

National Health Promotion in Hospitals Audit Symposium

Mark Jackson

Chair

Associate Director – Quality Improvement

Liverpool Heart and Chest Hospital 
NHS Foundation Trust





Symposium Format

- Introduction & review audit and organisational survey findings for Acute/Specialist Trusts, Charlotte Haynes
- NHPHA Participant feedback on
 - their experience of the audit process
 - changes to health promotion policy or practice following audit findings
 - examples of good practice
 - challenges to delivering health promotion

University Hospitals of Morecambe Bay, Sandwell & City, Lancashire Teaching Hospital, Royal Bolton Hospital, Royal United Hospital Bath Trust

- Review audit findings for Mental Health Trusts, Katherine Lewis
- Questions & Answers, All

National Health Promotion in Hospitals Audit Symposium

ACUTE TRUSTS



Dr. Charlotte Haynes

NHPHA Lead



www.nhphaudit.org



Introduction

- Background
- Objectives
- Methodology
- Key audit findings & Recommendations
- Key organisational survey findings & Recommendations



Background

- Local health promotion audit – Stockport NHS Foundation
- Greater Manchester HP audit – Bury PCT
- Development of NHPHA – NCAAG, Department of Health



Objectives

- Determine the extent to which adult hospitalised patients are
 - assessed for their need for health promotion (HPH Standard 2)
 - & delivered health promotion for healthy lifestyles (HPH standard 3)
- Gain an insight into hospital's policy, people and structures (all HPH standards)
- Enable benchmarking between organisations
- Use comparative data to drive for sustained improvements in the delivery of health promotion to hospital patients



Standards

ASSESSED

- Smoking: 100% patients
- Alcohol: 95% patients
- Obesity: 45% patients
- Physical activity: 35% patients

HEALTH PROMOTION

- 35% of smokers
- 50% of patients misusing alcohol
- 45% of obese
- 45% of physically inactive

Based on

- Previous audit findings
- NHPHA pilot
- Steering group

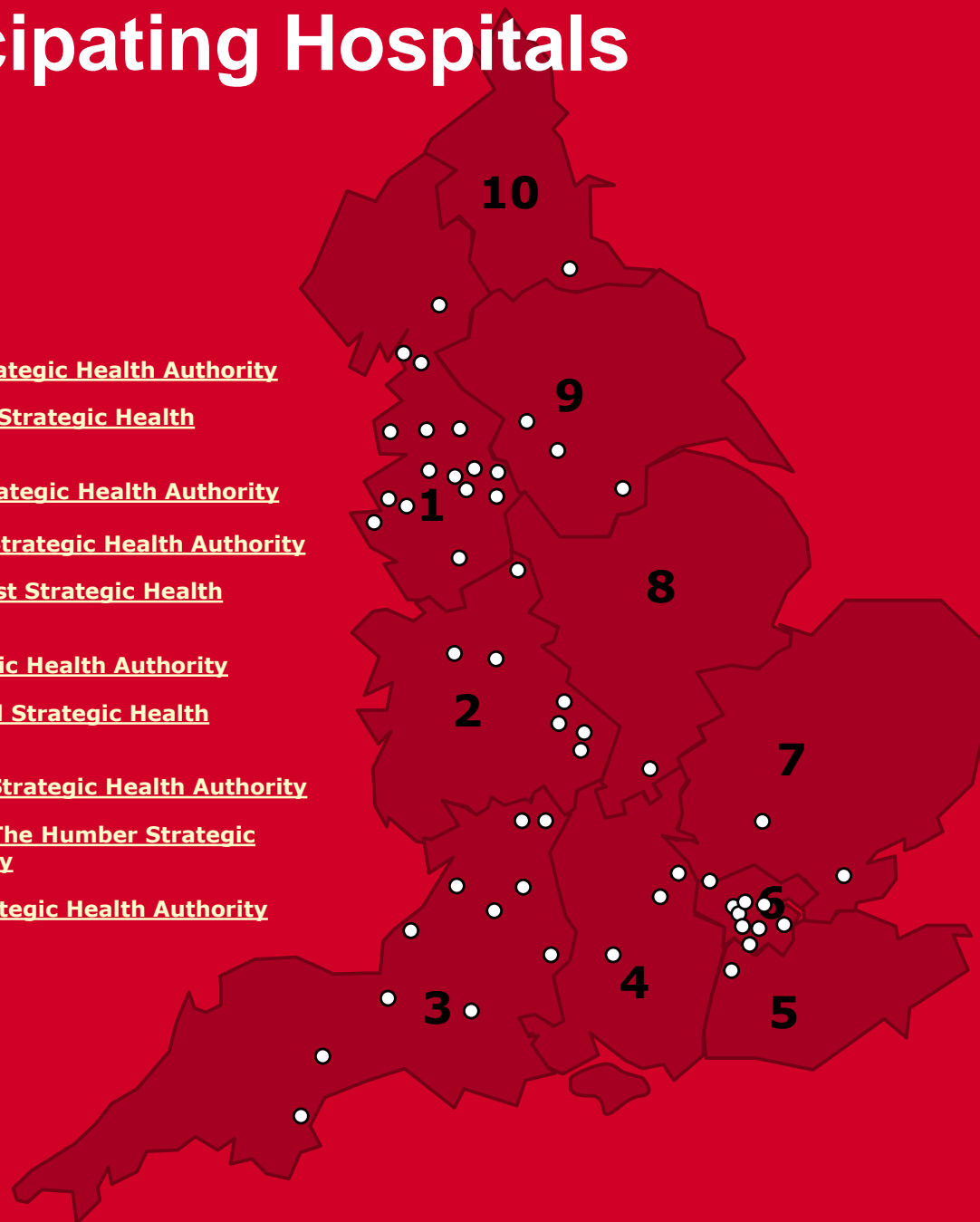
Map of Participating Hospitals



Number of Participating Hospitals

16
6
11
3
1
9
2
1
3
1
53

- 1 [North West Strategic Health Authority](#)
- 2 [West Midlands Strategic Health Authority](#)
- 3 [South West Strategic Health Authority](#)
- 4 [South Central Strategic Health Authority](#)
- 5 [South East Coast Strategic Health Authority](#)
- 6 [London Strategic Health Authority](#)
- 7 [East Of England Strategic Health Authority](#)
- 8 [East Midlands Strategic Health Authority](#)
- 9 [Yorkshire and The Humber Strategic Health Authority](#)
- 10 [North East Strategic Health Authority](#)



Methods

Retrospective Patient case note audit

Sample size:

100 cases. 10 randomly selected cases double-data collected to assess inter-rater reliability.

Inclusion criteria:

Age \geq 17 years old

Minimum of 1 day length of stay

HES treatment specialty: “general medicine” or “general surgery”

Discharged alive between 05/01/2009 and 30/01/2009

Demographic details collected:

Age, Gender, Length of stay, Treatment specialty, Primary diagnosis & Postcode.





Paper ProForma

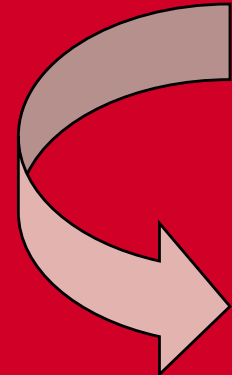
Input online at

www.nhphaudit.org

Data collection completed online by 31st August 2009.

Automated summary report

SMOKING	Smoking history recorded?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	
	"Was a reason given for "no"?"	<input type="checkbox"/> NO / UNCONSCIOUS FOR WHOLE SPELL / DELIRIUM / DEMENTIA	
	Is the patient a smoker?	<input type="checkbox"/> EX-SMOKER / <input type="checkbox"/> CURRENT SMOKER / <input type="checkbox"/> NEVER SMOKED	
	Was health promotion required?	<input type="checkbox"/> NO* / <input type="checkbox"/> YES	
	Asked if want to quit?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Prescribed NRT? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Did patient want to quit?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to smoking cessation nurse? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Given verbal advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to specialist respiratory nurse? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Given written advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Advised to contact GP/practice nurse? <input type="checkbox"/> NO / <input type="checkbox"/> YES
ALCOHOL	Alcohol history recorded?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	
	"Was a reason given for "no"?"	<input type="checkbox"/> NO / UNCONSCIOUS FOR WHOLE SPELL / DELIRIUM / DEMENTIA	
	Does the patient drink alcohol?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	
	Alcohol categorisation ¹ ?	<input type="checkbox"/> RECOMMENDED* / <input type="checkbox"/> HAZARDOUS / <input type="checkbox"/> HARMFUL / <input type="checkbox"/> NOT KNOWN*	
	Given verbal advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Given Community Alcohol Team's contact info? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Given written advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to an alcohol service? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Advised to contact GP/ practice nurse?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to hospital alcohol liaison worker? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Advised to contact an alcohol service?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Was Chlordiazepoxide prescribed? <input type="checkbox"/> NO / <input type="checkbox"/> YES
WEIGHT & NUTRITION	Patient malnourished?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Patient at risk of malnutrition? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Patient's weight recorded?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Patient BMI (Body Mass Index) recorded? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Any other measure used to classify weight status?	<input type="checkbox"/> NO / WAIST MEASUREMENT / MID ARM CIRCUMFERENCE / TRICEPS SKINFOLD THICKNESS / CLINICAL IMPRESSION	
	Weight category ² ?	<input type="checkbox"/> UNDERWEIGHT (BMI <18.5) / <input type="checkbox"/> NORMAL (BMI 18.5 to 24.9) / <input type="checkbox"/> OVERWEIGHT (BMI 25 to 29.9) / <input type="checkbox"/> OBESE (BMI 30 to 40) / <input type="checkbox"/> MORBIDLY OBESE (BMI >40)	
	Oral/enteral/parenteral nutrition support provided?	<input type="checkbox"/> NO / <input type="checkbox"/> YES / <input type="checkbox"/> NUTRITIONAL SUPPORT DENIED INAPPROPRIATE	
	Given verbal advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to a weight loss programme? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Given written advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Patient on a weight loss programme? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Advised to contact GP/Practice nurse?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to hospital gym? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Advised to join a weight loss programme?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to community organisation? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Referred to any of the following experts?	<input type="checkbox"/> NUTRITIONIST / <input type="checkbox"/> DIETITIAN / <input type="checkbox"/> GP / <input type="checkbox"/> OTHER NUTRITION SPECIALIST	
PHYSICAL ACTIVITY	Level of physical activity recorded?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	
	"Was a reason given for "no"?"	<input type="checkbox"/> NO / UNCONSCIOUS FOR WHOLE SPELL / DELIRIUM / DEMENTIA	
	Patient's mobility?	<input type="checkbox"/> IMMOBILE / <input type="checkbox"/> BED MOBILE / <input type="checkbox"/> WHEELCHAIR MOBILE / <input type="checkbox"/> MOBILE WITH A WALKING DEVICE / <input type="checkbox"/> INDEPENDENTLY MOBILE	
	Does the patient do less than 30 minutes of moderate intensity physical activity, 5 times a week?	<input type="checkbox"/> NO / <input type="checkbox"/> YES / <input type="checkbox"/> UNKNOWN	
	Was health promotion required ³ ?	<input type="checkbox"/> NO* / <input type="checkbox"/> YES	
	Given verbal advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to a rehabilitation specialist/service? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Given written advice?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	Referred to a physical activity programme? <input type="checkbox"/> NO / <input type="checkbox"/> YES
	Referred to a physiotherapist?	<input type="checkbox"/> NO / <input type="checkbox"/> YES	





RISK FACTOR ASSESSED?

NO

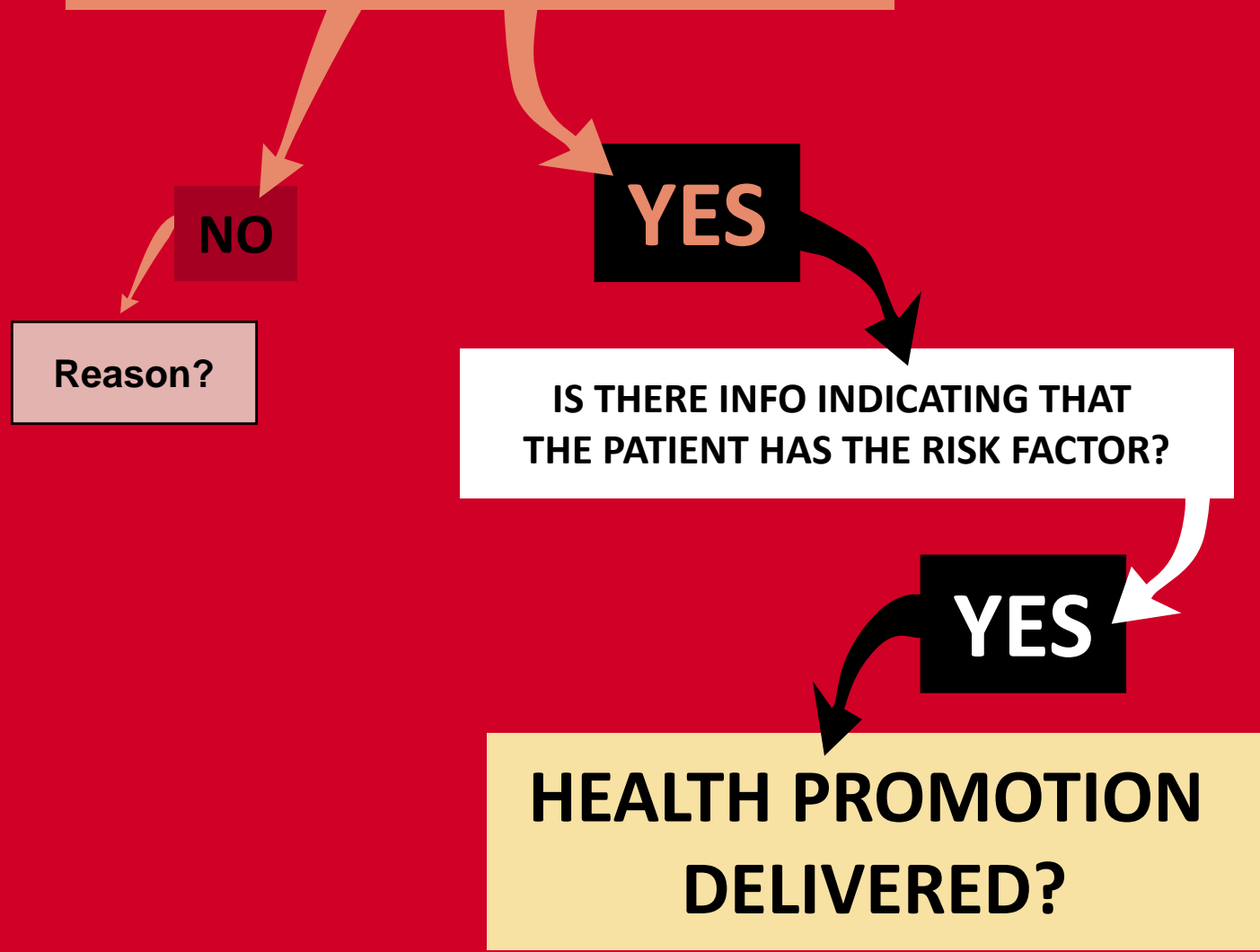
Reason?

YES

IS THERE INFO INDICATING THAT THE PATIENT HAS THE RISK FACTOR?

YES

HEALTH PROMOTION DELIVERED?





Overview of Results

Demographics



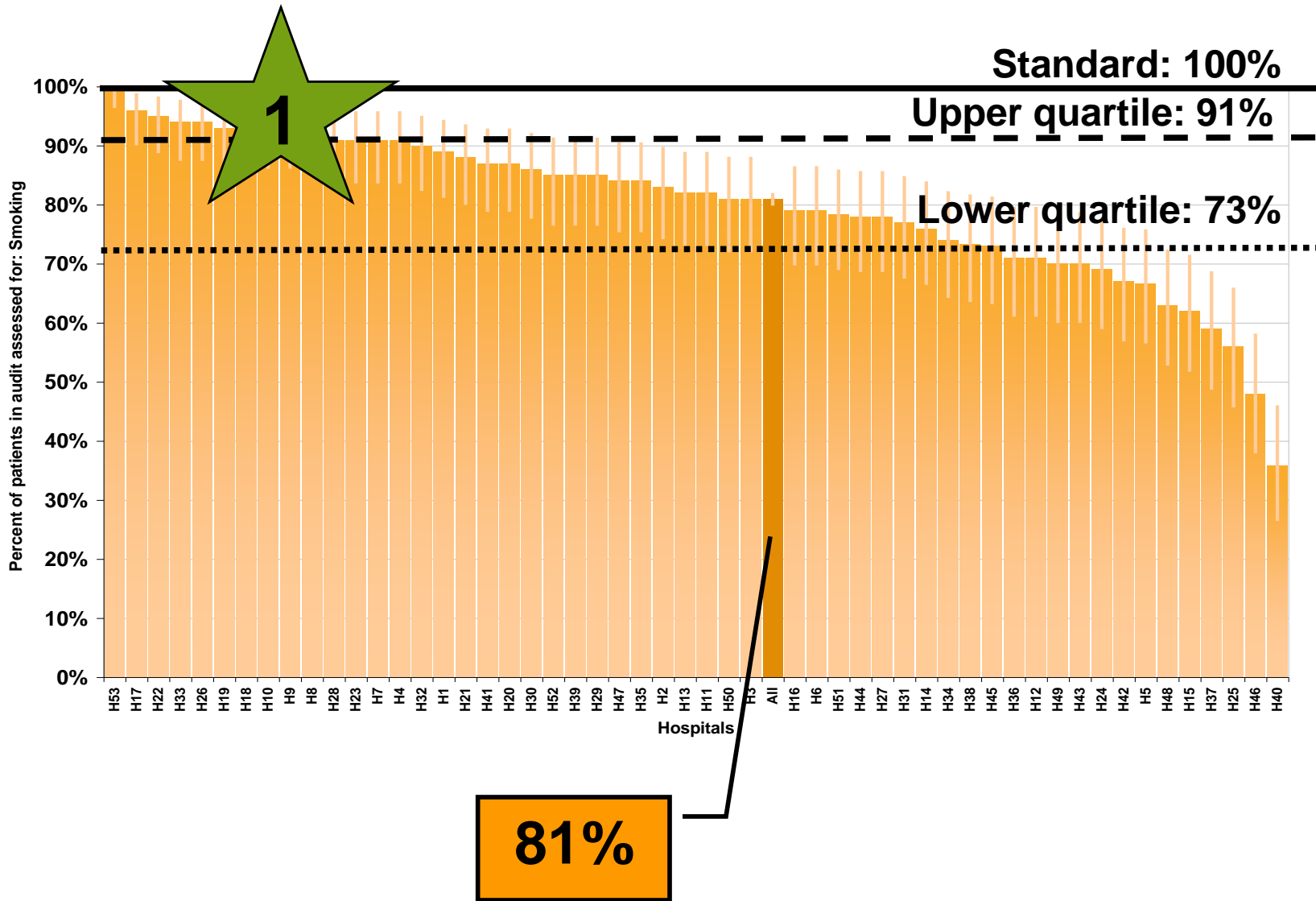
- 53% Females 47% Males
- Age skewed towards older
 - median = 65 years
 - Males 64 years Females 66 years
- Length of stay – median 4 days
- Treatment Specialty
 - 60% general medicine, 40% general surgery
- Dementia/delirium diagnosis
 - 74 (1.4%) with diagnosis, 33 (45%) were not assessed
 - Further 34 with delirium and 162 with dementia not assessed



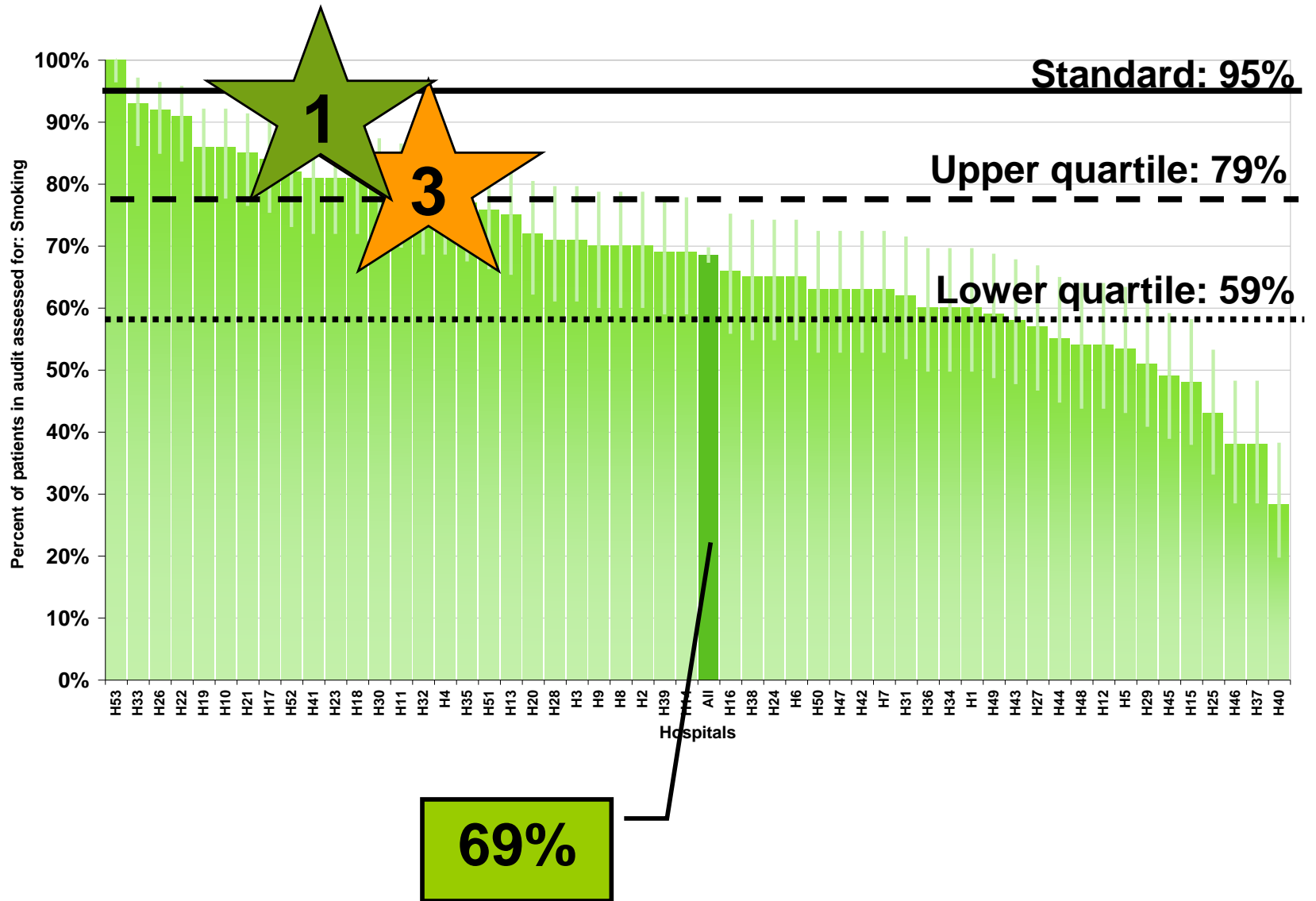
Overview of Results

Assessed for a risk factor

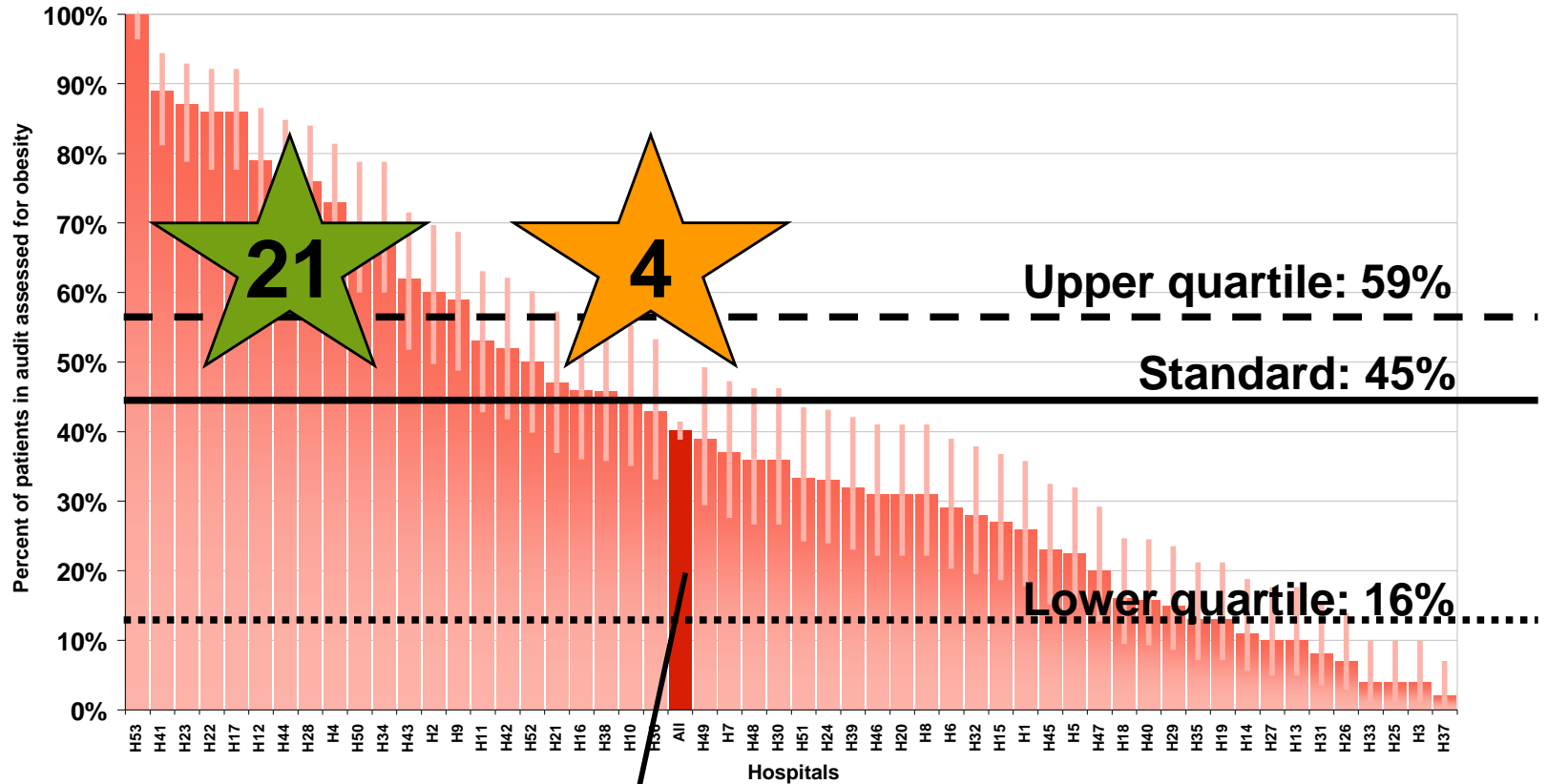
Smoking



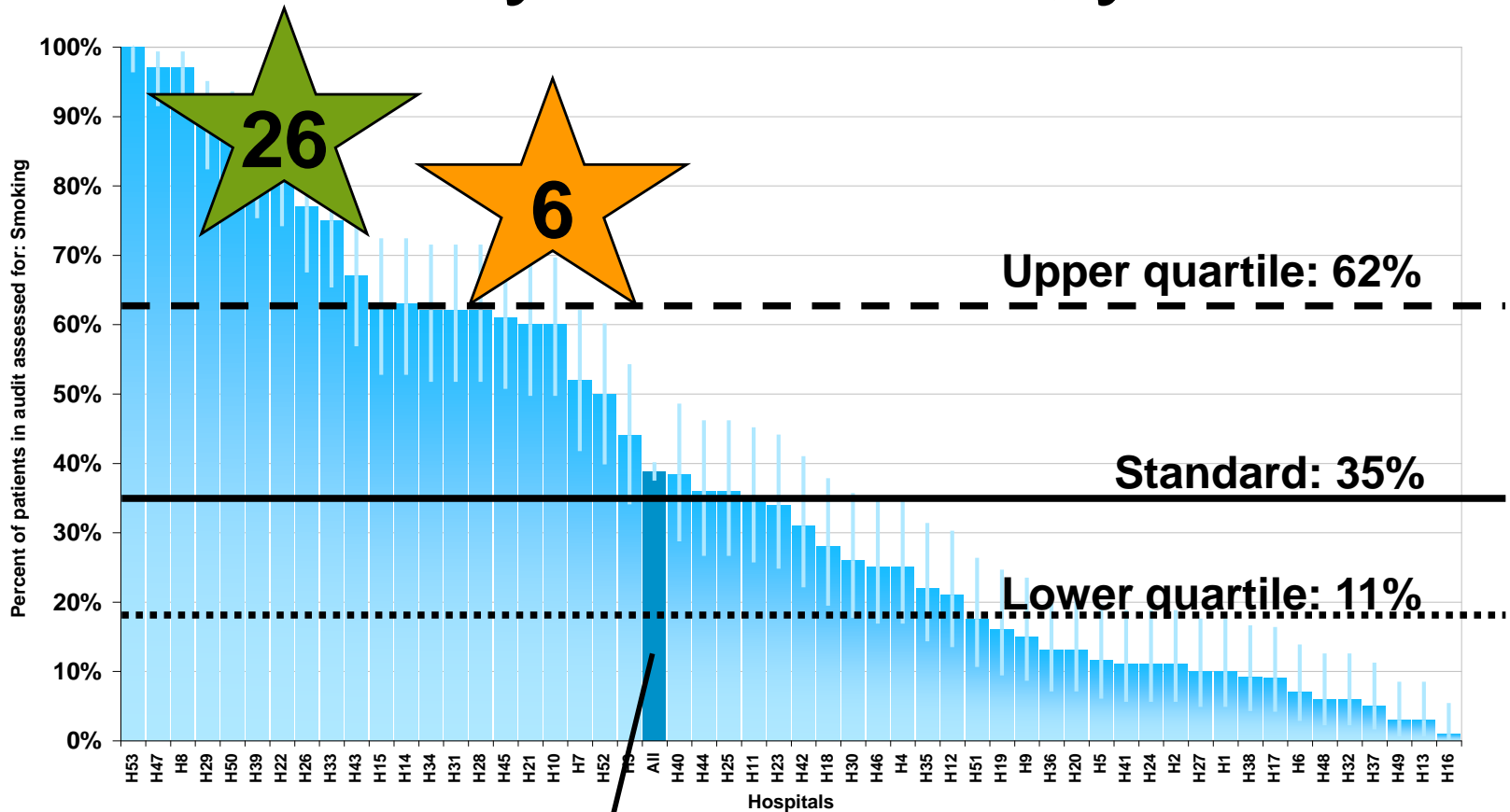
Alcohol



Obesity



Physical Activity





Overview of Results

Evidence a risk factor

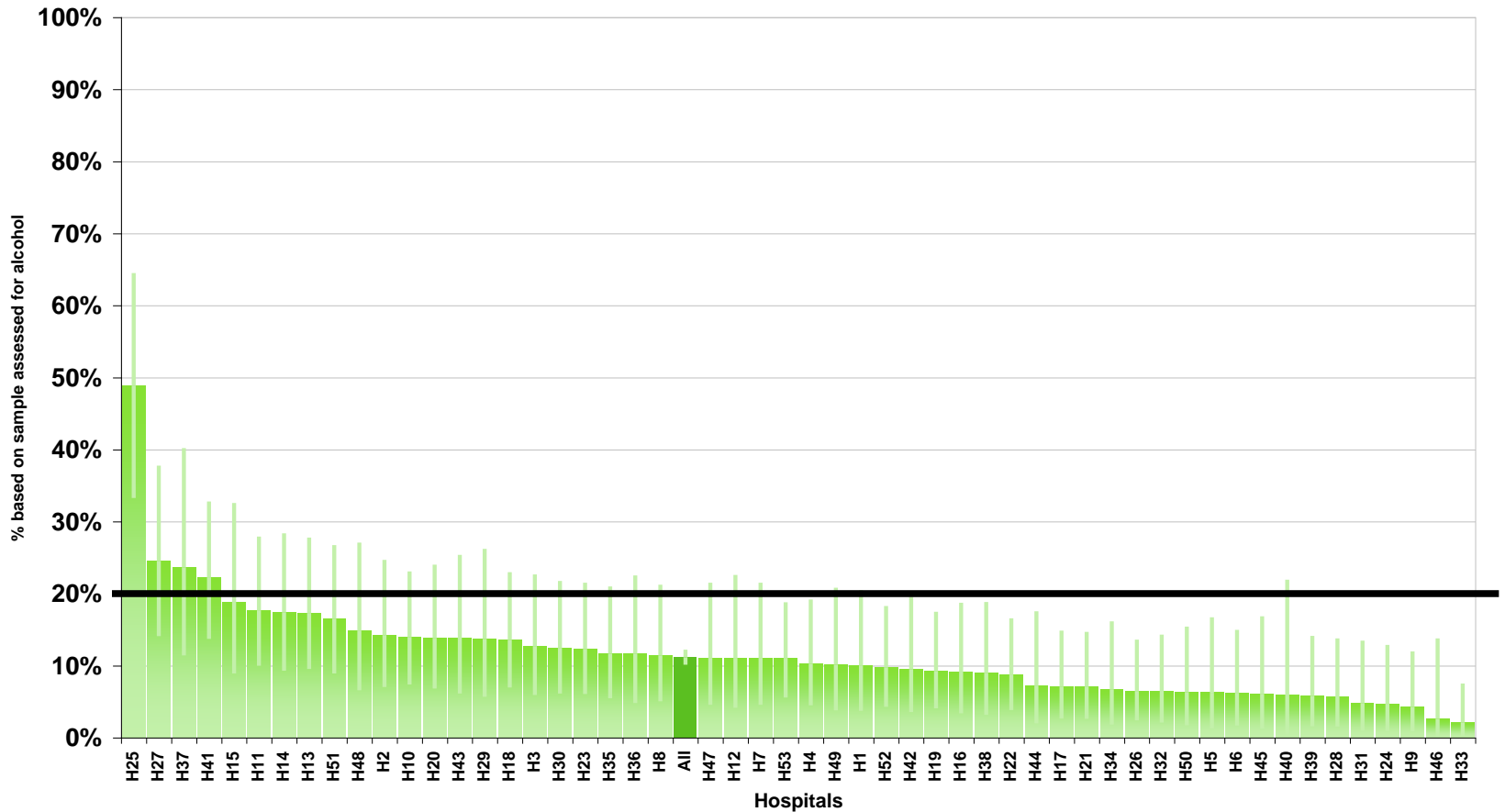


Assessed for a risk factor

No standard set, but expect

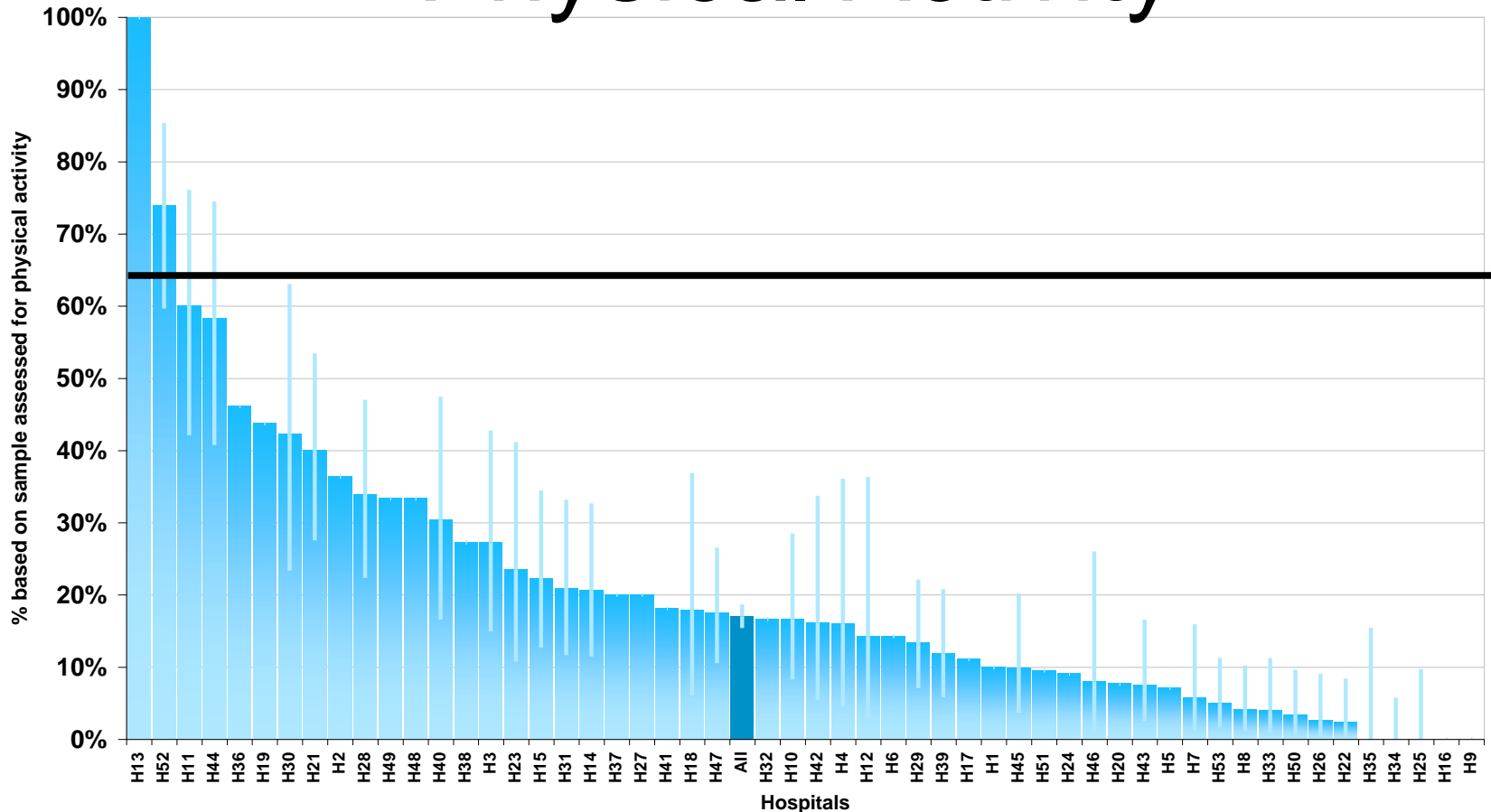
- General population ~ 20% smokers
- Hospital population ~ 20% hazardous/harmful drinkers
- General population ~ 20% obese
- General population \geq 65% inactive
- NHPHA: 25% smokers
- NHPHA: **11% hazardous/harmful drinkers**
- NHPHA: 21% obese
- NHPHA: **17% inactive**

Alcohol



Recommendation:
validated alcohol tool
AUDIT or CAGE

Physical Activity



Recommendation:

Research to ID appropriate assessment tool – GPPAQ?

Incorporate tool into a health promotion ICP



Overview of Results

Health Promotion



Smoking

Standard	Yes	All smokers (n = 1071)
35% of smokers delivered health promotion	21 (12 + 9)	20%

Verbal advice
18%



Written advice
6%



NRT
6%



Smoking cessation nurse
6%

Advised contact GP/nurse
4%

Respiratory nurse
3%



Alcohol

Standard	Yes	All alcohol misusers (n = 406)
50% of patients misusing alcohol delivered health promotion	24	45%

Verbal advice
36%



Advised contact alcohol service
13%

Referred to alcohol service
13%

Written advice
10%



Advised contact GP/nurse
9%

Referred to HALW
9%

Given CAT contact
9%



Obesity

Standard	Yes	All (n = 437)
45% of obese delivered health promotion	5 (4+1)	22%

Verbal advice
15%

Referred to specialist in nutrition/diet
8%

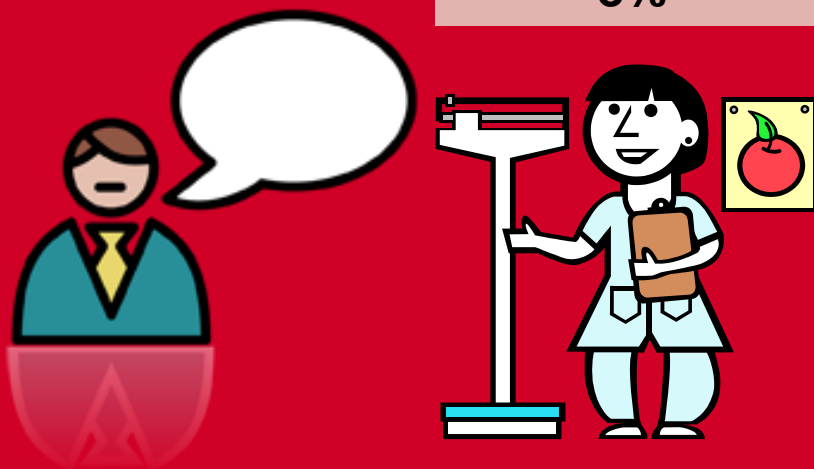
Written advice
6%

Weight loss programme – advised to join:
3%
Referred to:
2%

GP/nurse – advised to contact:
3%
Referred to:
1%

Referred to community org
1%

Hospital gym
0.3%





Physical Activity

Standard	Yes	All (n = 350)
45% of physically inactive patients delivered health promotion	26 (24 + 2)	46%

Verbal advice

29%

Referred to
Physio

24%

Referred to
rehabilitation
specialist

18%

Written advice

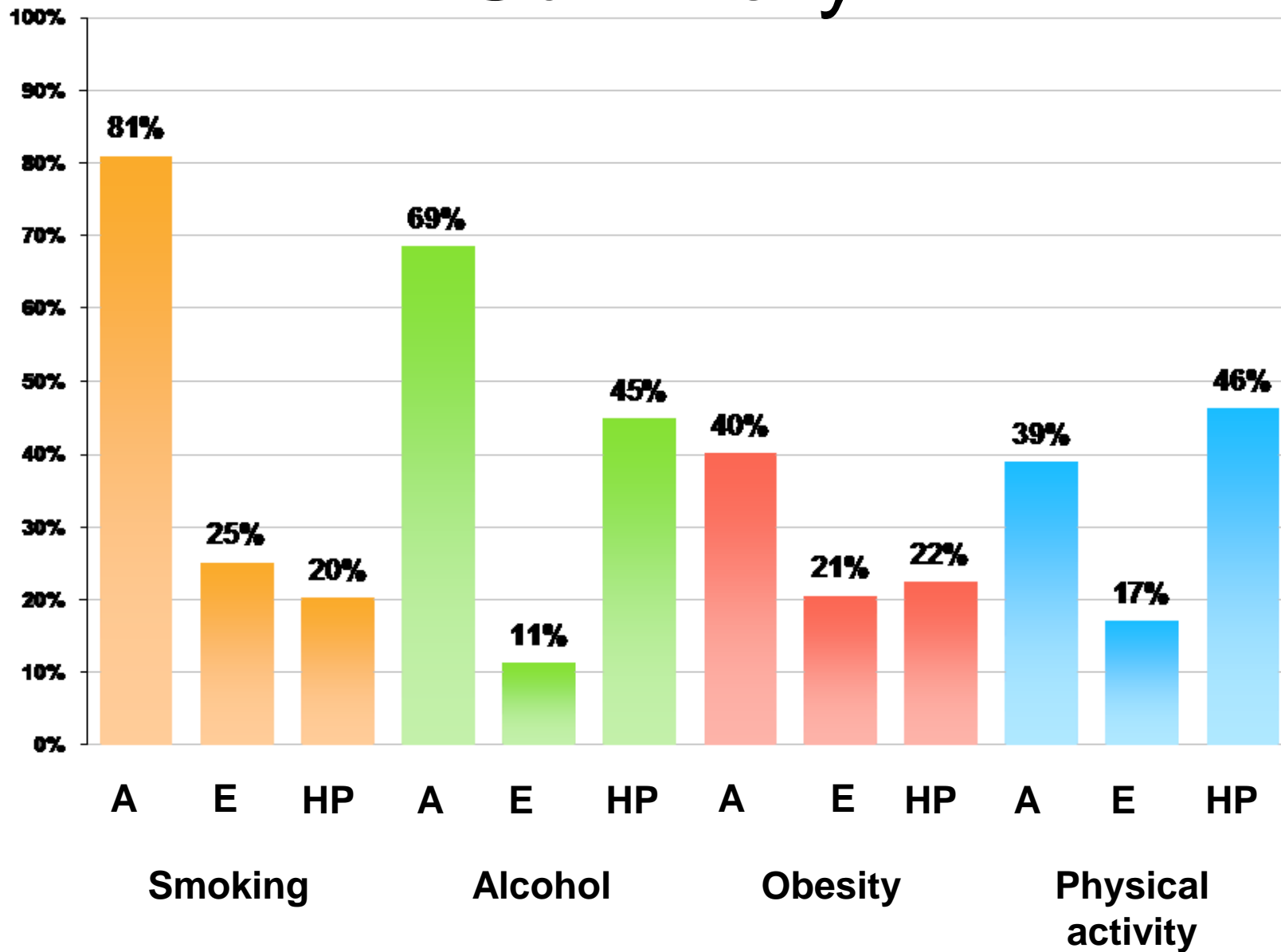
11%

Referred to PA
programme

7%



Summary



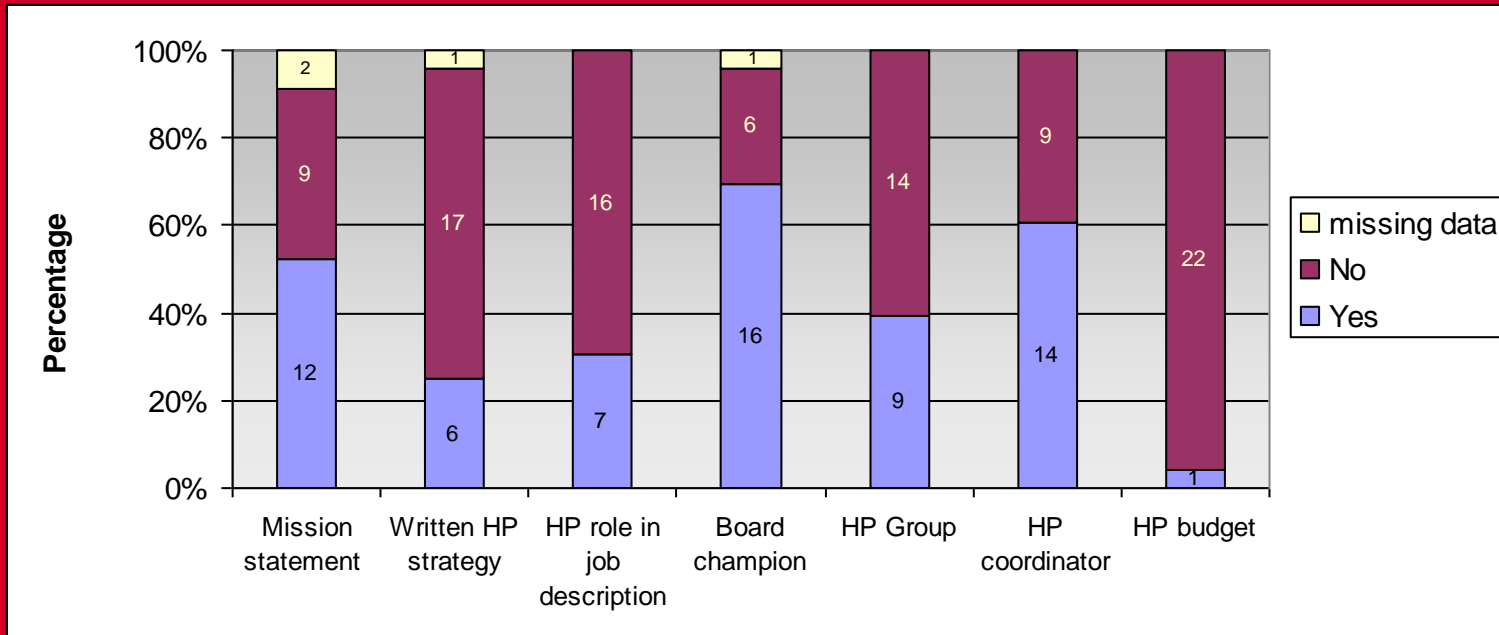
A: assessed, E: evidence, HP: health promotion



Organisational Survey

- 28 (53%) response rate
- Health promotion policy and people
- Commissioning arrangements
- Training
- For each risk factor information on
 - ICPs for assessment & health promotion
 - Access to specialists/specialist services
 - Availability and type of leaflets

Policy and People



The majority of trusts do not have in place a comprehensive management policy and mechanisms that are supportive of health promotion:

2 Trusts had all policy & people elements

5 Trusts had a board champion, health promotion group and coordinator.

1 Trust had an identifiable budget for HP services & materials, but 78% of respondents were in discussions with local commissioners

Training

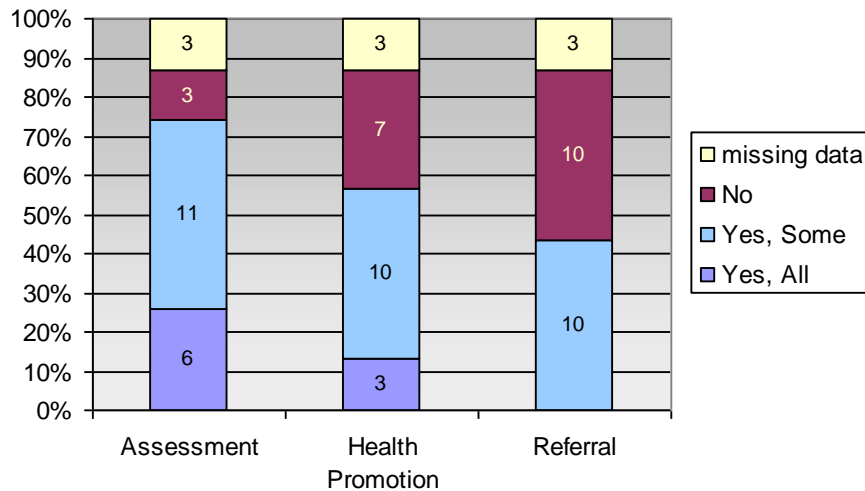
- > 70% of Trusts have training on the assessment and delivery of health promotion for smoking and diet.
- Training for alcohol and weight is available to staff in approximately 65% of Trusts;
- Physical activity training is only available in half of the Trusts.
- 40% of Trusts provide training on principles of behaviour change



Integrated Care Pathways



Care pathways for patient assessment and HP for physical activity



Picture emerged of ICPs incorporating assessment tools but a lack of tools for delivering health promotion or referring to specialists/services.

Physical activity assessment prompts/tools and health promotion guidance were far less likely to be incorporated into ICPs in comparison to smoking, alcohol and obesity assessment and health promotion tools.



Leaflets

	Local	National	Health benefits/risks	Tips for change	No leaflets
Smoking	22	22	22	22	0
Alcohol	19	17	18	18	2
Obesity	11	7	15	17	4
Physical activity	14	NA	15	16	5

Most Trusts had a good availability of leaflets, in particular for local services.

Yet we have seen from the audit results that written health promotion materials are infrequently provided to patients that would benefit from receiving them.

Is there a recording issue?



Specialists/Specialist Services

- 17 Trusts (74%) had **smoking** cessation nurses.
- Prescribe NRT at only 6 of Trusts (i.e. 35%).
- Majority of Trusts doctors/ medical staff prescribe NRT (n = 13; 57%)
- 4 Trusts (17%) no policies for HCPs to prescribe NRT
- **Alcohol** liaison nurses/workers at 14 Trusts (61%)
- 21 (91%) had a local community alcohol team (CAT)
- Only 11 had a standardised system for referring hospital patients to their local CAT
- At least 4 Trusts had neither alcohol liaison nurses nor referral processes in place to CATs.



Specialist weight, diet, and/or physical activity services

- Nutrition specialists/ dietitians were employed in all but one of the Trusts
- In 16 Trusts (70%) patients could be referred directly for the treatment of **obesity**
- 15 Trusts (65%) also reported that they have a system in place for referring patients to community weight loss programmes
- 19 Trusts (83%) reported that there were **physical activity** programmes that they could refer patients to within the community and/or hospital setting



Main Recommendations

- **All Trusts to**
 - Have HP in stated aims & mission
 - Establish HP group responsible for strategic development
 - Stand alone HP ICP with assessment, HP tools/prompts & referral
 - Emphasise importance of written information
- **Smoking**
 - Smoking cessation nurses to prescribe NRT
- **Alcohol**
 - Validated assessment tool
 - Referral process to local CAT



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Thank You

Final report available end April at
www.nhphaudit.org

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National Health Promotion in Hospitals Audit Symposium



North Lancashire

North Lancashire Teaching Primary Care Trust



Cumbria Primary Care Trust

University Hospitals
of Morecambe Bay



NHS Trust

Jane Mastin

Senior Public Health Improvement Specialist

Heather Pratt

Clinical Audit Manager





Furness General Hospital
Barrow



Westmorland General Hospital
Kendal



Royal Lancaster Infirmary
Lancaster

- Established in April 1998
- >4,000 staff & 5,000 members
- Our patient activity in 2008/09 = 241,809
- Resident population of Cumbria (496,900) and North Lancashire (324,300)

“The needs of our patients will drive everything we do”

The context for the NHPH Audit

- Improving health & addressing health inequalities is an important part of the Trust's business
- Public Health Steering Group; 3-way partnership between UHMBT, Cumbria Primary Care Trust (PCT) & North Lancashire PCT was established in December 2008
- The NHPH Audit was one of the Public Health Steering Group's key actions for year 1



Why Did We Get Involved in the NHPH Audit?

- We welcomed the opportunity
- We know we lack a standardised approach to lifestyle screening
- Clearer understanding of how well our patients are screened for lifestyle factors; smoking, alcohol use, obesity, nutrition & physical activity
- Insight into how well any form of health promotion (leaflets, verbal advice, specialist referral) was given to our patients and whether or not this was documented
- We required a baseline report to provide us with a strong starting point for further developing health promotion screening and services



Our Experience of the NHPH Audit

- UHMBT's Clinical Audit Department & PCT's Public Health Directorates worked in partnership to undertake the NHPH audit
- Developed a project plan;
 - Timeframes (April – August 2009)
 - Staff were allocated (3 audit facilitators & 3 case note clerks)
 - Public Health Partnership funding was provided
 - Regular partnership progress meetings



Lessons Learned

- Worked to the NHPH methodology & guidance to carry out the data collection
- Utilised the vast expertise of the clinical audit department as they;
 - Work very well together as a team
 - Up to 15 years audit experience
 - Knowledge of reviewing care pathways & case notes
NHPH audit data was mainly found in the care pathways
Where the information was missing it was mainly found in the admission parts of the case notes
 - Smoking/alcohol and exercise was documented and easy to find, malnutrition was harder to find and interpret
 - Familiar with reading handwriting!
 - Data collection was quicker when entered onto the paper proforma prior to web-based data entry



Lessons Learned – Cont'd

- Project issues were identified at early stages and solutions were implemented swiftly;
- Case notes were on all 3 hospital sites and needed to be transported to one site
- Additional case note retrieval time and audit facilitator time was secured
- Access to notes for audit purposes often took lower priority than clinical usage
- Backing of the Public Health Steering Group



- Improving lifestyle screening of patients onto our new electronic patient record system - LORENZO
- UHMBT will be the first Acute Trust in England to roll out this system

HARRIS Herbie Mr Male DOB 01-Mar-1978 30 Yrs FACIL BPMAC1010095

>> Select form / form set >>> **Initiate Form**

Smoking

Smoking status

Does anyone in your household smoke? Yes No

Have you smoked in the last 12 months? Yes No

Have you ever tried to stop smoking? Yes No

Are you aware of the local stop smoking service? Yes No

Referral to stop smoking service Yes No

iSOFT Suspend Reassign Previous Finish Cancel



Changes to Health Promotion Practice Following the NHPH Audit Cont'd

- Approval to include health promotion into nursing staff job descriptions
- Delivering the Department of Health Stop Smoking in Secondary Care Initiative
- Including stop smoking brief interventions into staff mandatory training workbook 2010-2011
- The Big Debate
- Developing healthy wards & departments
- Publishing our first Public Health Strategy
- Signed up to the WHO Health Promoting Hospitals Network



Quote from our Medical Director Mr Peter Dyer

“The audit is a superb opportunity for acute hospitals to get involved in the wider public health agenda”

Quote from our Director of Public Health Dr Frank Atherton

“Now is the time to transform our hospitals from temples of illness into havens of health”





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Rahil Naeem

Practicalities and Recommendations of the Audit





- Collected Data for Sandwell and City.
- Pro-forma well designed.

Difficulties with Data Collection



- Limited with retrospective audit.
- Relied on nursing documentation.
- Diet and exercise hardly assessed.
- Unaware of alcohol limits.

Recommendations



- Include health promotion assessment on admission clerking documents.
- Lecture on the importance of health promotion to medical and nursing staff.
- Patient education on health promotion.
- Active health promotion.
- Follow up.



National Health Promotion in Hospitals Audit Symposium

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National Health Promotion in Hospitals Audit Symposium

Lancashire Teaching Hospitals
NHS Foundation Trust

Denise Morris

Public Health Co-ordinator





NHPHA Results

	Assessed for.....	Evidence of....	Health promotion delivered
Smoking	87% (87/100)	28% (24/87)	13% (3/24)
Alcohol	72% (72/100)	14% (10/72)	30% (3/10)
Obesity	31% (31/100)	35% (11/31)	0% (0/11)
Physical in-activity	13% (13/100)	8% (1/13)	0% (0/1)



Situation at the time of audit

- Electronic systems already in place for smoking assessment and referral.
- Electronic assessment for alcohol use in development, but paper assessment in place.
- Current nutrition tool does not include assessment of obesity, but BMI is required by current tool.
- No current assessment for physical activity / inactivity.



Next steps

- Performance manage systems which are already in place to drive improvement (smoking and alcohol).
- Develop new systems to develop additional assessments (obesity and physical activity).



Conclusions

- This audit was essential in providing focus *and evidence!*
- Results presented to Executive Team and Public Health Strategy group generated interest and engagement.
- Audit team gained experience and were happy to repeat.
- Measurement (percentages and numbers) have engaged a whole new audience!



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Thank you
Any questions?

Denise Morris
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National Health Promotion in Hospitals Audit Symposium



Gary Bickerstaffe

Health Improvement Specialist (Hospitals)





The process

Step 1 - Initially difficult to get hospital to implement the audit – too busy; no priority

Step 2 - When that hurdle cleared, hospital audit lead left the trust! All previous audit agreements lost!

- No trust staff available to carry out audit!



Step 3 – Find alternative people to do audit

Step 4 – Using 3 Health Trainers for hospital Health promotion pathway pilot - so ‘volunteered’ them!





Hospital audit

Step 5 – completed audit over 2-3 weeks

Findings:

1. Very useful to personally complete a notes audit - gives good understanding of recording issues.

Witness large discrepancies in quality and consistency of recording.
Even smoking where we feel we do well was very variable

2. Supports the implementation of a standardised health promotion assessment recording form*. (Audit flash introduced to ease identification).

3. Imperative in getting health promotion questions systematically asked and recorded. Raises it up clinical governance agenda.



Summary

- Clinical audit legitimises health promotion practice.

It is in a hospital's 'nature' to monitor their practices and recordings to support delivering quality practice.

i.e. 'if something is audited then it is important'



National Health Promotion in Hospitals Audit Symposium

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National Health Promotion in Hospitals Audit Symposium



*Bath and
North East Somerset*

Ruth Lander

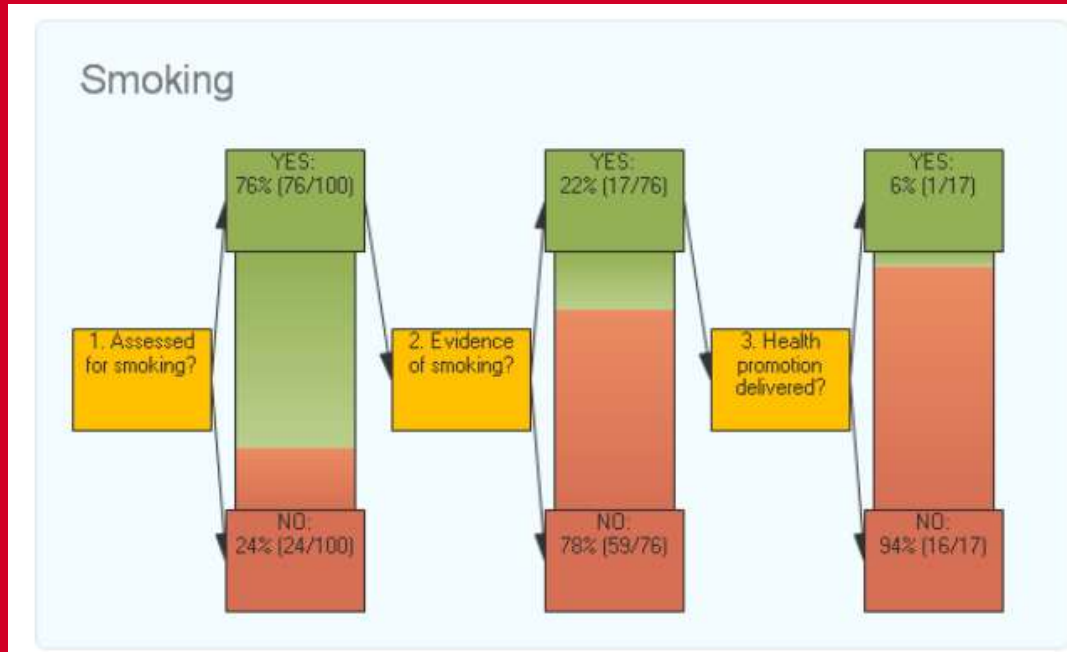
**Health Improvement Specialist
Hospital: Royal United Hospital Bath Trust**



NHPHA results –



Smoking



Standard: 100% of patients assessed - Actual 76%

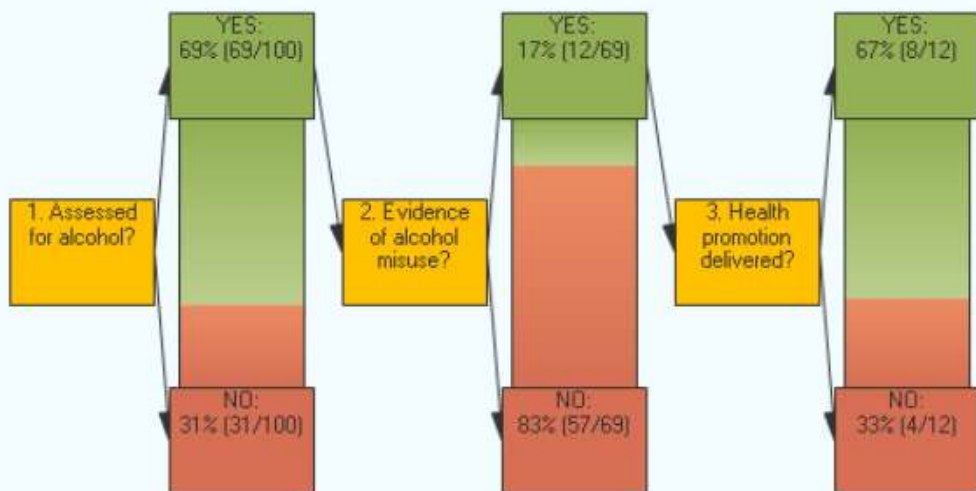
(95% CI: 66% to 84%)

Standard: 35% of patients delivered health promotion - Actual 6%



Alcohol

Alcohol



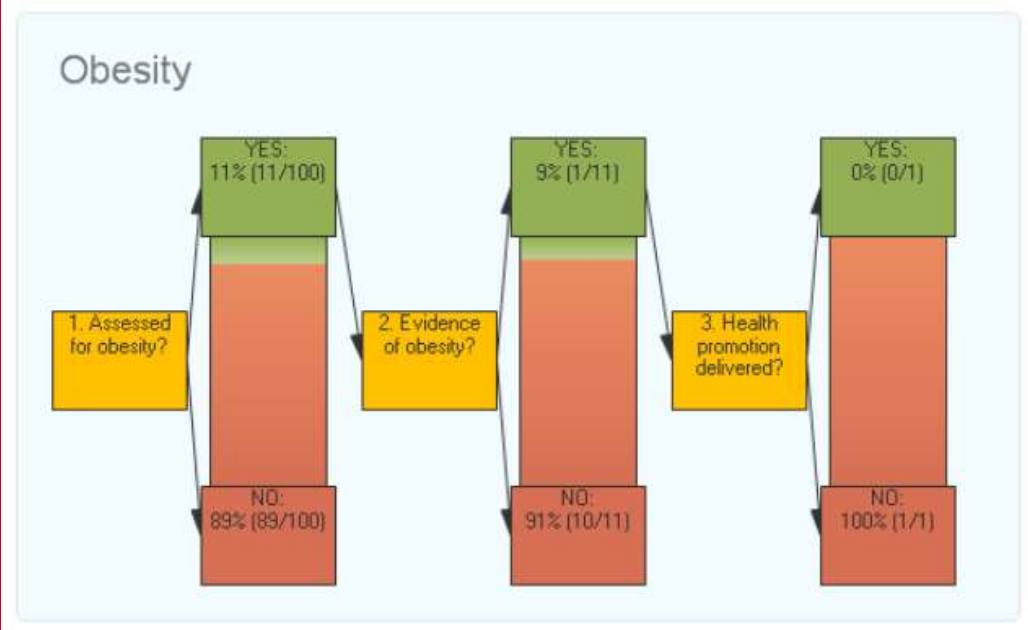
Standard: 95% of patients assessed -
Actual: 69% (59% to 78%)

Standard: 50% of patients delivered health promotion -
Actual: 67%

“These results were not an accurate representation as the audit included patients that had been admitted for alcohol related problems”



Obesity



Standard: 45% of patients assessed -
Actual: 11% (6% to 19%)

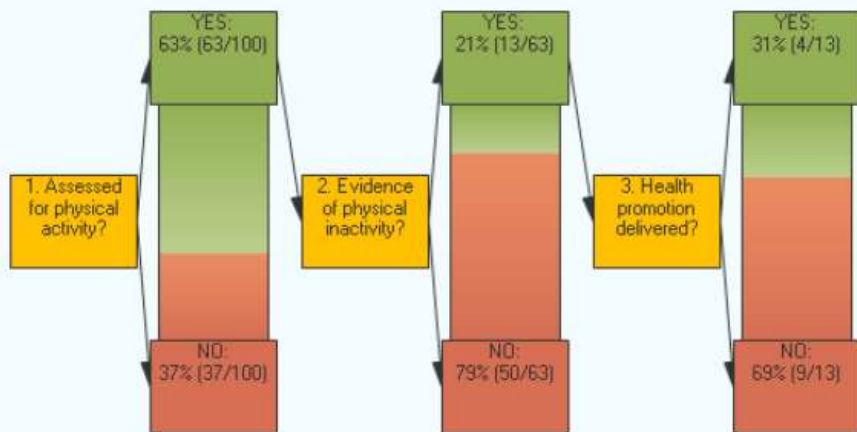
Standard: 45% of patients delivered health promotion -
Actual: 0%

“Patients are not offered health promotion advice for obesity! The focus at the RUH is for malnutrition and underweight”



Physical Activity

Physical activity



Standard: 35% of patients assessed - Actual: 63% (53% to 72%)

Standard: 45% of patients delivered health promotion - Actual: 31%

“The prevalence results are not an accurate representation as patients identified as being ‘mobile’ were classed as being physically active, although the definitions are completely different”
“Frontline staff appear to have poor awareness of the DH guidelines for activity”



Developments & Improvements: The Healthy Hospital Project

- Risk factors: smoking, alcohol and obesity (spilt between healthy eating and physical activity)
- Train & support frontline staff in Lifestyle brief interventions
- Clear referral pathway for patients identified at risk into the Lifestyle Service



Healthy Hospital Project Overview

- (BI) Training was designed to be flexible and convenient for busy wards
- Pocket size **brief intervention booklets** designed for ward staff to use with patients
- Improved resources – and ‘Healthy Lifestyle’ **resource boards** were placed in each ward that received training
- One simple referral form was used for all patients from any area (banes, Wiltshire & Somerset). This reduced the number of forms & saved time
- Staff were trained to carry out BI with patients identified at risk – they were then encouraged to offer a referral
- Improved documentation (short stay elective, long stay elective and emergency) This was essential for creating an opportunity to carry out BI and encouraged referral.



The Healthy Hospital Project Findings

- Pilot project for one year – with opportunity to extend
- Training started in the Medical Wards
- 6 wards trained (Sep 09 – March 10) in Lifestyle Brief Intervention with the hope of increasing referrals to the Lifestyle Service (NHS Banes)
- Overall outcome was poor, although an increase in referrals was achieved (n=54)
- Majority of referrals were for smoking, disappointing referrals for alcohol and obesity
- Positive outcomes with 50% of referrals for smoking leading to 4 week quitters



National Health Promotion in Hospitals Audit Symposium

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National Health Promotion in Hospitals Audit Symposium

MENTAL HEALTH TRUSTS

Katherine Lewis

REGIONAL CLINICAL AUDIT COORDINATOR



Sponsored by the Department of Health

Inclusion & Exclusion Criteria

MENTAL HEALTH TRUSTS



Inclusion criteria:

Age \geq 17 years old

Minimum of 3 days length of stay

HES treatment specialty: “adult mental illness” or
“older adult mental illness”

Admitted before August 24th 2009

Exclusion criteria (all trusts):

Admitted for more than 731 days, Terminal illness, Day cases, Outpatients, Maternity patients, Rehabilitation admissions¹, Respite care admissions¹

1: For Mental Health Trusts this will no longer be an exclusion criteria

SMOKING



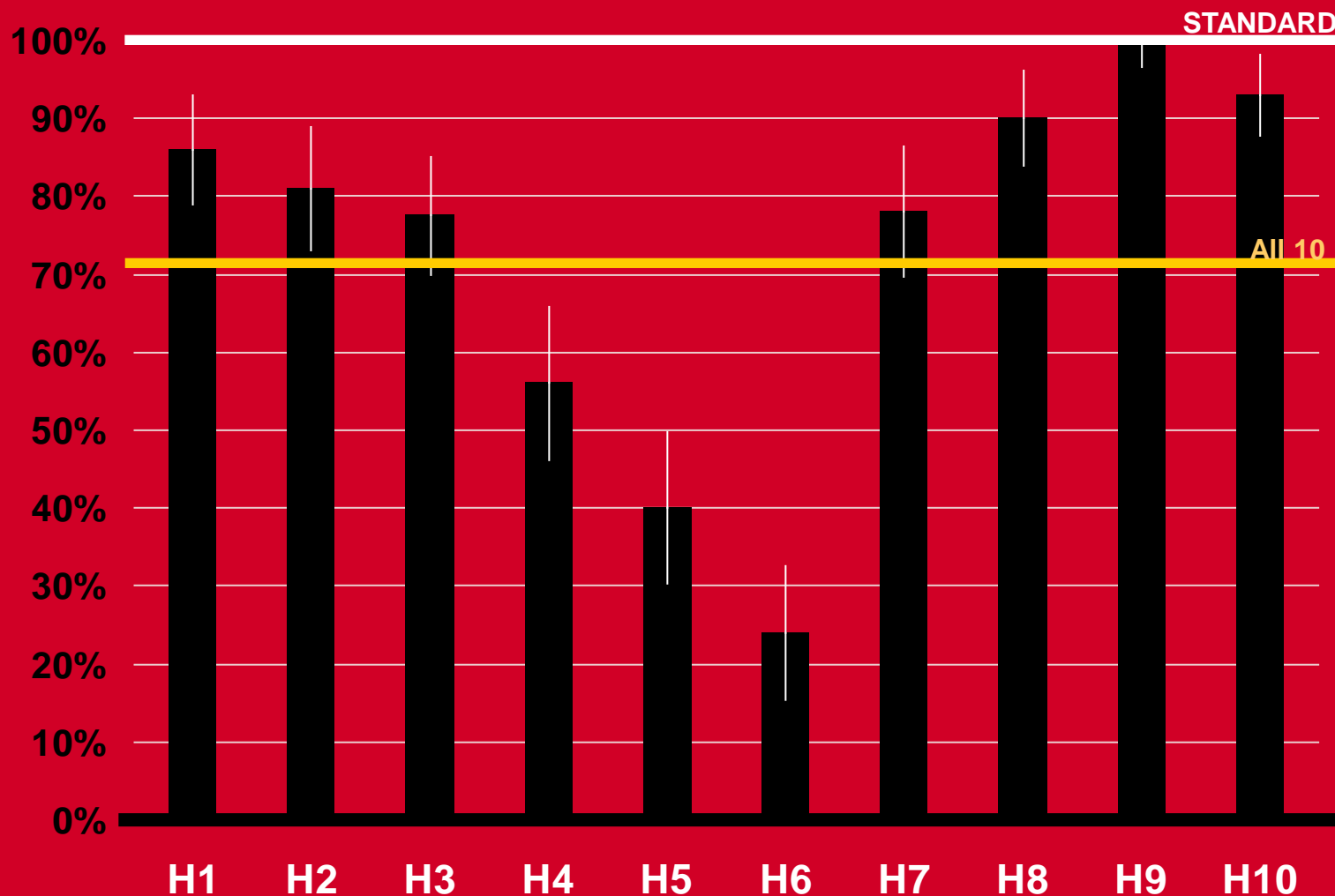
SMOKING

10 MENTAL HEALTH TRUSTS



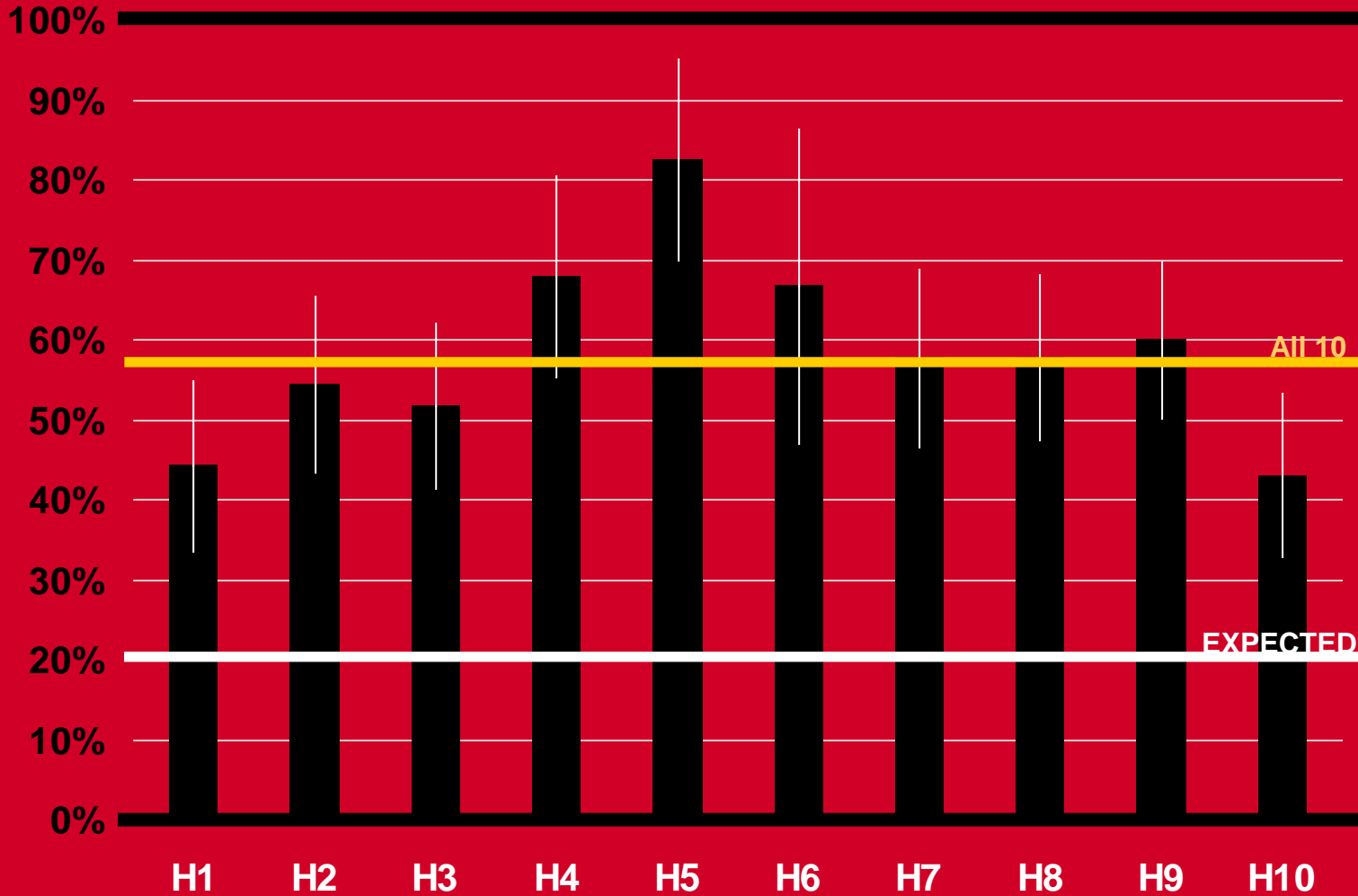
ASSESSED FOR SMOKING

COMPARING MENTAL HEALTH TRUSTS



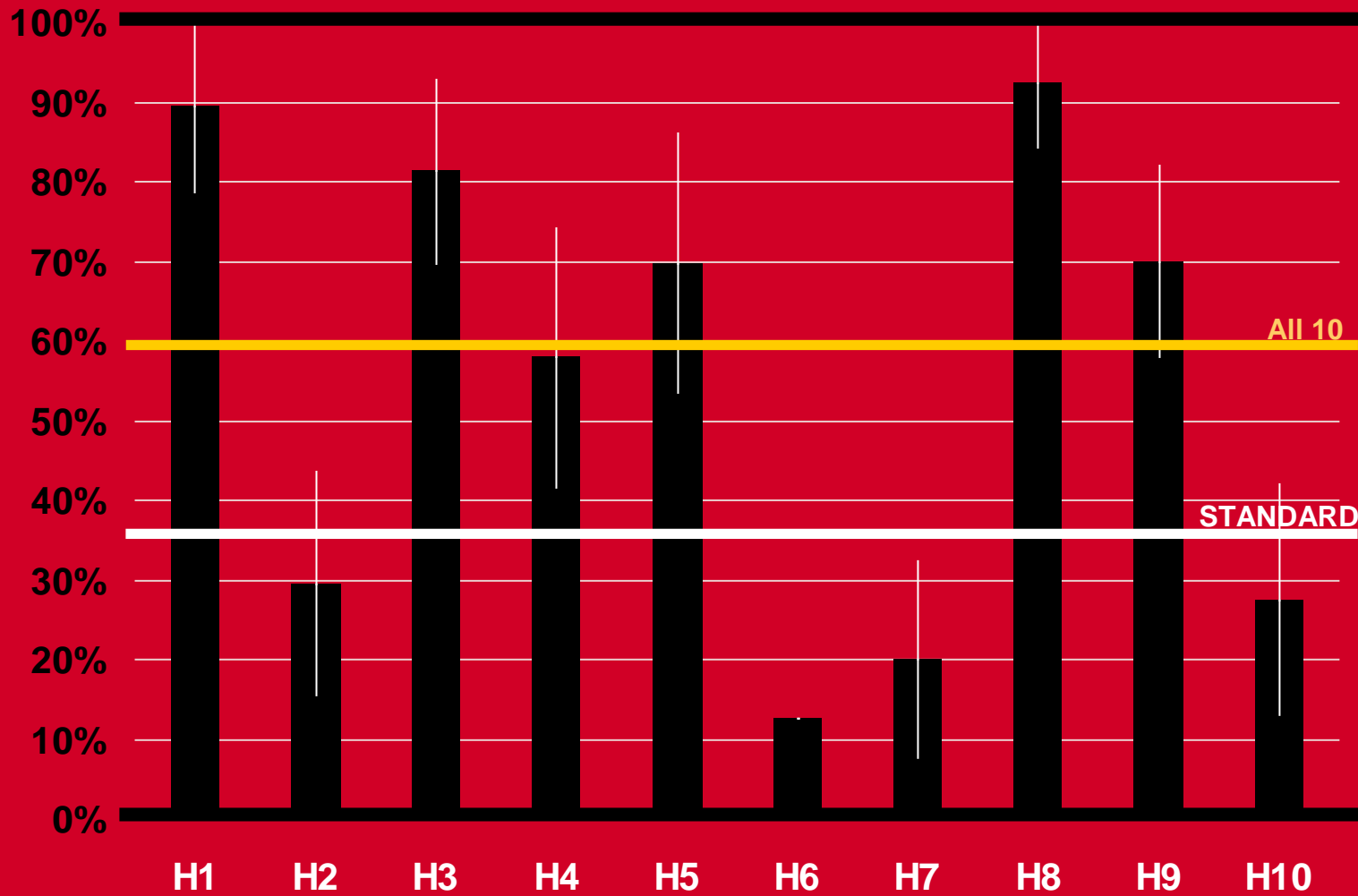
EVIDENCE OF SMOKING

COMPARING MENTAL HEALTH TRUSTS



HEALTH PROMOTION DELIVERED FOR **SMOKING**

COMPARING MENTAL HEALTH TRUSTS

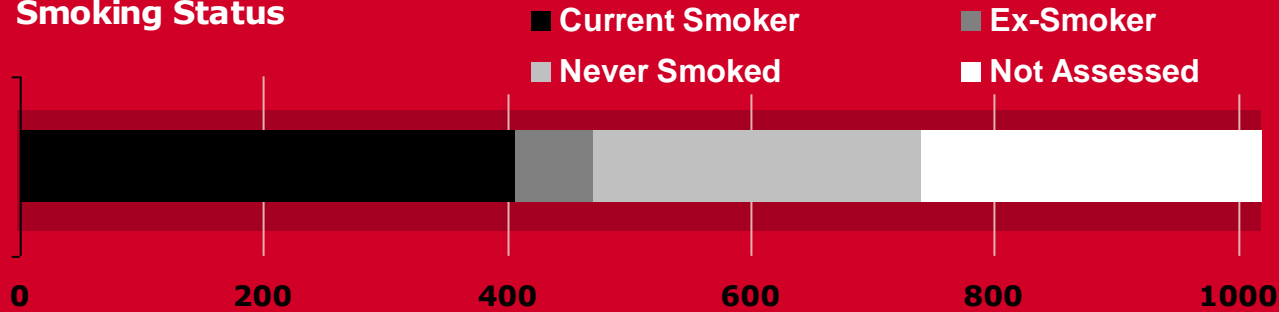


SMOKING

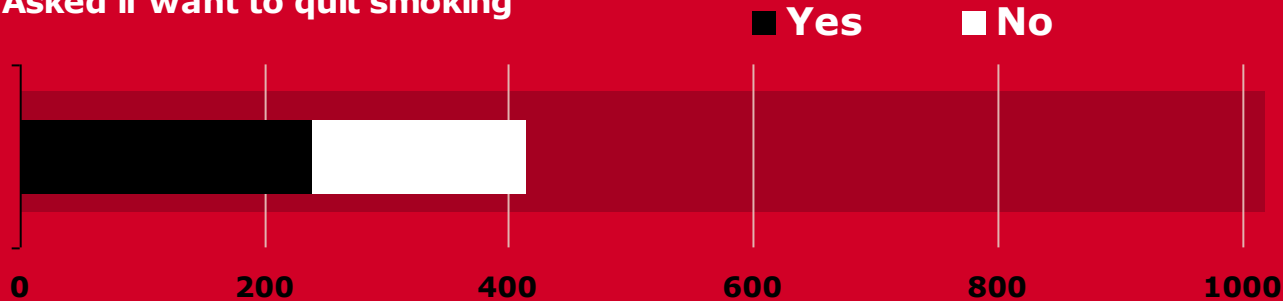
10 MENTAL HEALTH TRUSTS



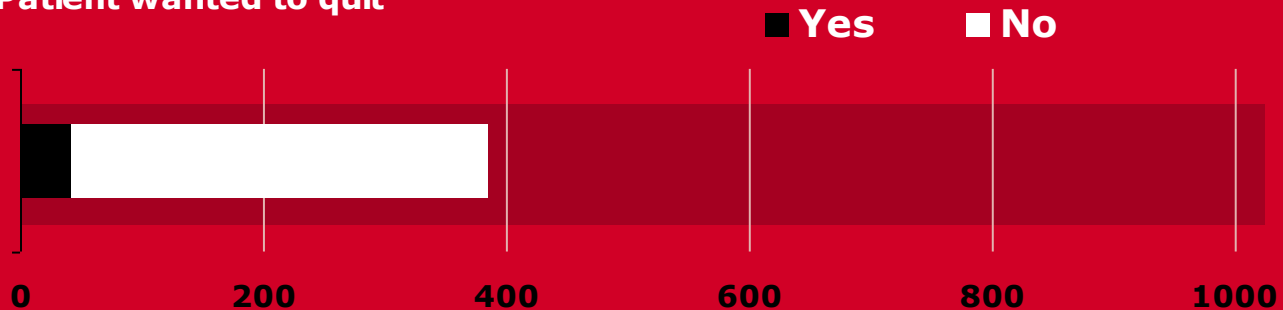
Smoking Status



Asked if want to quit smoking



Patient wanted to quit



SMOKING

10 MENTAL HEALTH TRUSTS



ALCOHOL MISUSE



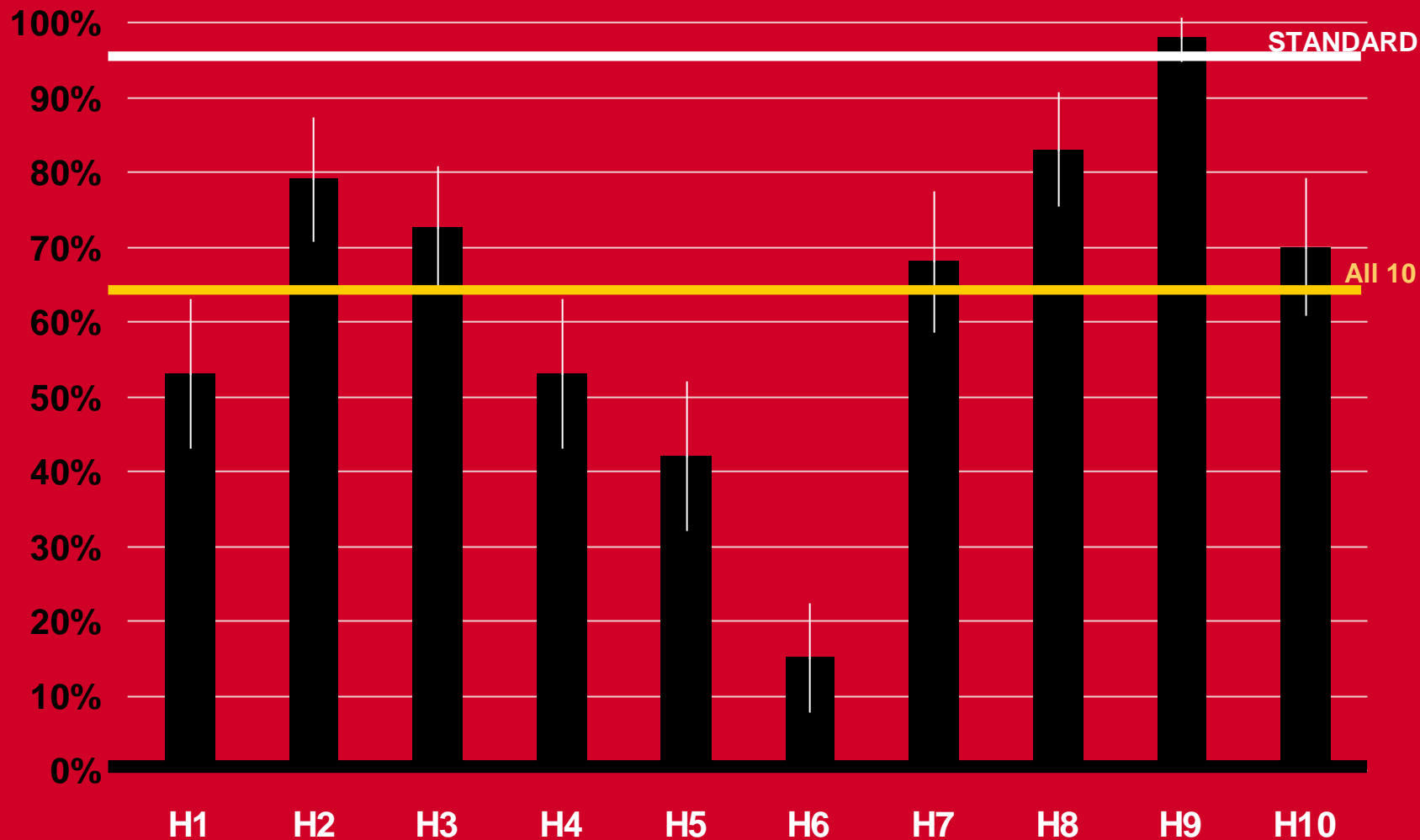
ALCOHOL MISUSE

10 MENTAL HEALTH TRUSTS



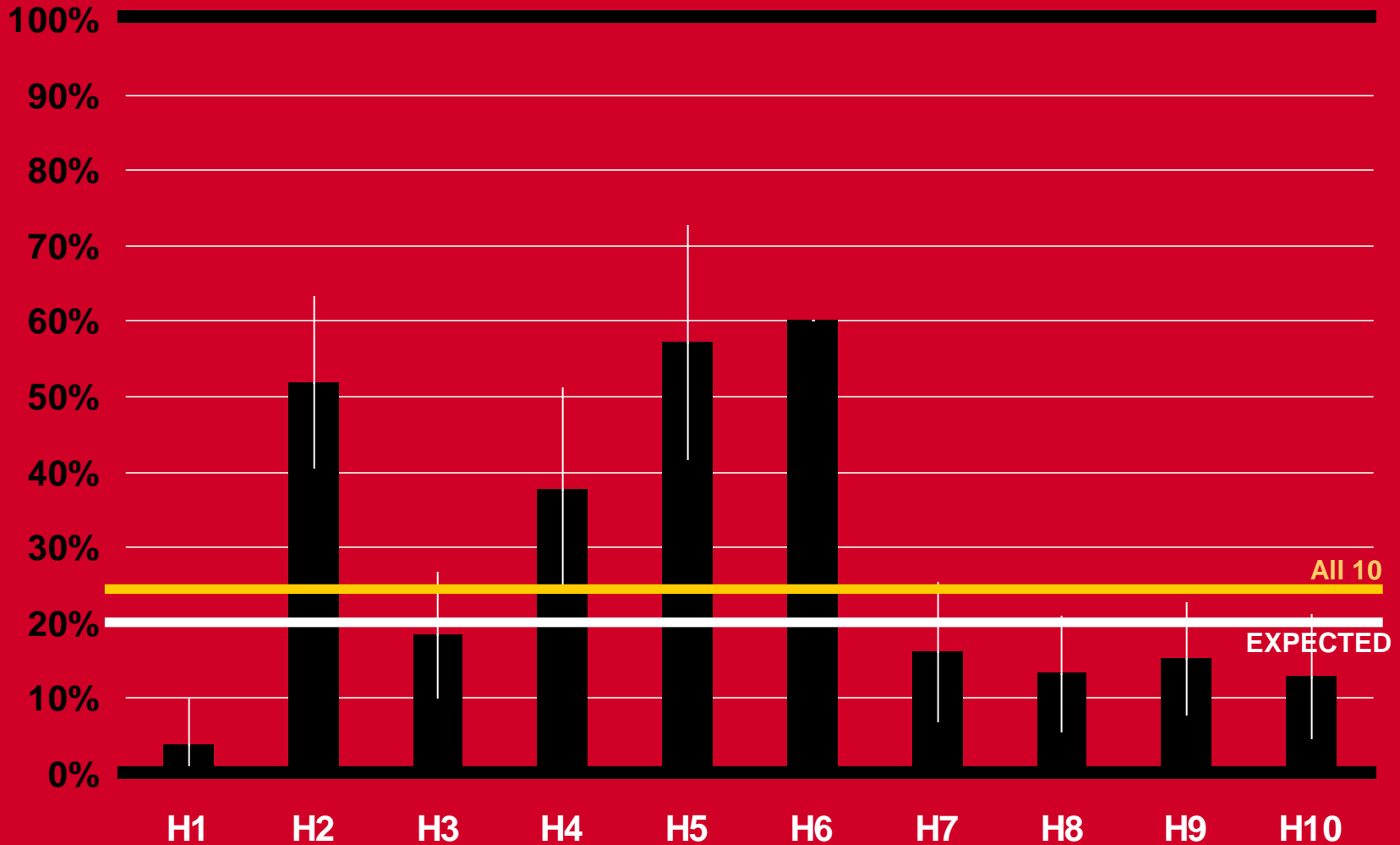
ASSESSED FOR ALCOHOL MISUSE

COMPARING MENTAL HEALTH TRUSTS



EVIDENCE OF ALCOHOL MISUSE

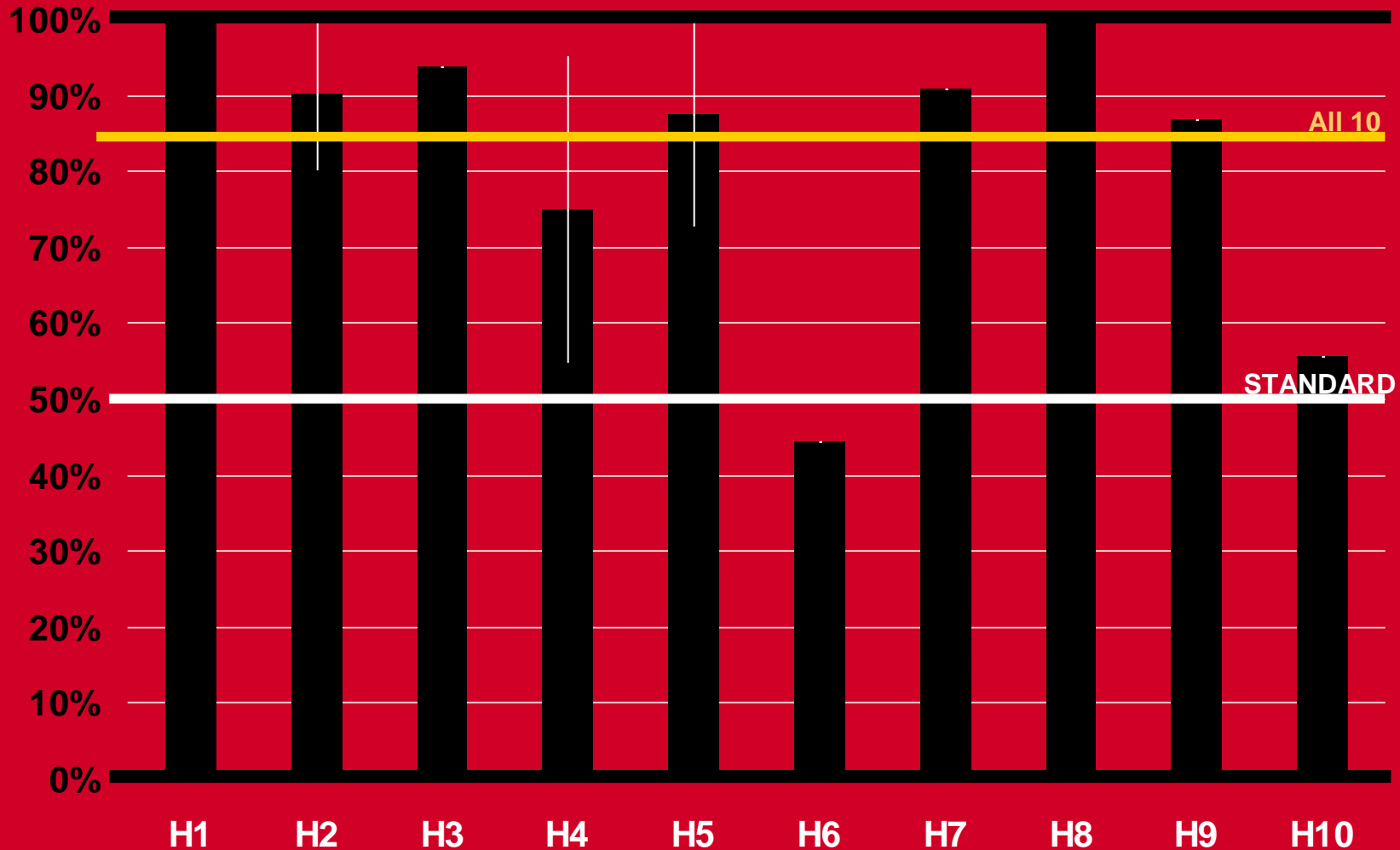
COMPARING MENTAL HEALTH TRUSTS



HEALTH PROMOTION DELIVERED FOR ALCOHOL MISUSE



COMPARING MENTAL HEALTH TRUSTS

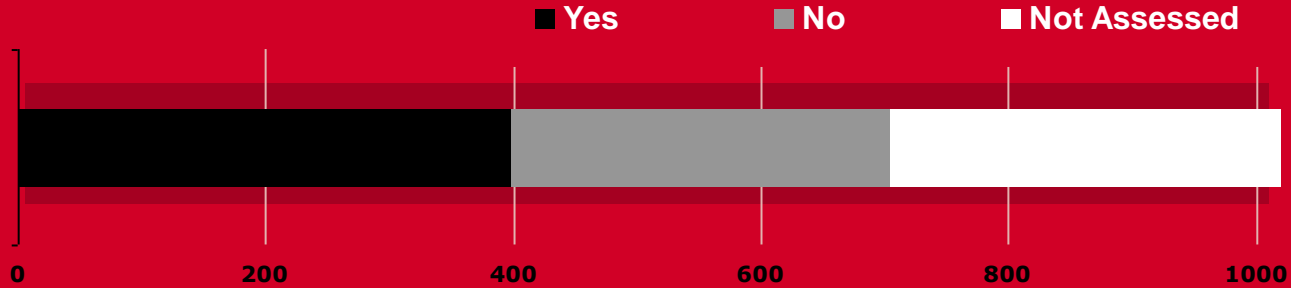


ALCOHOL MISUSE

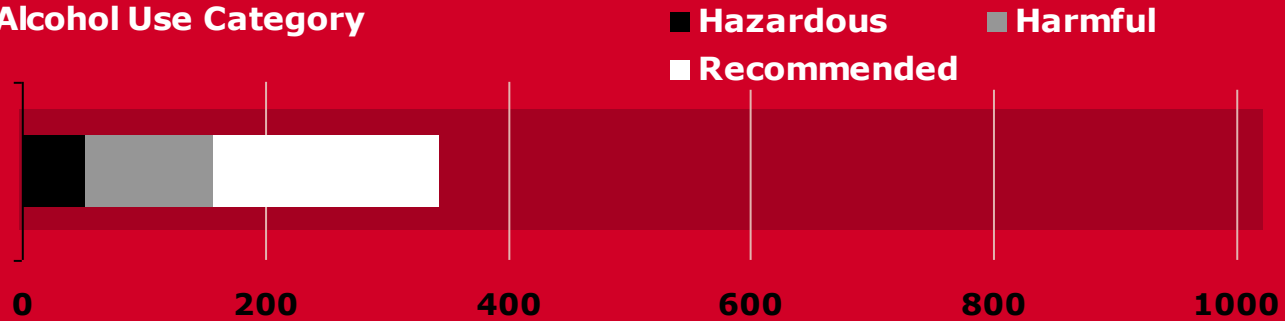
10 MENTAL HEALTH TRUSTS



Alcohol Use Status



Alcohol Use Category



ALCOHOL MISUSE

10 MENTAL HEALTH TRUSTS



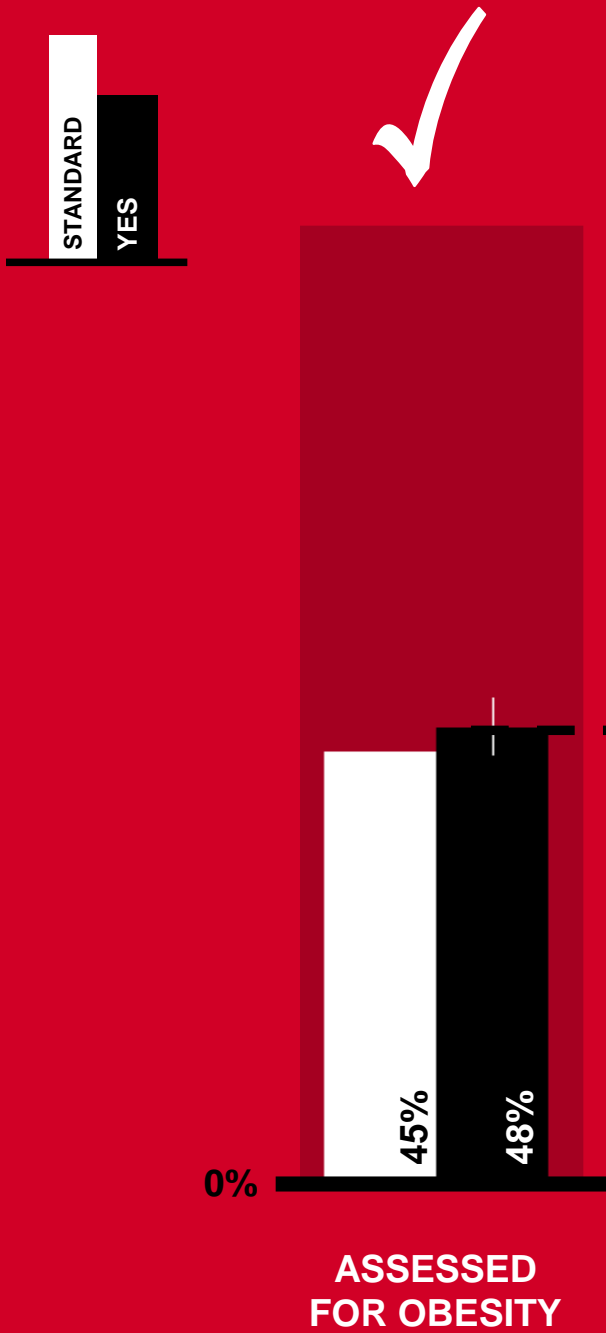


OBESITY



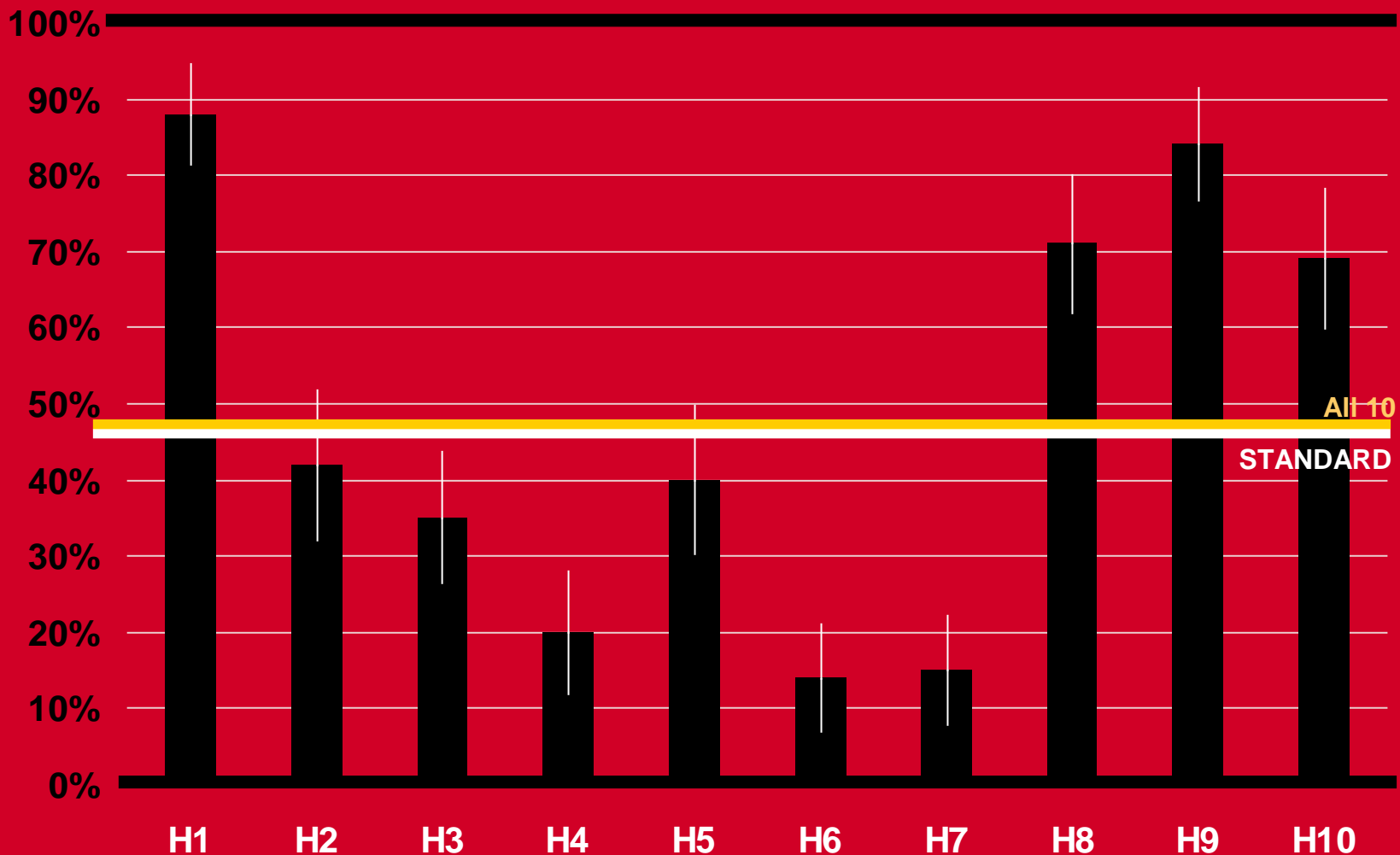
OBESITY

10 MENTAL HEALTH TRUSTS



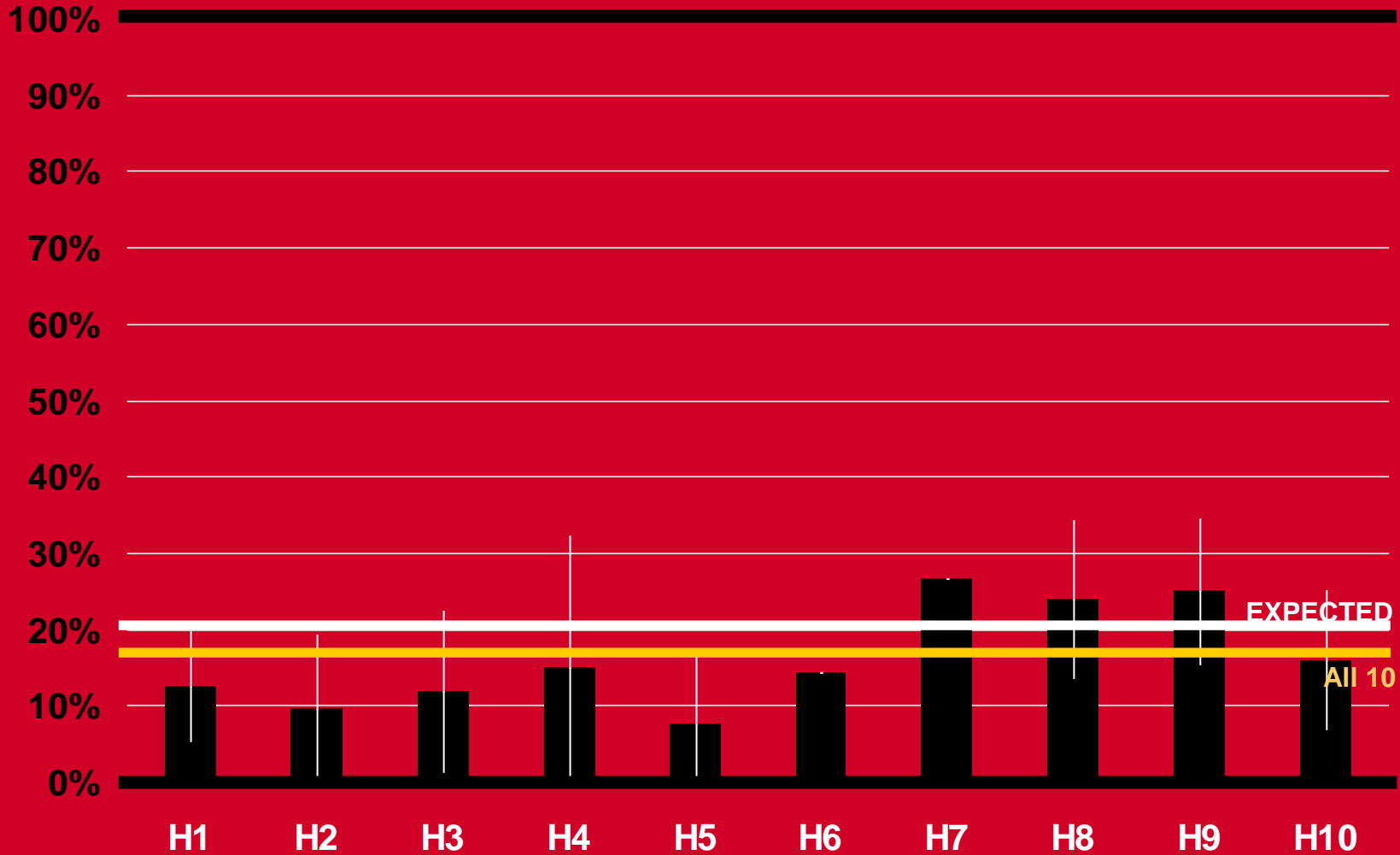
ASSESSED FOR OBESITY

COMPARING MENTAL HEALTH TRUSTS



EVIDENCE OF OBESITY

COMPARING MENTAL HEALTH TRUSTS

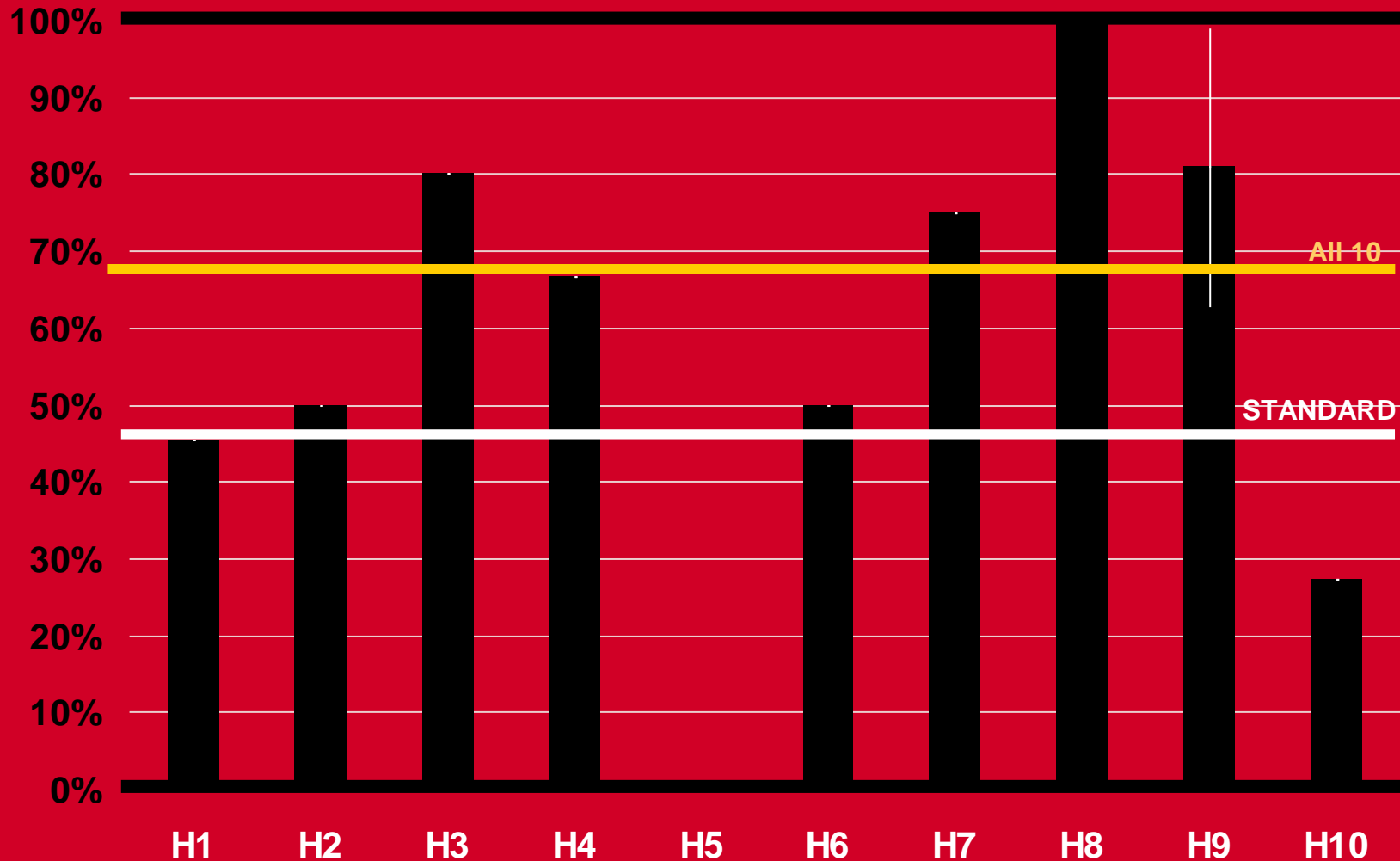


HEALTH PROMOTION DELIVERED FOR

OBESITY



COMPARING MENTAL HEALTH TRUSTS



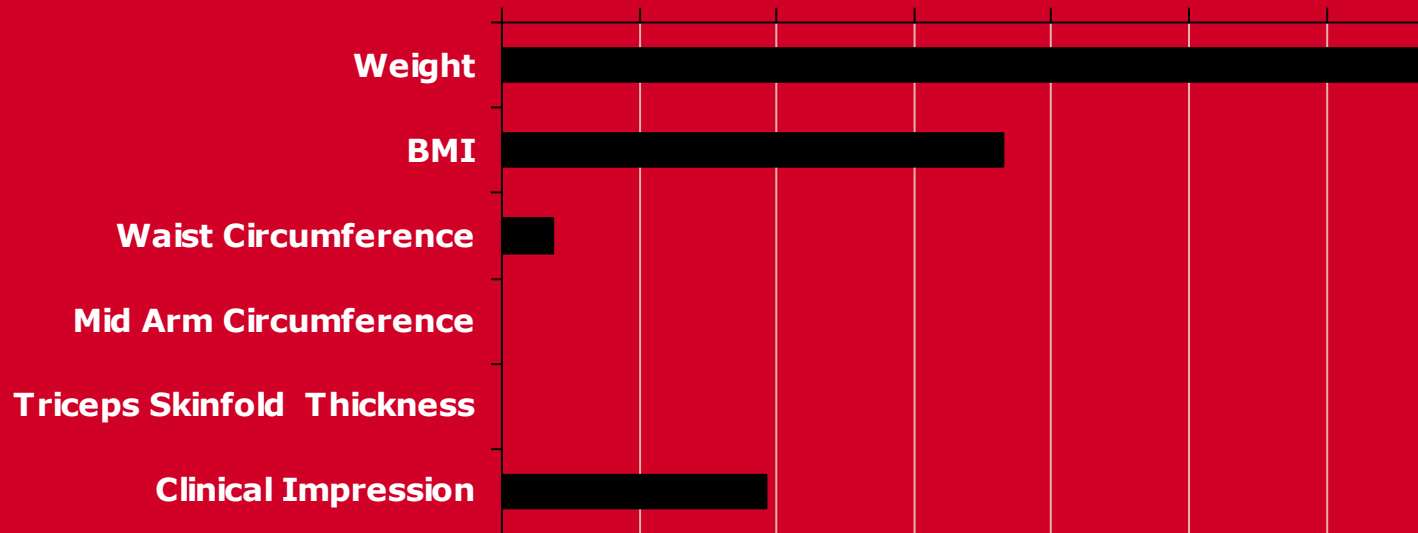
OBESITY

10 MENTAL HEALTH TRUSTS

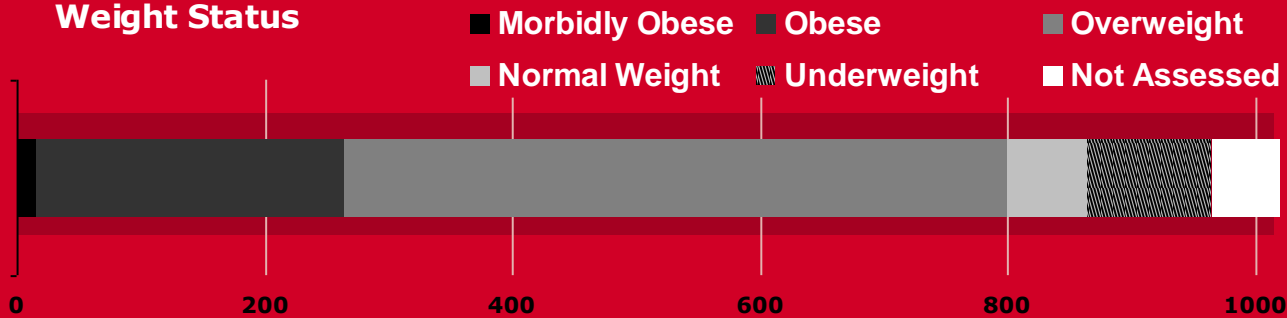


Recorded Evidence

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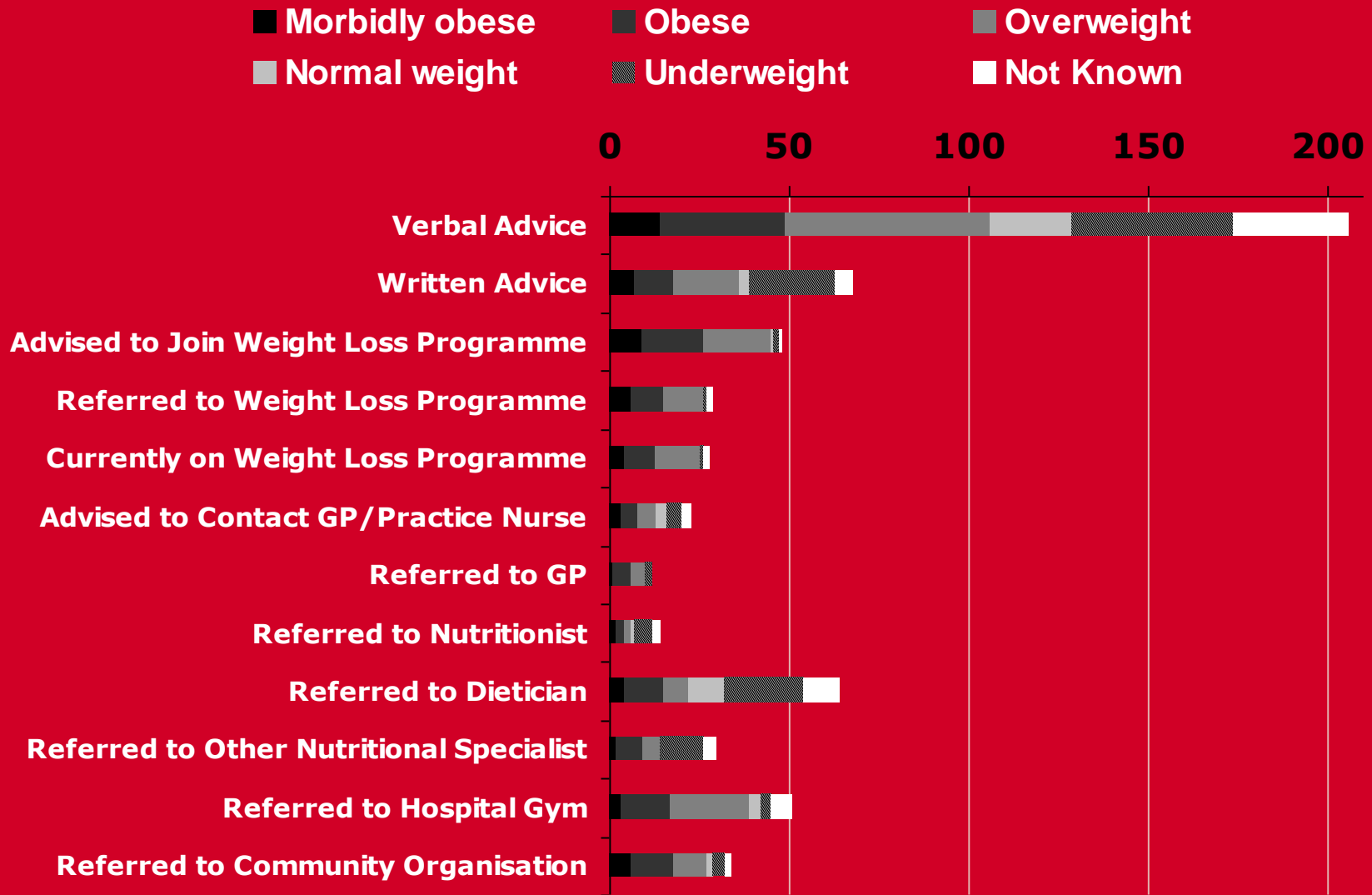
Weight Status



OBESITY



10 MENTAL HEALTH TRUSTS



OBESITY



10 MENTAL HEALTH TRUSTS

- Morbidly obese
- Obese
- Overweight
- Normal weight
- Underweight
- Not Known

0% 20% 40% 60% 80% 100%



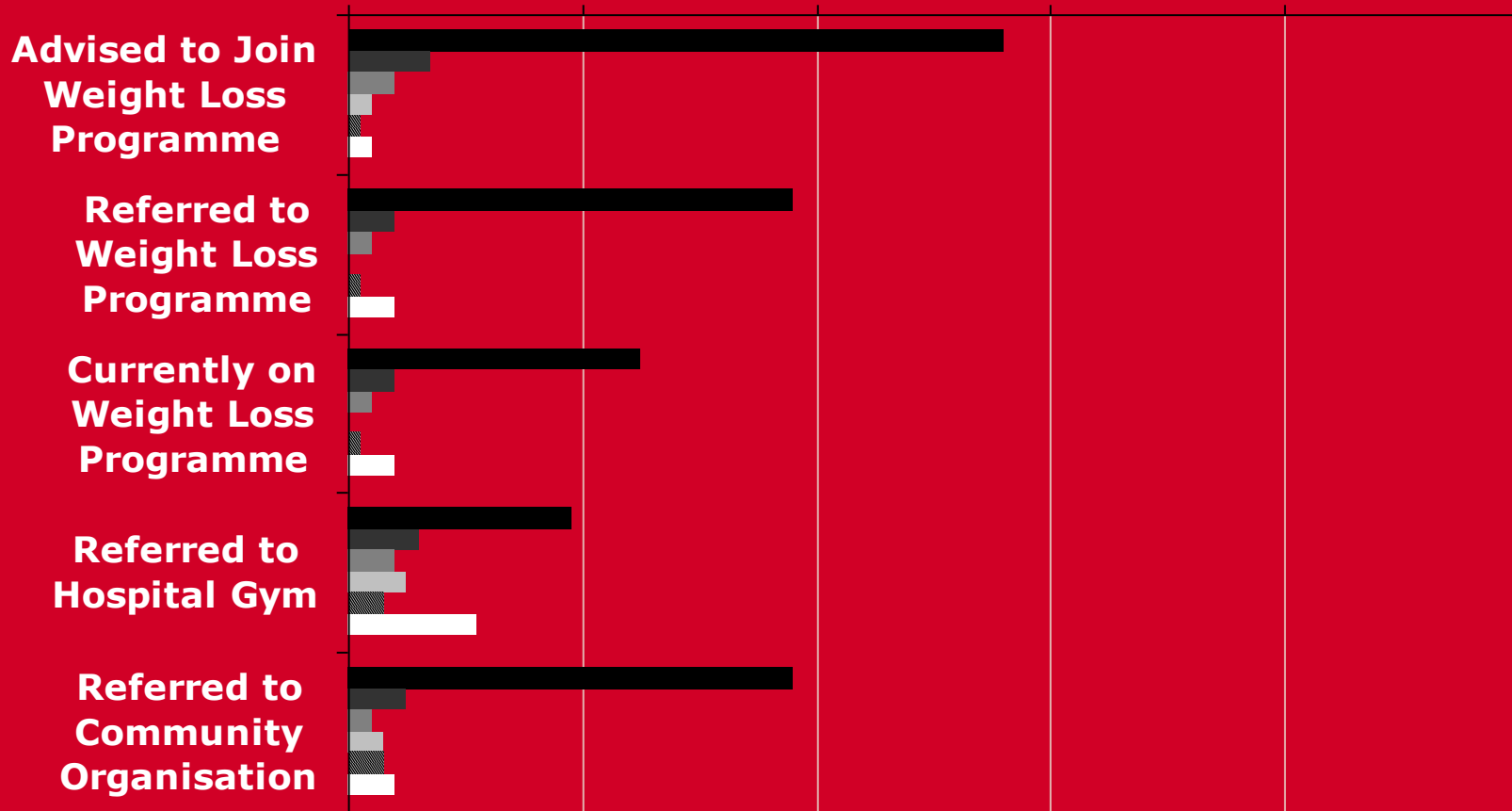
OBEESITY



10 MENTAL HEALTH TRUSTS

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- Overweight
- Normal weight
- Underweight
- Not Known

0% 20% 40% 60% 80% 100%



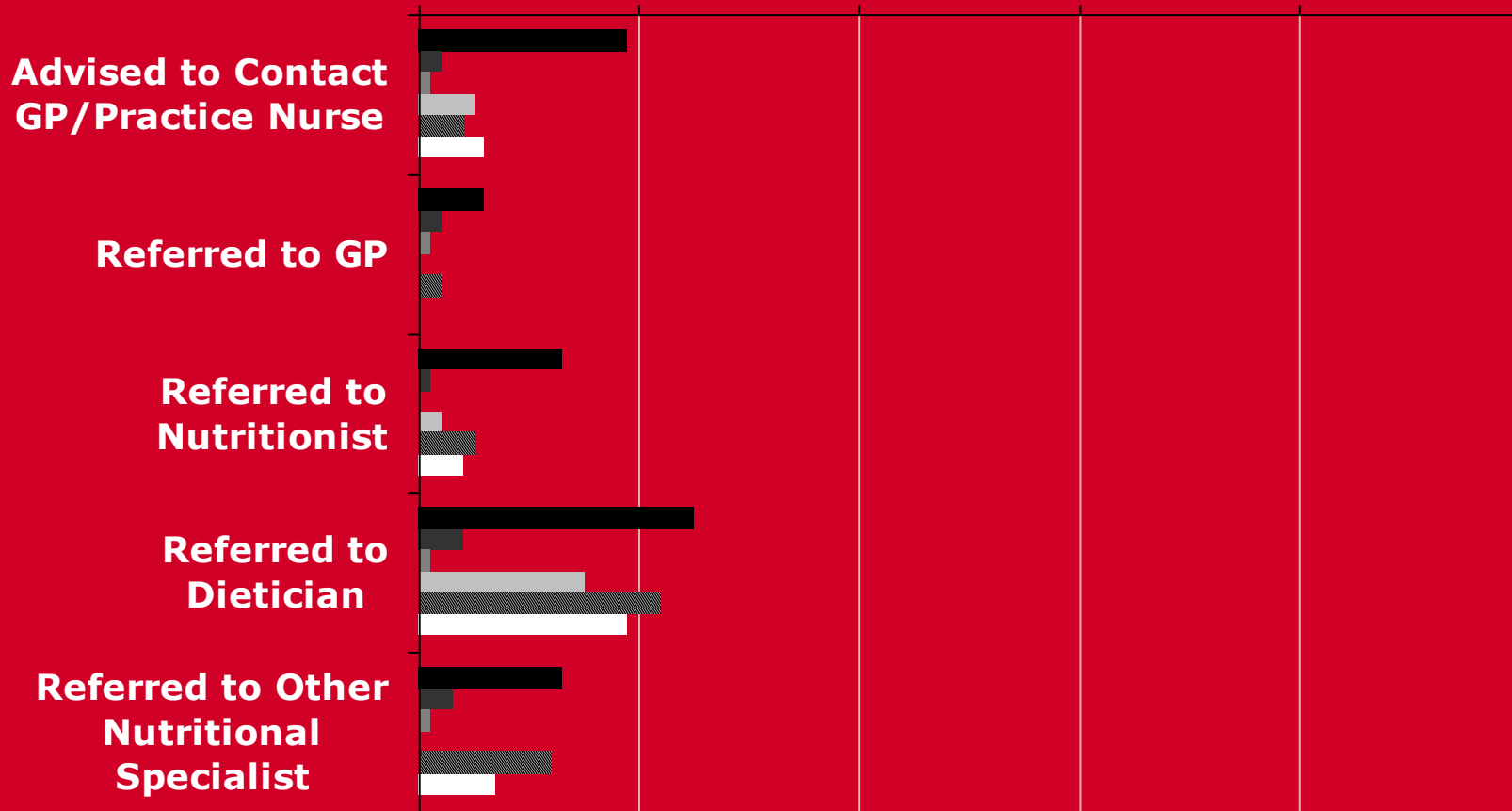
OBESITY



10 MENTAL HEALTH TRUSTS

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- Obese
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0% 20% 40% 60% 80% 100%

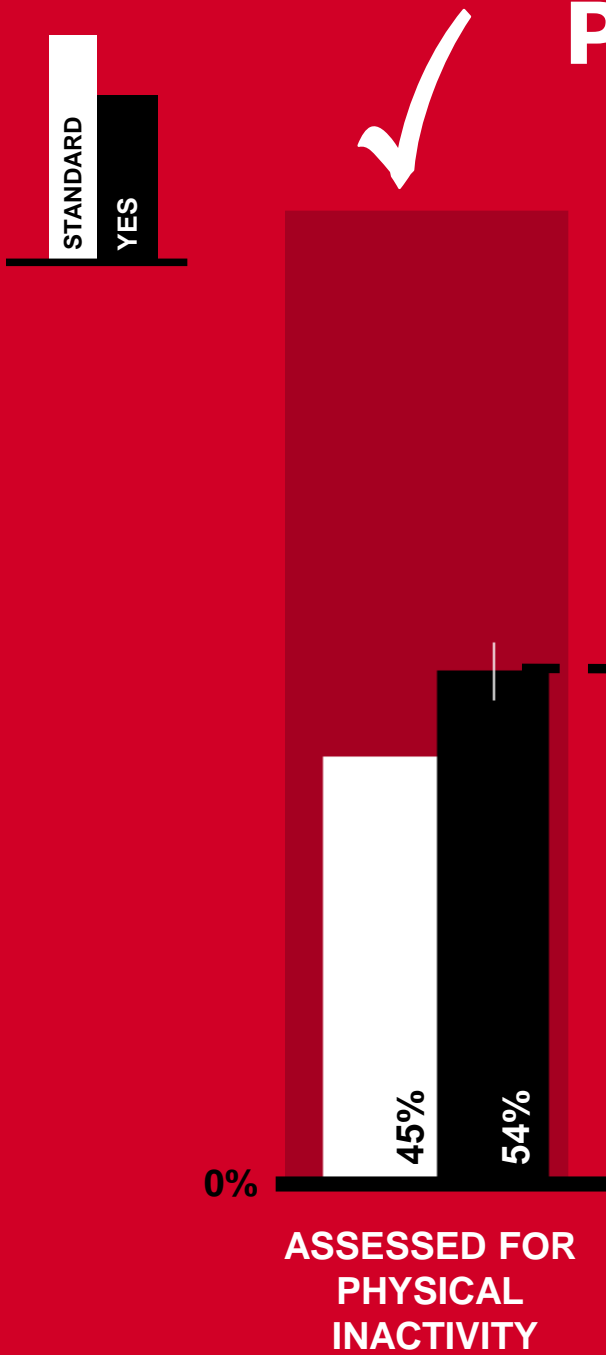




PHYSICAL INACTIVITY

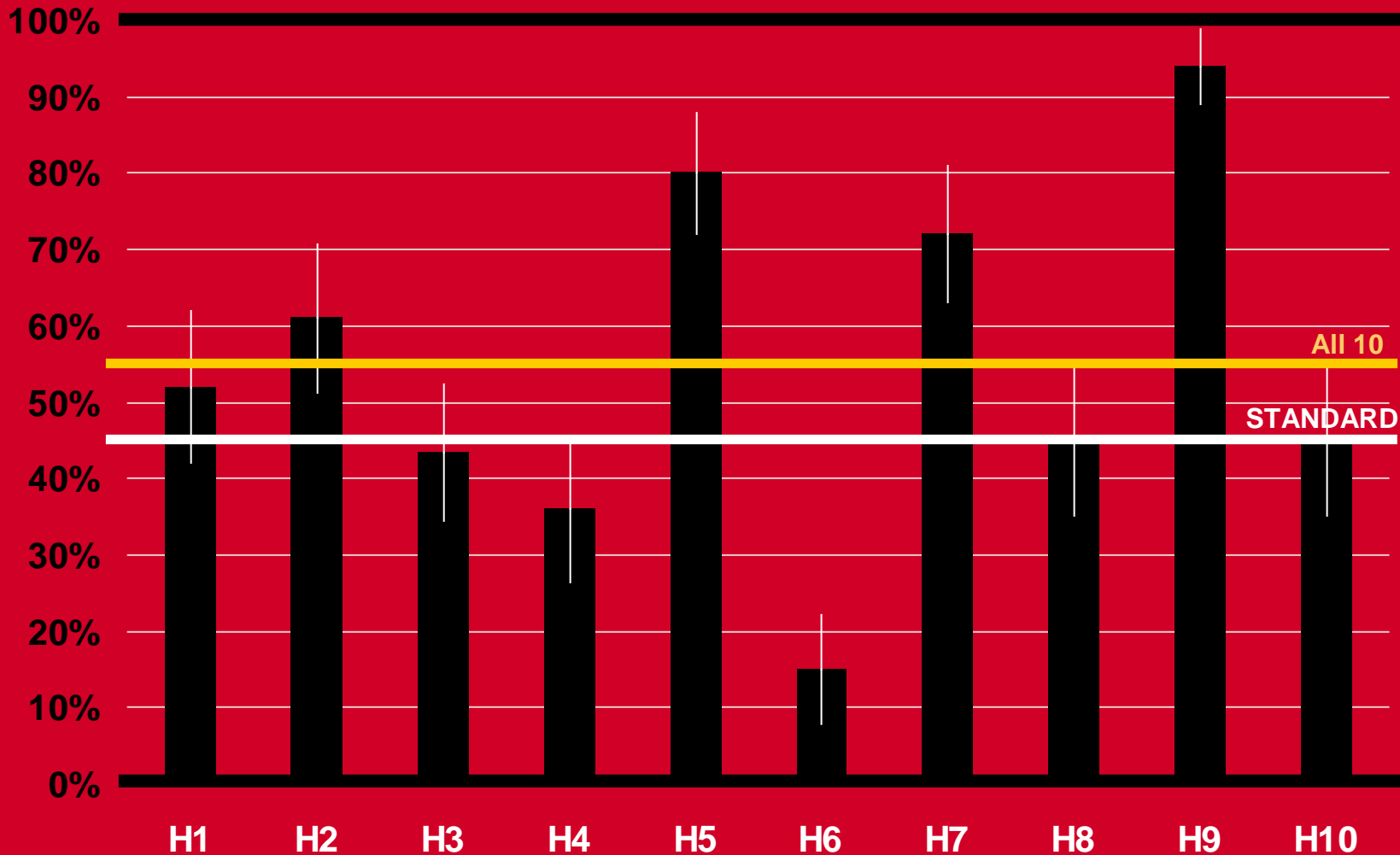
PHYSICAL INACTIVITY

10 MENTAL HEALTH TRUSTS



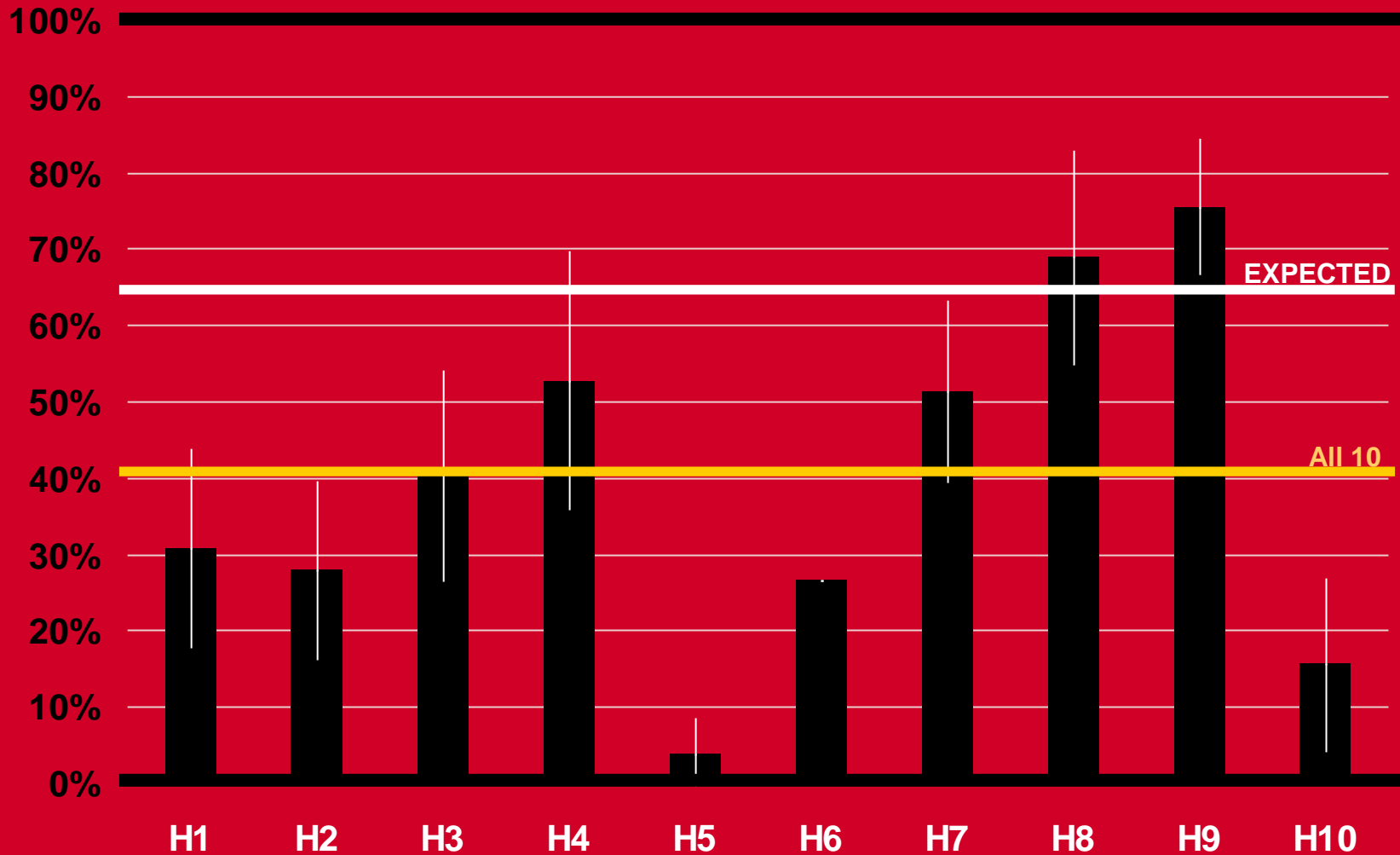
ASSESSED FOR **PHYSICAL INACTIVITY**

COMPARING MENTAL HEALTH TRUSTS



EVIDENCE OF PHYSICAL INACTIVITY

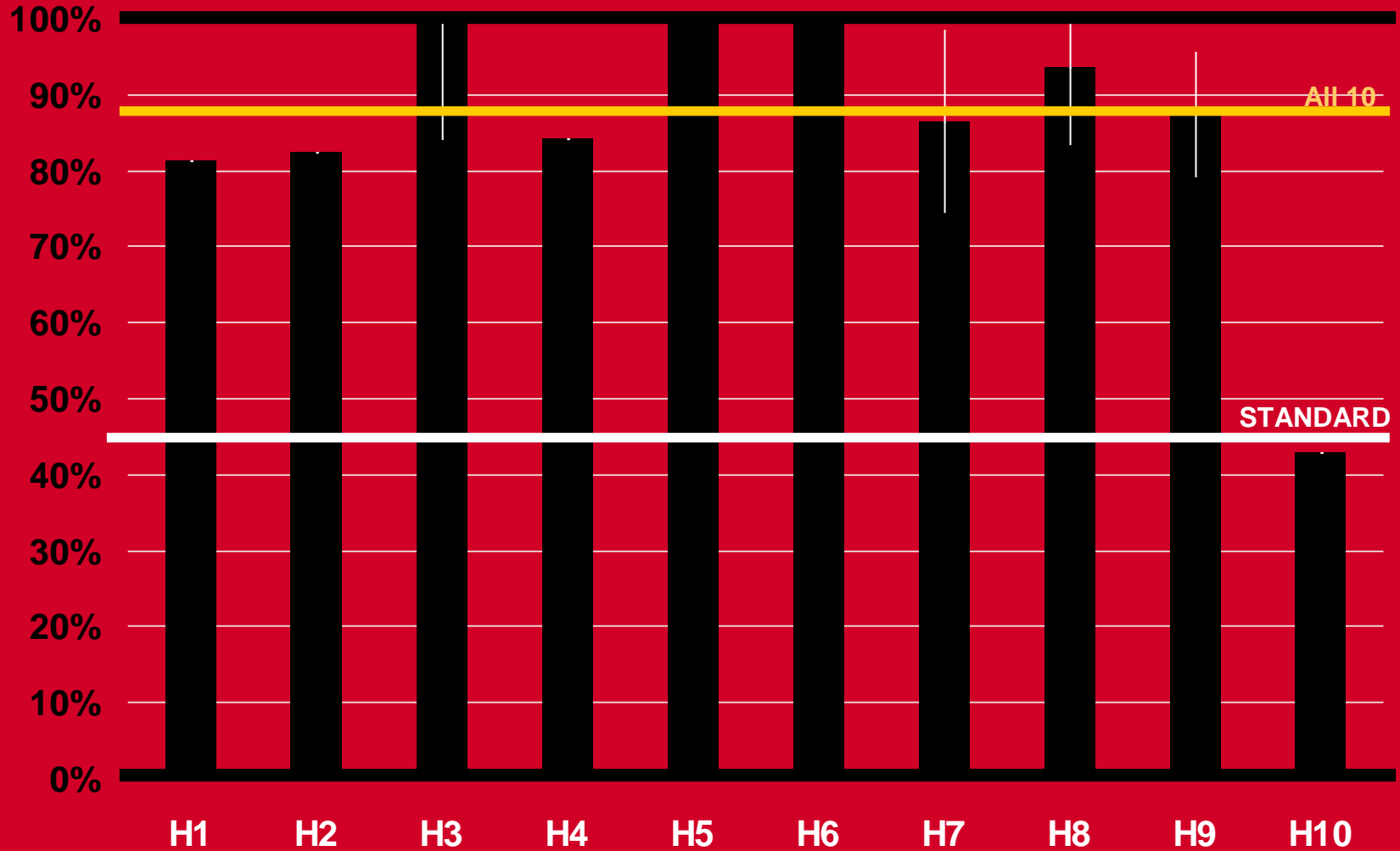
COMPARING MENTAL HEALTH TRUSTS



HEALTH PROMOTION
DELIVERED FOR

PHYSICAL INACTIVITY

COMPARING MENTAL HEALTH TRUSTS

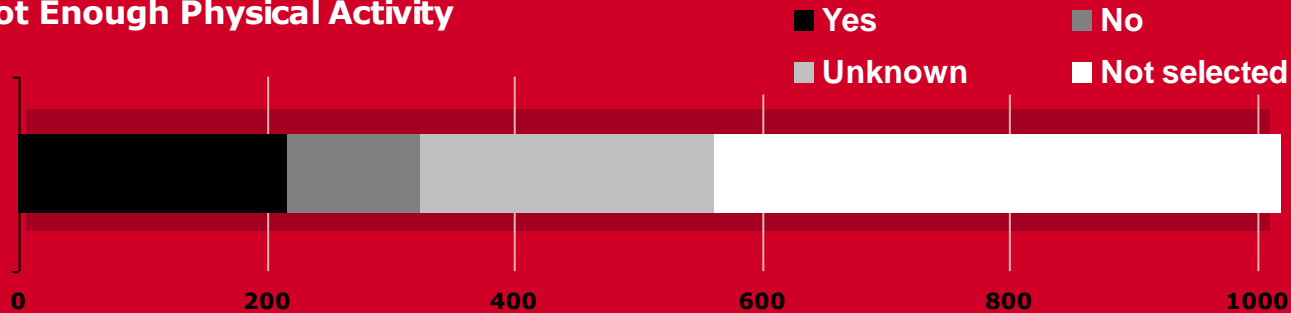


PHYSICAL INACTIVITY

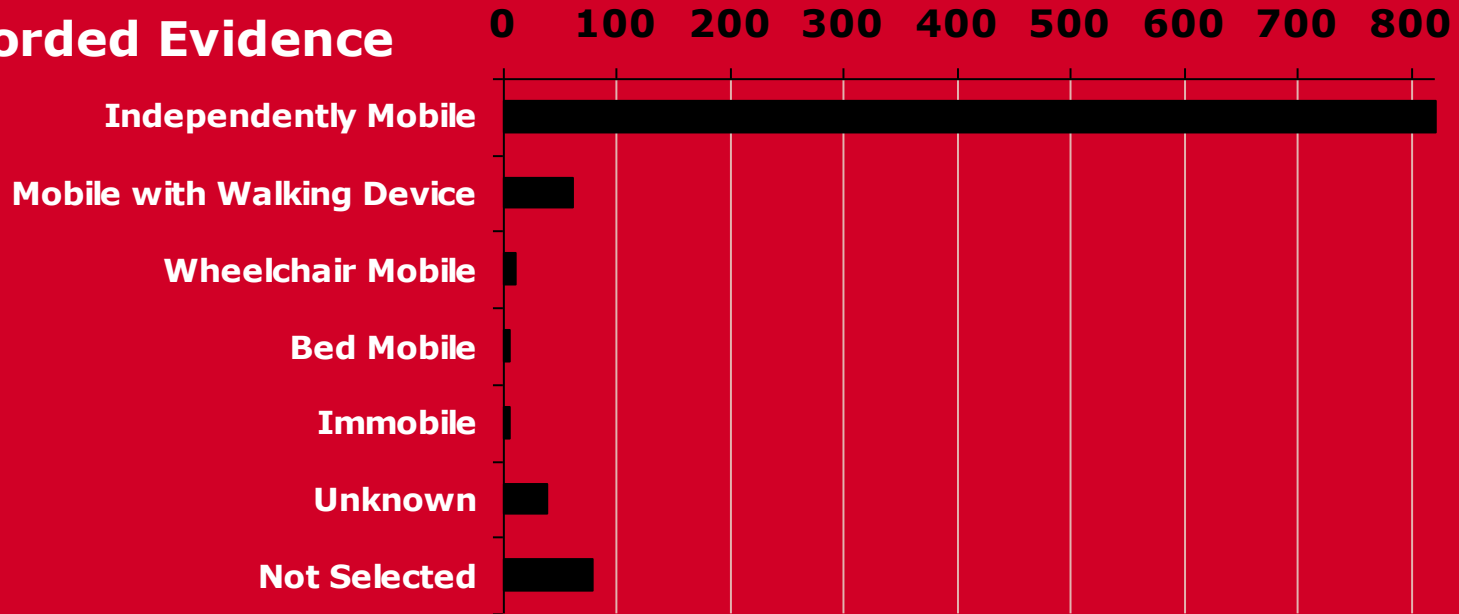
10 MENTAL HEALTH TRUSTS



Not Enough Physical Activity

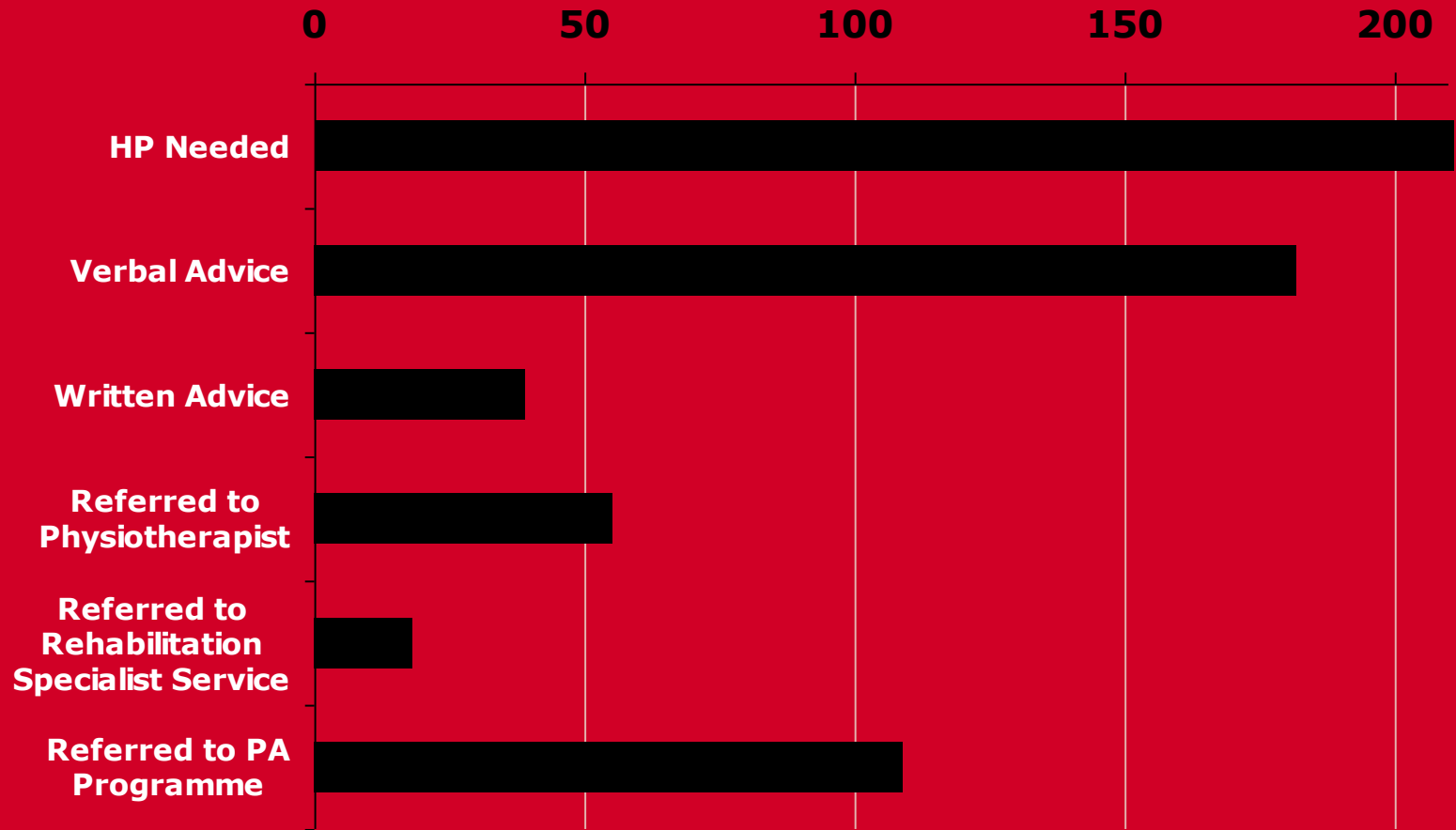


Recorded Evidence



PHYSICAL INACTIVITY

10 MENTAL HEALTH TRUSTS





SUMMARY

Standards Summary Table



Standard met?

Standard	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10
100% patients assessed for smoking	x	x	x	x	x	x	x	x	✓	x
95% patients assessed for alcohol	x	x	x	x	x	x	x	x	✓	x
45% patients assessed for obesity	✓	✓	x	x	✓	x	x	✓	✓	✓
35% patients assessed for physical activity	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
35% of smokers delivered health promotion	✓	✓	✓	✓	✓	x	x	✓	✓	✓
50% of patients misusing alcohol delivered health promotion	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
45% of obese delivered health promotion	✓	✓	✓	✓	x	✓	✓	✓	✓	x
45% of physical inactive patients delivered health promotion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓ Proportion value meets standard ✓ 95% CI value meets standard x Standard not met

Feedback on Audit



[The audit] highlighted issues and areas we need to address ... and also the need for full and accurate documentation.

Were mental health rehabilitation patients included in the audit?

...lack of staff training in physical health promotion. Low importance put on [it] within a mental health setting. Acutely mentally unwell inpatients may not give their physical health a high priority at that time.

Feedback on Audit



On the ward ... staff are very keen to develop healthy eating habits with the patients and have put together an information board and researched health recipes.

...OTs have a physical activities coordinator who does [exercise] with the more risky overweight patients...

Patients with a diagnosis of Alzheimer's on an elderly ward ... do a lot of frustrated walking but not specifically 30 mins of moderate intense physical activity...



Changes to the Audit Structure & Process

- **Organisational survey compulsory** & completed prior to the start of data collection for the NHPHA
- **NHPHA standards** will be reviewed
- **Paper-based audit pro forma** will be redesigned to reflect the logic that the IT system implements so that redundant data are not collected by data collectors
- NHPHA health promotion questions for **physical activity** have only moderate inter-rater reliability the NHPHA team
 - investigate whether the wording of the audit pro forma questions need changing and detailed clarification regarding physical activity data items will be provided in the user help notes
- **Funding** has finished – aim to **repeat the audit bi-annually**
 - next audit data input period to start summer 2011 using data from patients discharged in January 2011



National Health Promotion in Hospitals Audit Symposium

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Stockport 
NHS Foundation Trust



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