Qualitative growth

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WHO 2000



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- Health Promotion should be based on **evidence** rather than ideology

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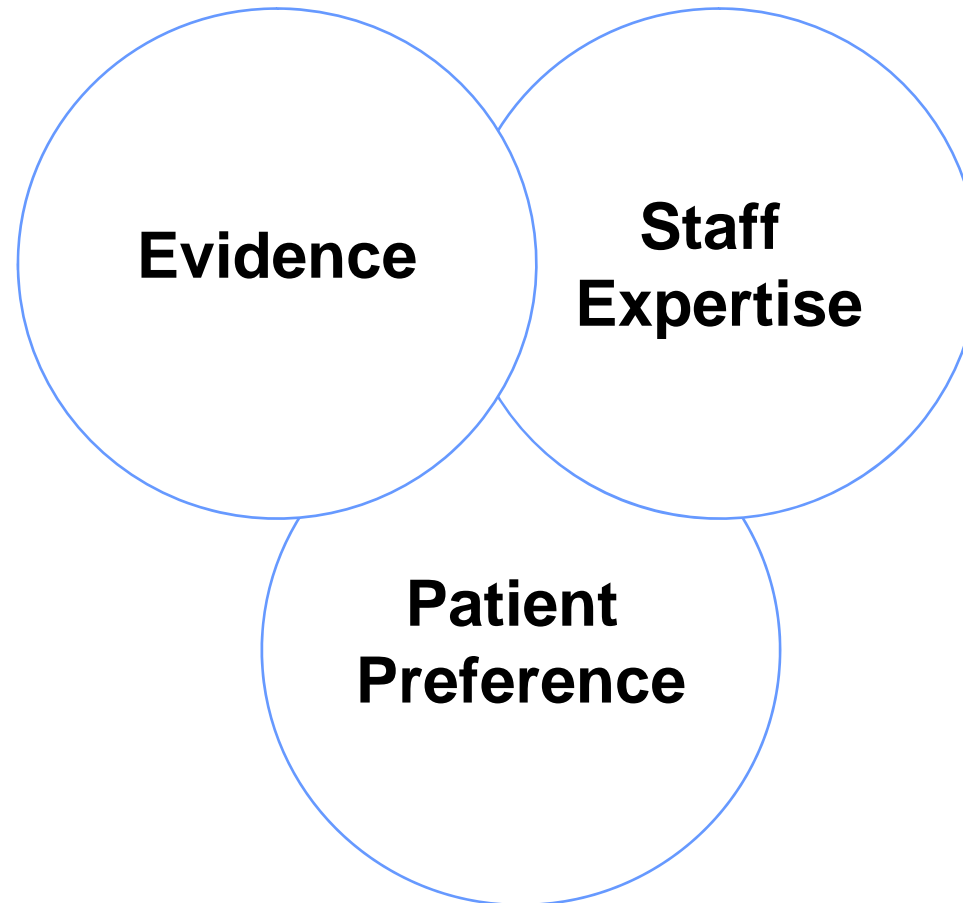


Best HP Practice

Includes all three parts



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



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HPH Development



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Establishment

WHO established the HPH Network with the aim to reorient health care institutions by integrating HP and education, disease prevention and rehabilitation services in curative care

(Ottawa Charter 1986, and Vienna Rec. 1997)

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From project to organisation



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- 1988** WHO initiative
- 1989** Model project “Health and Hospital”
- 1993** European Pilot Hospital Project
- 1997** European HPH Network

- 2004** Int. HPH Network and Secretariat
- 2005** Establishment of General Assembly
and Governance Board
- 2007** Draft HPH Constitution
- 2008** HPH Constitution coming into effect,
establishment of related strategy

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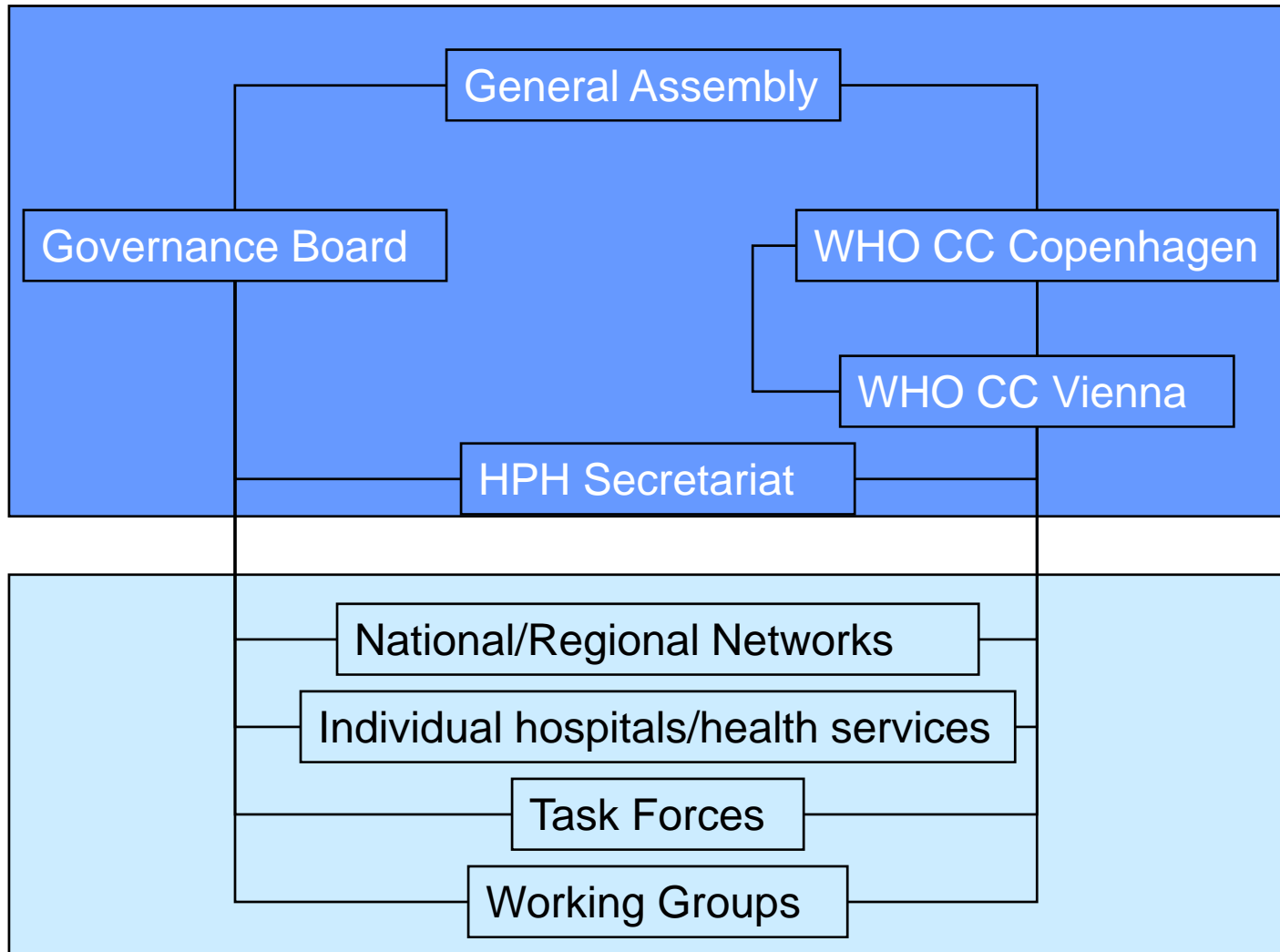
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Structure



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Governance



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Governance Board

- 7 elected members
- 2 WHO CC + 1 WHO (obs)

General Assembly

- N / R Coordinators
- 2 WHO CC + 1 WHO (obs)
- Task Force Leaders
- Observers from upcoming networks

International HPH Secretariat

- Communication strategy, administration, member contact, response to inquiries etc.

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HPH Operations



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Corporate Member / Network

- Minimum 3 hospitals / health services
- N/R Coordinator and coordinating institution
- HPH Network Agreement with the HPH Secretariat

Individual Member Hospital / Health Service

- Signing the HPH Letter of Intent

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HPH Operations



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Task Forces

- Migrant-Friendly & Culturally Competent Health Care
- HP for Children and Adolescents in & by Hosp
- Psychiatric Services
- Tobacco-free United (HPH and ENSH)

Working Groups

- Scientific journal: Research and Best Practice
- Closer Collaboration
- Evidence-based HP Strategy for staff in hospitals
- Evidence-based Alcohol intervention in H&HS

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How do we communicate

- International HPH Conference
- GA Meeting
- **WHO Schools (Summer, Autumn, Winter)**
- HPH Newsletter
- HPH Website
- National and Regional Conferences, Workshops and meetings
- Staff exchange program
- Mail, telephone, fax etc.

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WHO Summer School 2009:
Quality Management
Implementation of health promotion
in hospitals and health services

Date: May 4-5 2009
Venue: Crete, Greece



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WHO Summer School, Crete 2009

The WHO Summer School 2009 targets the National / Regional Coordinators and Task Force Leaders within the International HPH Network and others working with quality management in hospitals and health services. Together we will deal with subjects such as:

- Standards and Indicators
- Quality based reimbursement
- WHO recognition

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Summer School, Crete 2009 (Preliminary Program Highlights)



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- Executing strategies:** building an organizational capability – Tune Hein
- HPH Tools:** Progress Reports, Activity Database, Standard & Indicators, HPH Data, HPH Model, DRG documentation – Matt Masiello
- Integration of HP in the DRG system** - Poul Erik Hansen
- HPH Documentation Model and DRG** – Hanne Tønnesen
- Quality based reimbursement in practice** – Peder Vibe
- How to document being and Health Promoting Hospital and Health Service** – Oliver Gröne
- Use of Standards & Indicators** (Workshop)
- Experience with the use of Standards** – Shu-Ti-Chiou
- Official WHO recognition** – Hanne Tønnesen
- Exchange of knowledge and experience** (Workshop)

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Sharing knowledge and experience via

www.healthpromotinghospitals.org



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- HPH Library
- Report of HPH Standard Self Assessment
- Discussion Forum and Group Rooms
- **Activity database (new function)**
- **Online progress reports from Networks & TF**

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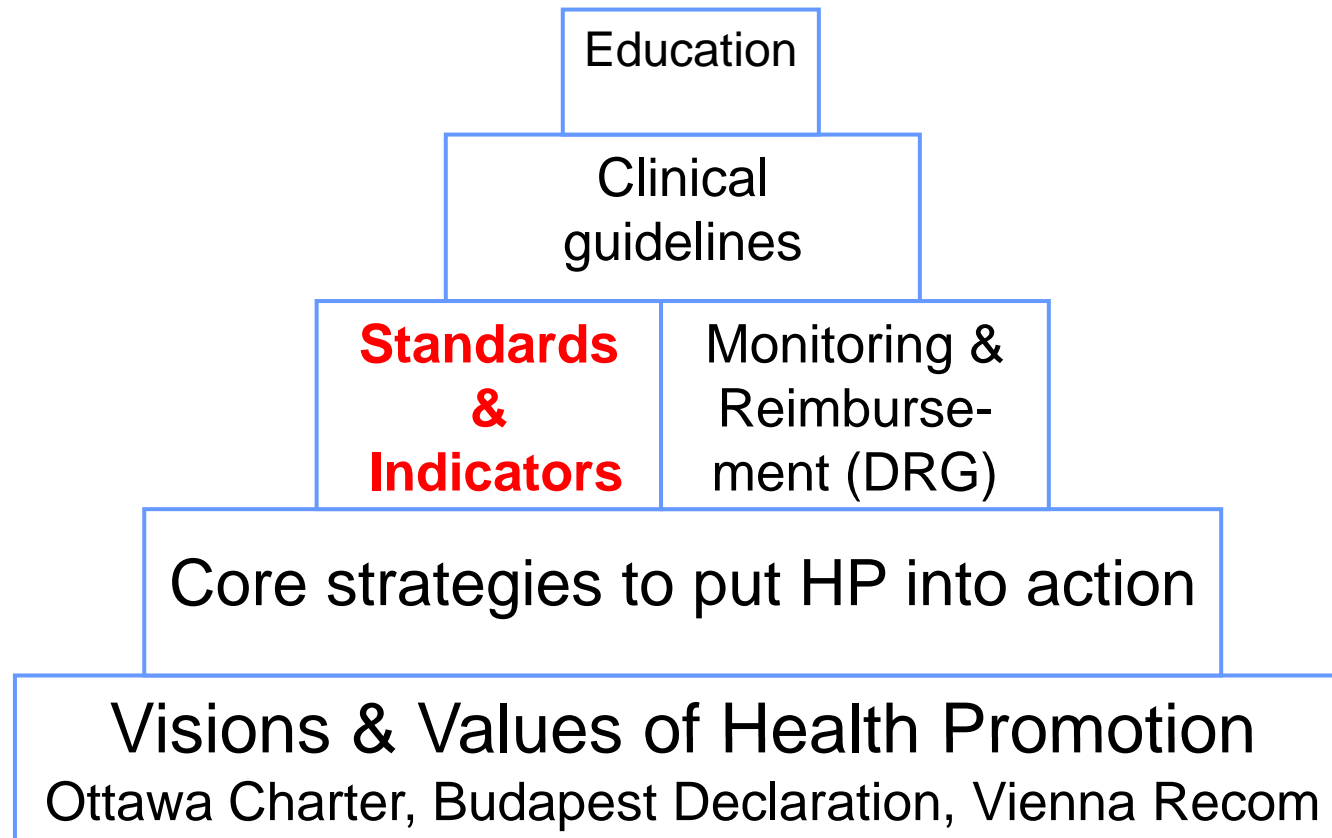
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Pyramid of Implementation



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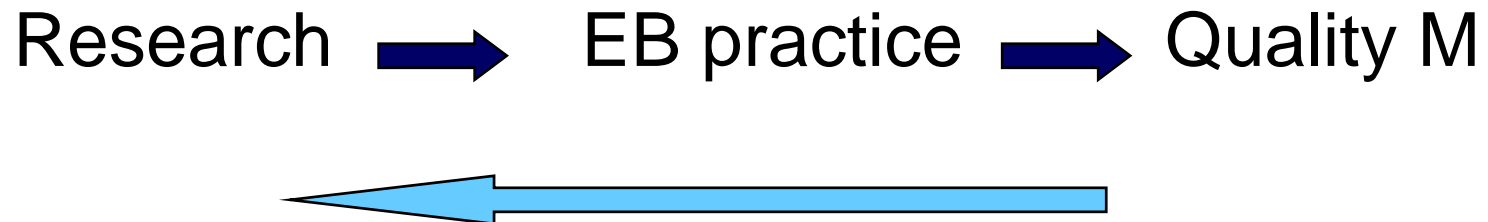


QM to follow-up on implementation / practice



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Evaluation and improvement by using
standards and indicators



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Standards for HP



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5 Q Standards were developed according to the ISQUA criteria

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

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SAT to monitor the implementation process



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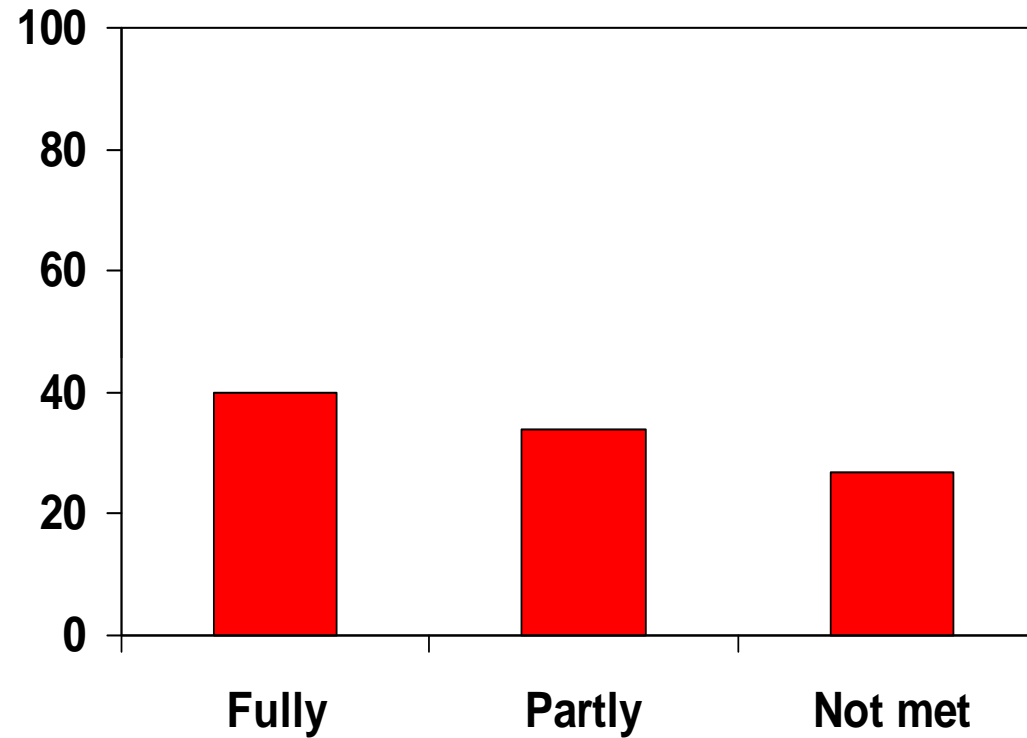
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Assessment of compliance for 5 standards

%



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Relevance



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Assessment of measurable elements

- Comprehension
- Applicability
- Importance

95 % Strongly agreed or agreed

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Next steps

- The standards is included in the Constitution
- Online reporting of SAT through the website - Ongoing
 - Public or anonymously
 - Estonia and Taiwan
- Evaluating the WHO HPH Standards in HS



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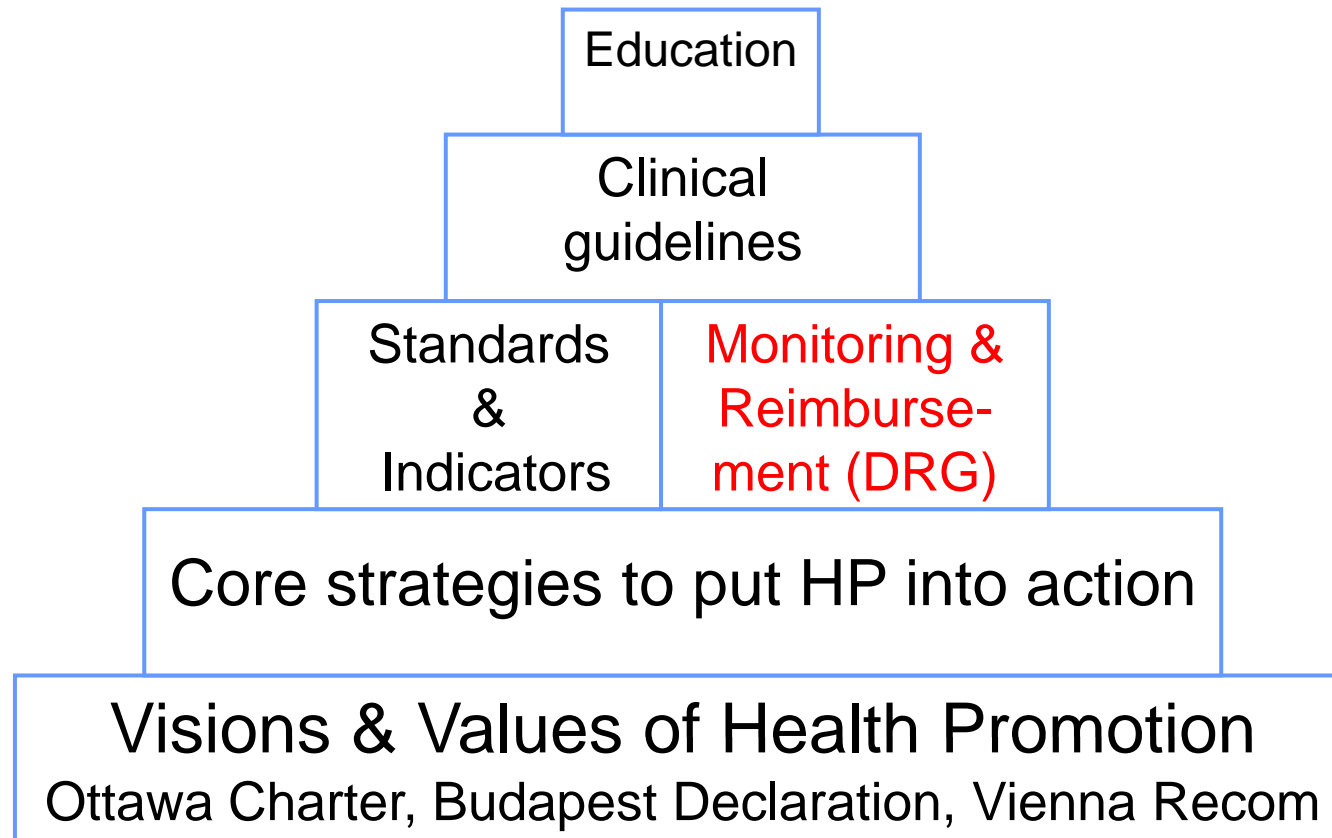
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HPH tools for implementation of HP



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Background

Important Factors for Clinical Pathway



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- Disease / Diagnosis
- Treatment
- Organisation
- Patient-related health & co-morbidity
 - **Health status:** physical inactivity, malnutrition, smoking, harmful drinking and overweight
 - **Co-morbidity:** lung disease, cardiac disease, diabetes, stroke, etc

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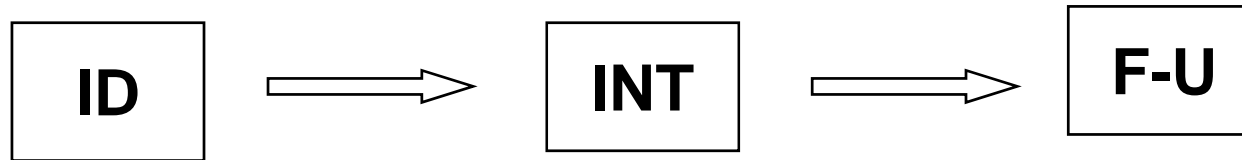
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Clinical pathway

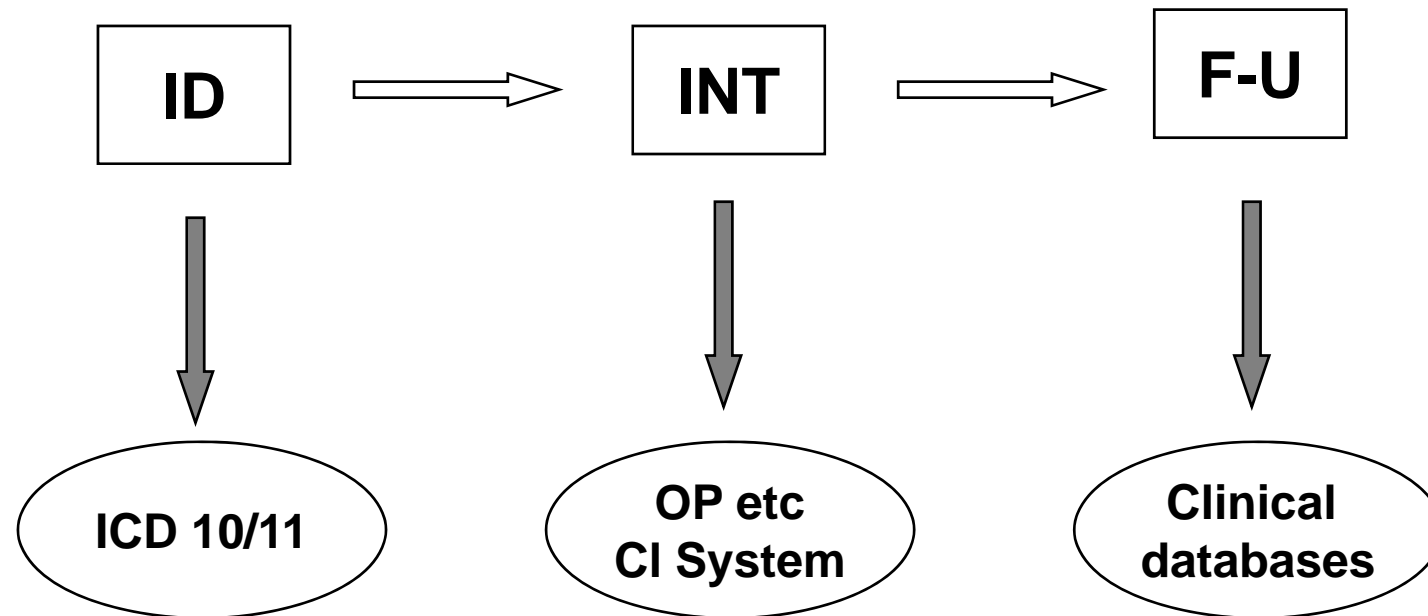


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Documentation in PAS





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Challenge for HP documentation in H/HS



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Decide if you want to

- Build a new patient administrative system (PAS)
- Fit into the existing PAS

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Doc. of HP interventions

Finalized HPH Task Force

- HPH Networks have developed and successfully evaluated a model for the systematic registration of HP activities and the relation to reimbursement through the DRG process
- *Tønnesen H, Christensen ME, Groene O, O’Riordan A, Simonelli F, Suurorg L, Morris D, Himel S, Hansen PE. BMC Health Services Research 2007, 7:14*
- *Groene O, Tonnesen H. Handling HP in DRGs. Background paper WHO 2002*

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7 codes for motivational counselling



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- Tobacco **XX01**
- Alcohol **XX02**
- Nutrition **XX03**
- Physical activity **XX04**
- Psycho-social relation **XX05**
- Other risk factors **XX06**

- Integrated counselling
(consisting of several factors) **XX07**

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8 codes for intervention, rehabilitation, after-treatment



- Tobacco cessation **YY01**
- Alcohol intervention **YY02**
- Nutrition **YY03**
- Physical activity **YY04**
- Psycho-social support **YY05**
- Medical optimisation **YY06**
- Patient education **YY07**

- Integrated rehabilitation
(consisting of several elements) **YY08**



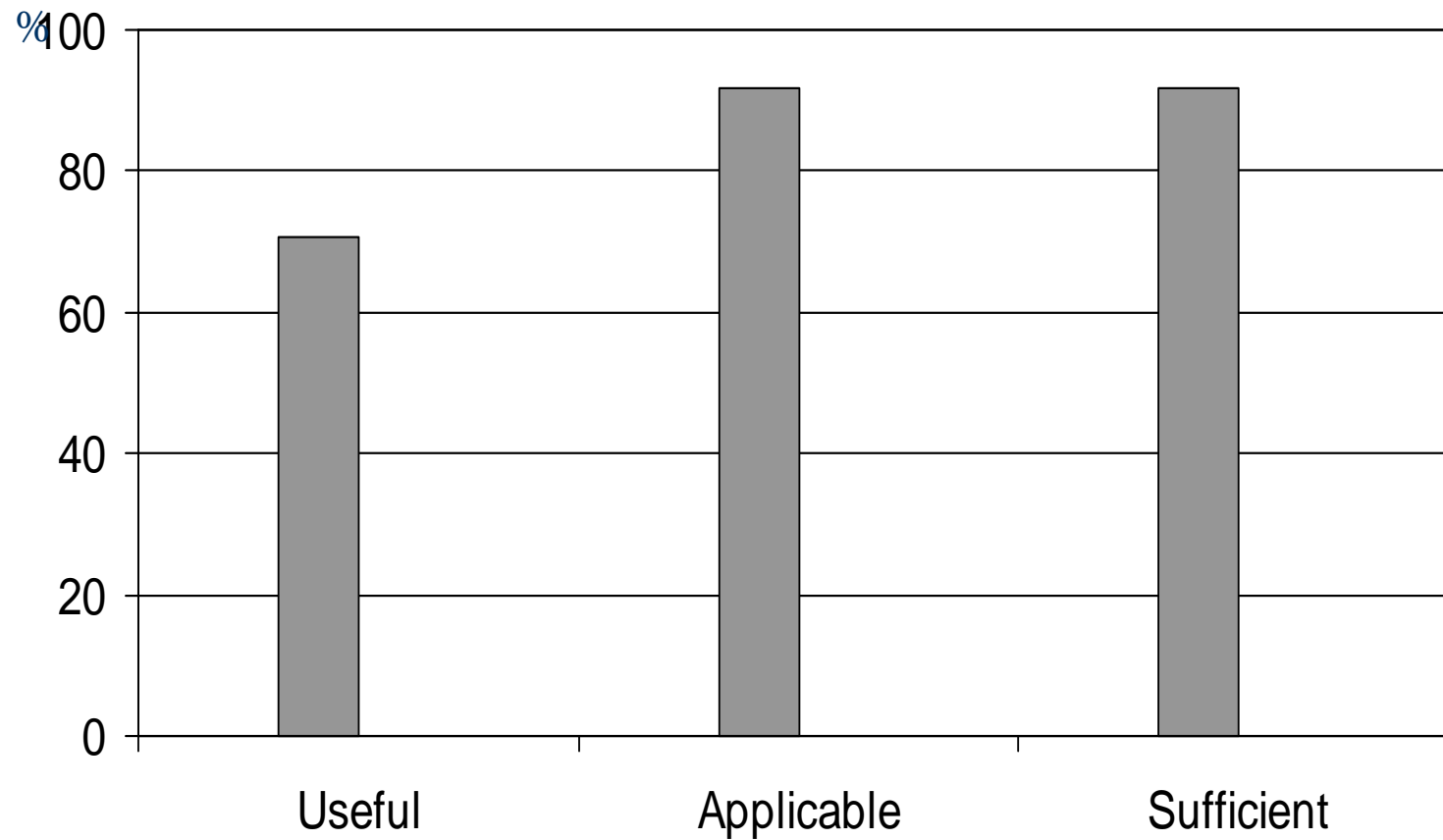
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Questionnaire

Response 84%



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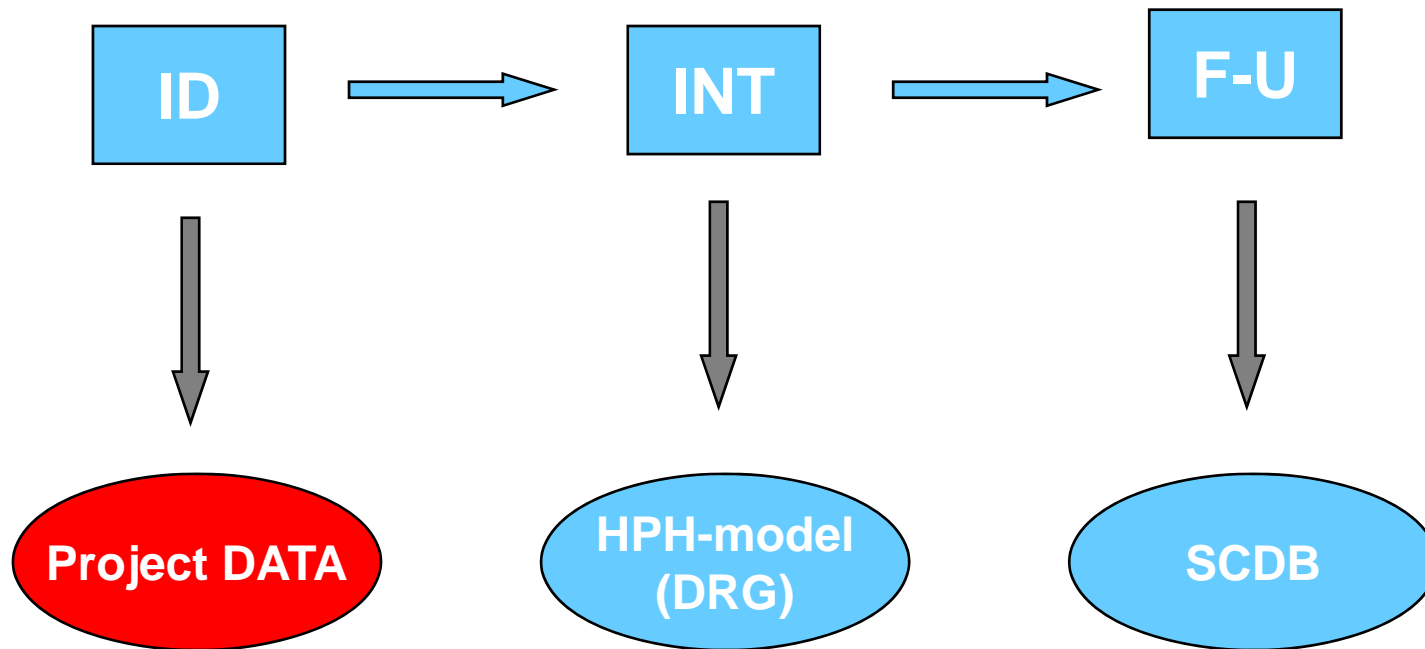
Research project



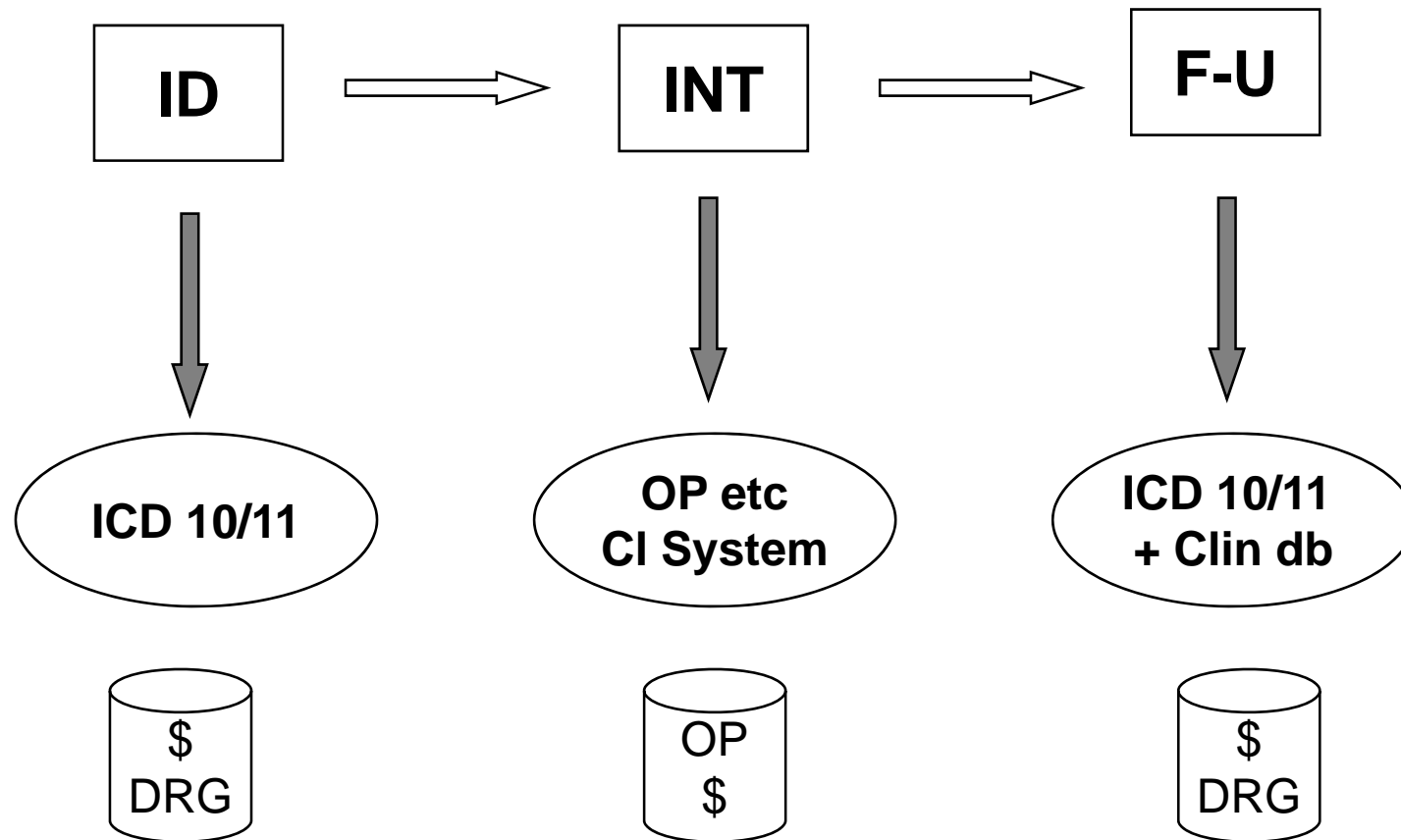
HPH Data Project - A Multi-centre Project

Identification and documentation of risk factors at first contact to H/HS

- Diet (malnutrition, overweight), activity, tobacco, alcohol



Reimbursement - DRG





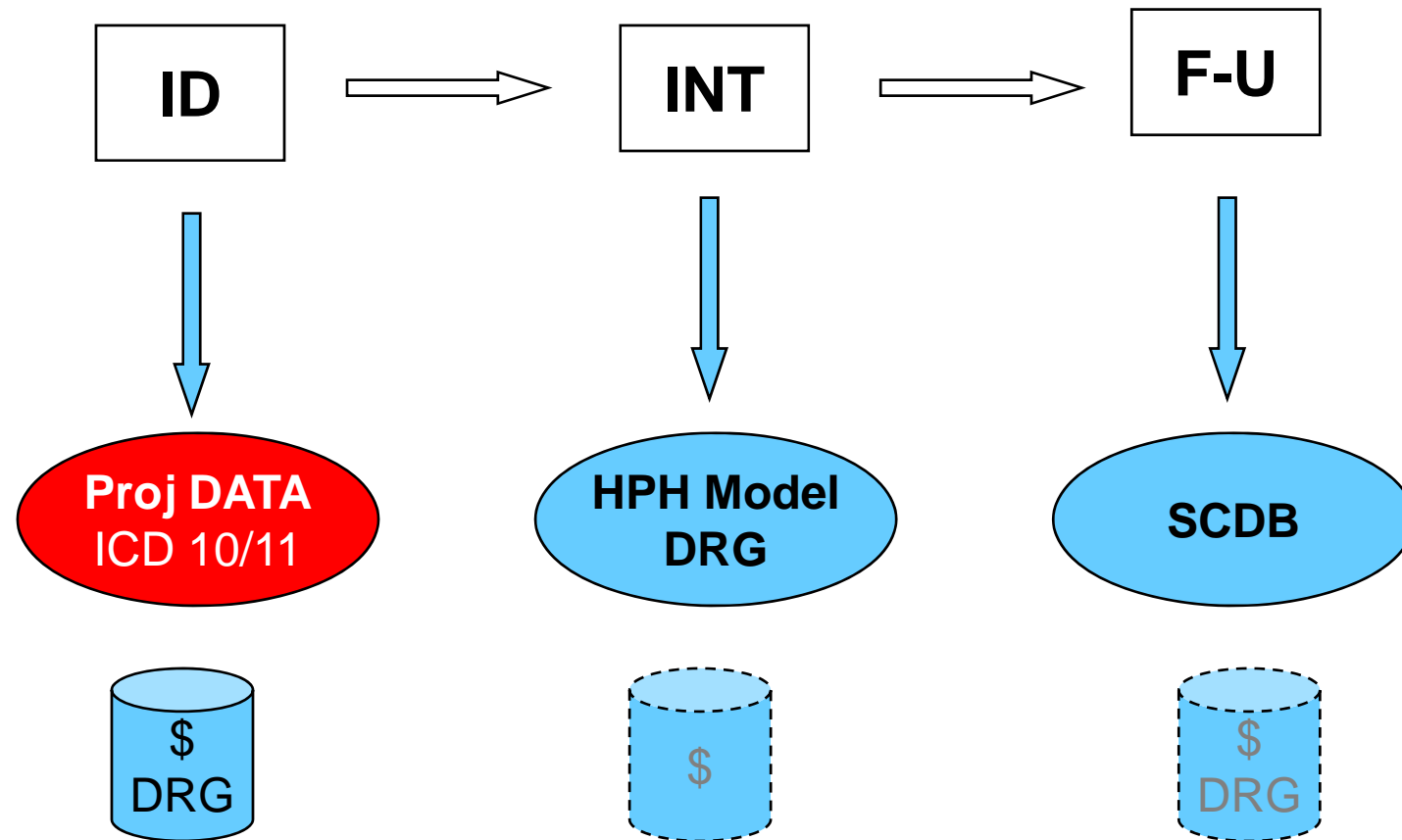
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Reimbursement: HP in H/HS



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Re-imbbursement to day



Models and examples

- To lift out part of DRG-budget for physiotherapy, which then document the activities separately
 - **Ex Denmark: Full covering for physiotherapists**
- To lift out part of DRG-budget for identification and referral to existing HP clinics in- or outside H/HS
 - **Ex Sweden: Reduced covering = 10 \$ extra / patient**
- To establish a separate department / ward for HP activities, and document as other out-patient clinic
 - **Ex Denmark: Full covering for MD + RN**
- To add / prioritise extra money for alcohol and tobacco intervention in Trauma Centres
 - **Ex USA: Full covering for MD or RN**



Conclusion



To day the HPH Network is a solid platform for integrating HP through

- Collaboration with highly qualified HPH colleagues
- Tool boxes for implementation
- Building on others knowledge & experience
- Education
- Initiating international research, task forces and working groups
- Access to technical support
- Etc. **Synergy, when + 2 > 4**



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WHO Collaborating Centre of Evidence-Based HP in Hosp & HS



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To support countries

- in the introduction of HP strategies and standards
- to further identify evidence of successful HP activities related to patients, staff and community

To provide

- advice with regard to teaching & training of staff in evidence-based HP
- input to the further development of standards and indicators for HP in hospitals

To run the International HPH Secretariat

- Communication strategy, administration, member contact, response to inquiries etc.

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