

# Optimising the integration of health promotion activities in patient pathways - the development of an innovative hospital-based lifestyle service for smoking, alcohol and obesity

Charlotte Haynes, Jan Sinclair, Gary Cook  
Richard Phillips  
Abraham George



- Smoking, Alcohol & BMI assessed to varying degrees BUT delivery of health promotion poor in all areas
- Staff: > 90% agreed that HP was an important part of their job; < 40% felt properly trained
- Patients: > 80% agreed with assessments & that “hospital is a good place for patients to receive HP”

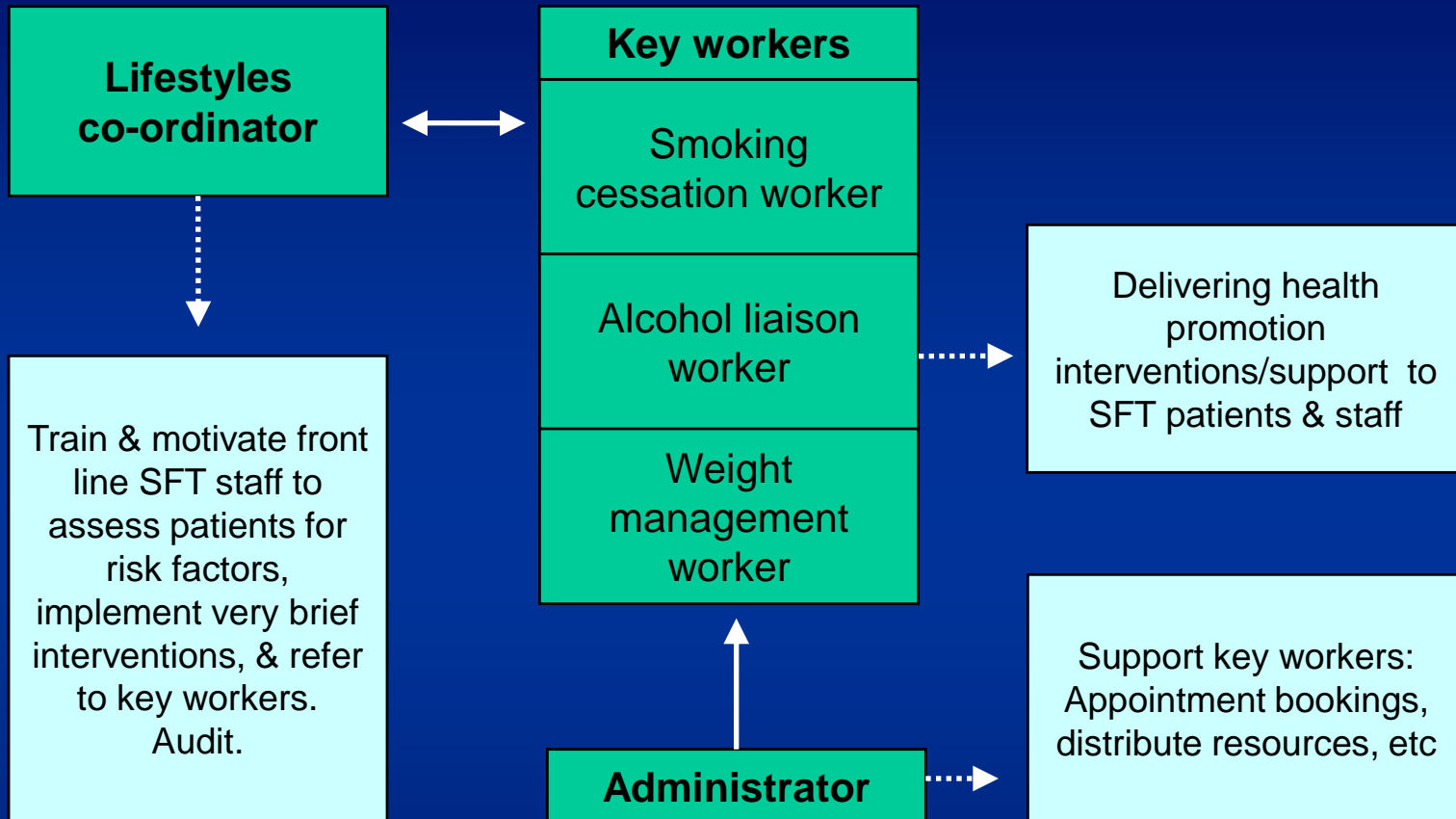


*“HPH needs to be implemented not only in the framework of limited projects but as a comprehensive overall approach, integrated within hospital/health service (quality) management systems”*

HPH Brochure,  
[www.healthpromotinghospitals.org](http://www.healthpromotinghospitals.org)



*Every Patient Matters*



- Funding
  - Reduced to 21% of original plan
  - Originally 2 year project
- 6 months
  - Development & implementation
  - 3 months data
- 8 Pilot wards
  - Adult in-patients
  - Medicine & surgery





### Referral to Lifestyle Service

Date:

Ward:

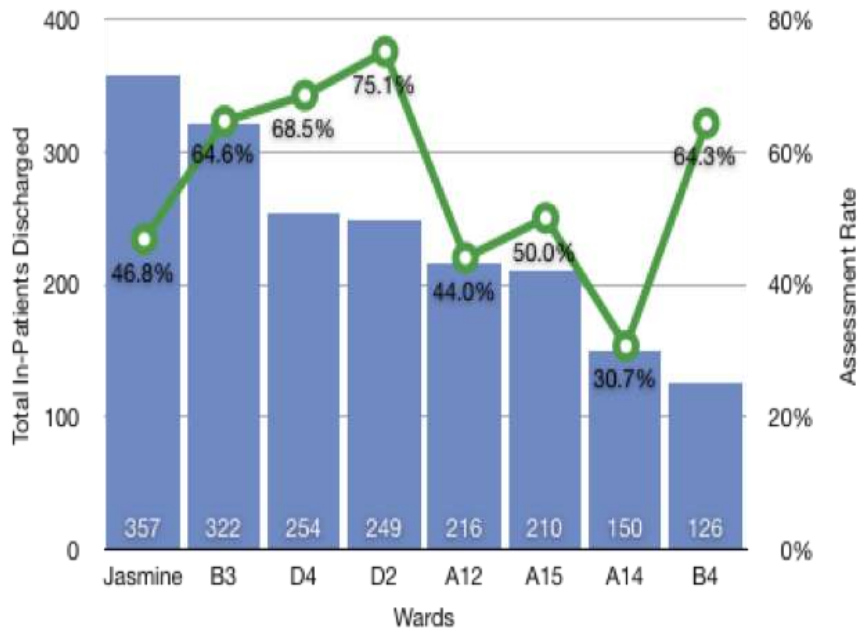
Patient case note number:

- Tier 2 Alcohol Health Advice
- Tier 3 Alcohol Health Advice
- Mosaic Service for 25yrs and under
- Adult Weight Management - Level 2 Intervention
- Paediatric Weight Management - Level 2 Intervention
- Stop Smoking Team - Level 2 Intervention

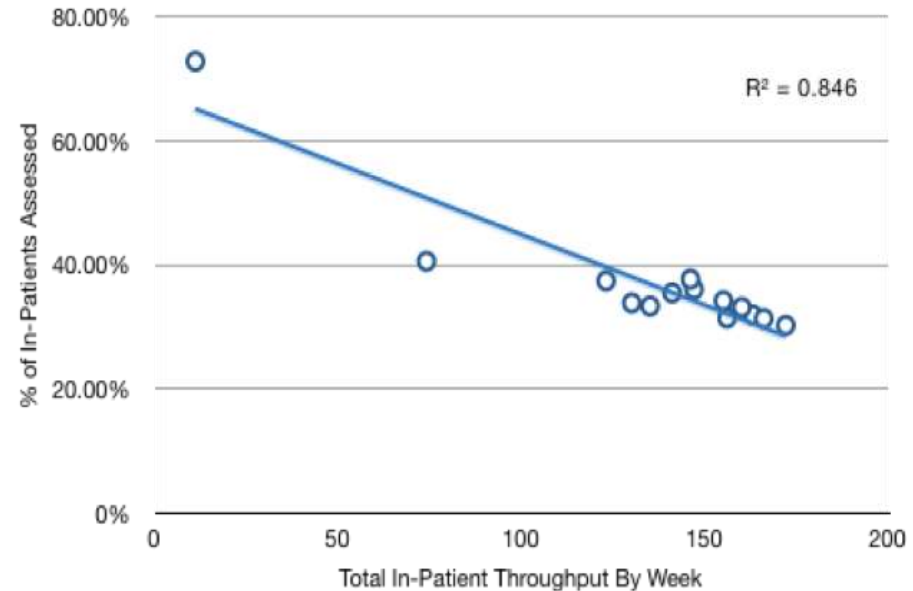
# Evaluation of the project :

**Completion of health promotion assessments:  
58% of 1,884 patients assessed  
“best” ward: 75%, “worst” ward: 30%**

**In-Patient Volume & Assessment Rates by ward**



**Percentage of Patients Assessed is affected by Volume of Incoming Patients**



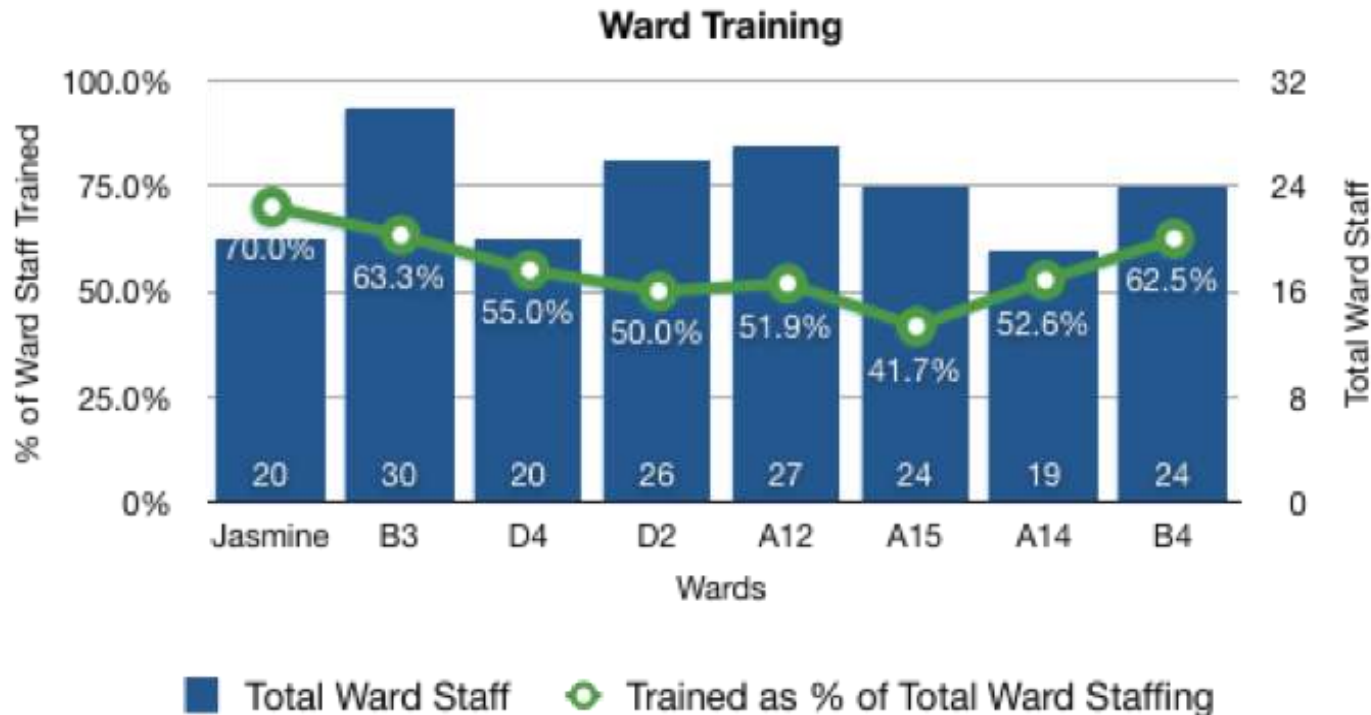
*Every Patient Matters*

- Referral rates to key workers:
  - 15% (164) of assessed should be referred to a key worker
  - But problems with first assessment tool
- Actual referrals:
  - 35.4% (58) of potential referred: 6% of all assessed patients

	Have risk factor	Potential referrals	Actual referrals
<b>Smoking</b>	20% (210)	36% (75)	43% (32)
<b>Alcohol*</b>	6% (59)!	100% (59)	14% (8)
<b>Obesity</b>	17% (185)	16% (30)	60% (18)

- Short-term patient outcomes following referral:
  - 50% (29) response rate → 70% reported behavioural change





- 56% (106/190) nursing staff received training
- Referral rate not a function of trained staff per ward
- Future: measure delivering brief interventions on wards



Early days but .....

*“The pilot has demonstrated the unexpectedly high level of potential effectiveness that key-worker interventions can have on behaviour change when combined with the hospital support ..... a potentially powerful combination of activities and circumstances to positively influence behavioural change.”*

Pilot data indicates that at least 15% of assessed patients are “referable”

→ whole hospital roll-out → 18 people referred/day → at least 8 key workers full-time

Future:

Monitoring and impact of nurse delivered brief interventions

Patients’ and staff’s views of service

Determine the long-term outcomes for patients

Sustainability

