



CLINICAL HEALTH PROMOTION CENTRE

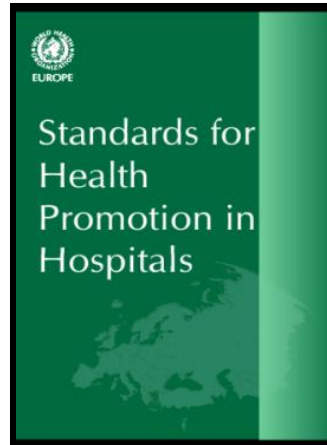


# The HPH DATA Model: Identification of Health Promotion Needs

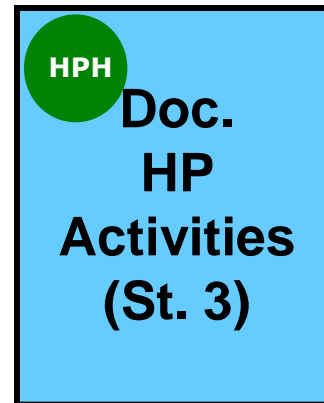
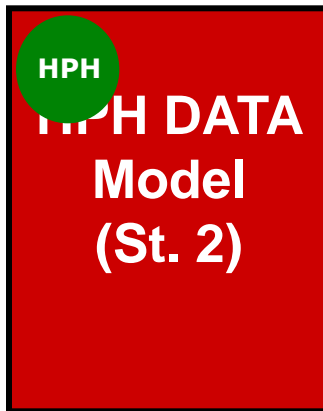
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Evidence-based Health Promotion in Hospitals and Health  
Services

# WHO Standards for HP



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



## Standard 2: Patient Assessment

HPH

The organisation ensures that health professionals, in partnership with patients, systematically assess needs for HP activities

**2.2.1.**

**Guidelines on ID of smoking status, alcohol consumption, nutritional status etc**

**HPH DATA Model**

**2.2.1.**

**Documentation in MR**

**HPH DATA Model**



# Background



- A critical step in improving health is implementing HP
- This requires systematic and easy documentation of the patients with health risks at first visit
- In this process there is also the benefit of reducing inequity in health
- Identify 5 health determinants
  - Physical inactivity, Malnutrition, Overweight, Smoking & Harmful drinking



# Background

## Important Factors for Clinical Pathway

Disease / Diagnosis

Treatment

Organisation

Patient-related health & co-morbidity

- **Health status:** physical inactivity, **malnutrition, overweight**, harmful drinking and smoking



# Participants

- Clinical specialists
- N/R Networks and Coordinators
  - Taiwan Region: Shu-Ti Chiou
  - Austria: Christina Dietscher
  - Canada: Susan Himel (Ontario)
  - Czech Republic: Ivana Korinkova
  - Estonia: Tiiu Härm
  - Germany: Felix Bruder & Elimar Brandt
  - Italy: Fabrizio Simonelli
  - Norway: Kjersti Fløten
  - Switzerland: Nils Undritz
  - USA (Pennsylvania): Matt Masiello (Project Coordinator)
- WHO-CC Copenhagen

## Aim

- To evaluate a simple 9 Q HPH DATA Model for patients need of HP intervention
  - To determine if this model is understandable, applicable and sufficient in a clinical work day
  - To evaluate the variation among Networks and hospitals of the model in a standardized setting



# The HPH DATA Model



- **9 Q** with documentation codes based on the 5 most frequent risk factors for outcome
- **Categorisation** of the 5 risk factors,
  - Yes
  - No
  - Unable to categorize





# 9 Q for documentation of 5 HD

## Risk of malnutrition

1. Does the patient have a BMI < 20.5
2. Has the patient suffered from weight-loss in the past month
3. Has the patient suffered from decreased food intake in the last week
4. Is the patient severely ill (sepsis, burns, etc)?

## Overweight

1. Does the patient have BMI > 25
2. Waist-measurement > 80 cm (W) or 94cm (M)

*Is the patient physically active < 1/2 hr / day*

*Does the patient smoke daily*

*Does the patient drink > 14 drinks/wk (W) or 21 (M)*

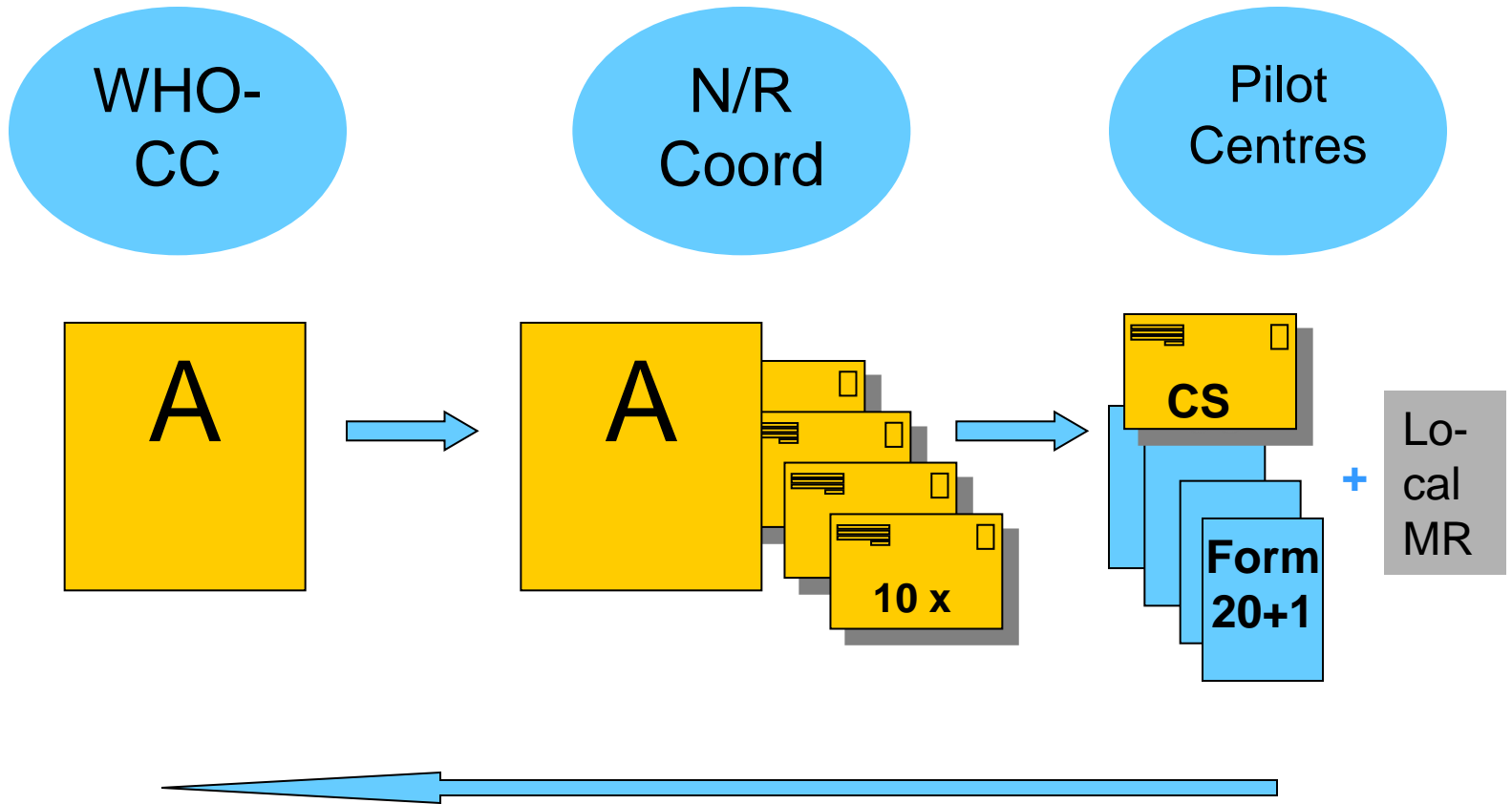


# Definitions

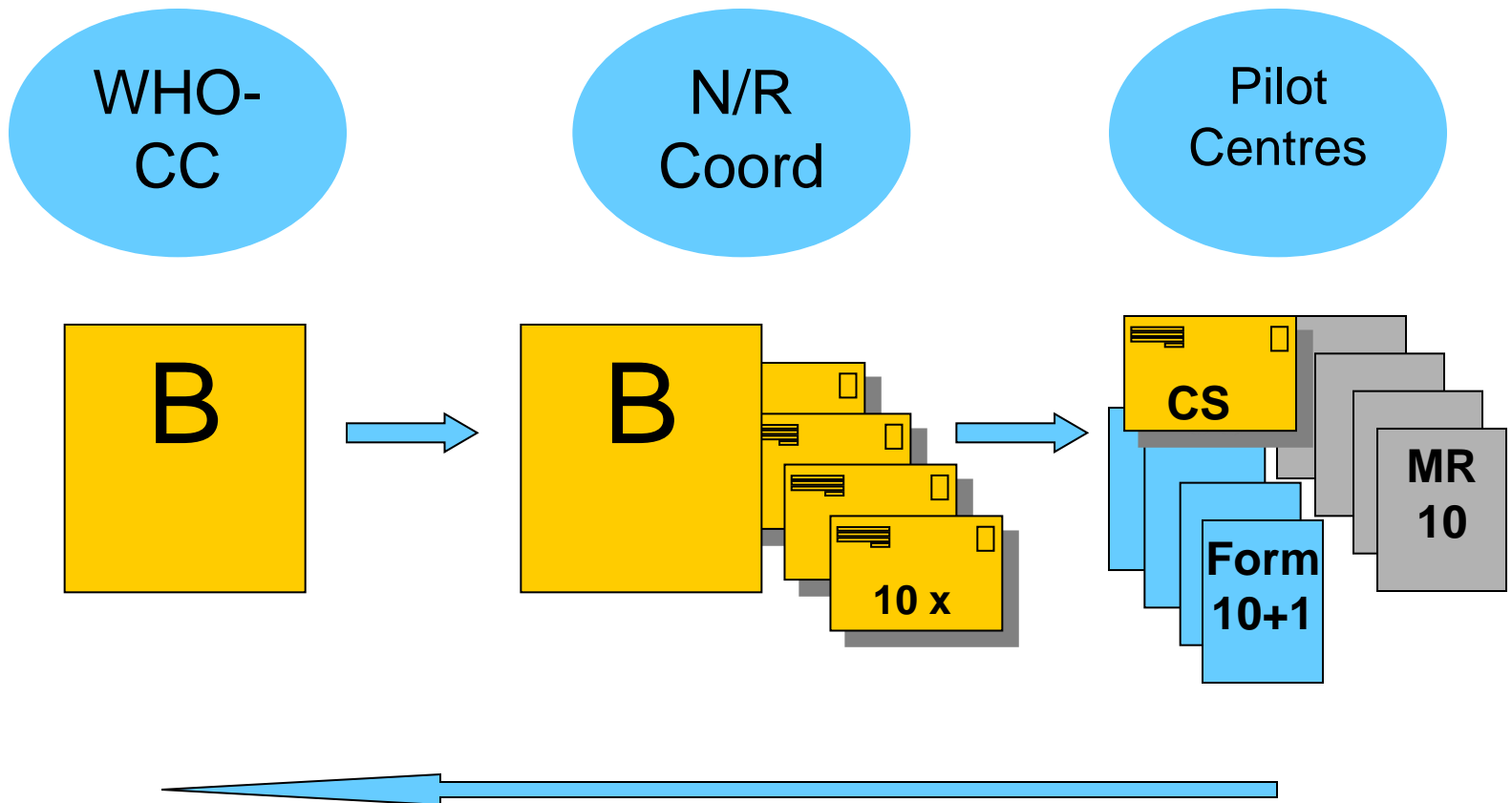


- **Usefulness**
  - Was the Documentation Model useful to the clinical specialists?
- **Applicability**
  - Was the Documentation Model applicable to the patients?
- **Sufficiency**
  - Was the Documentation Model sufficient for these patients and the activity it covered?

# Data collection flow: Part A



# Data collection flow: Part B





# Analysis

- The results were reported anonymously
- Comparison of the evaluation results in part A and B, respectively.
- The results were given in absolute numbers, frequencies, median (range)
- Kappa statistics for agreement of registration among the specialists in material part B (inter-observer variation)



# Participants

<b>B</b>	<b>Part A</b>	<b>Part B</b>
<b>Total</b>	<b>71</b>	<b>59</b>
<b>Returned without info</b>	<b>- 8</b>	<b>- 6</b>
<b>For analyses</b>	<b>63</b>	<b>53</b>





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## A) Documentation in local MR

The clinical specialists categorised

**66% (29 - 94%)**

of their patients re need for HP

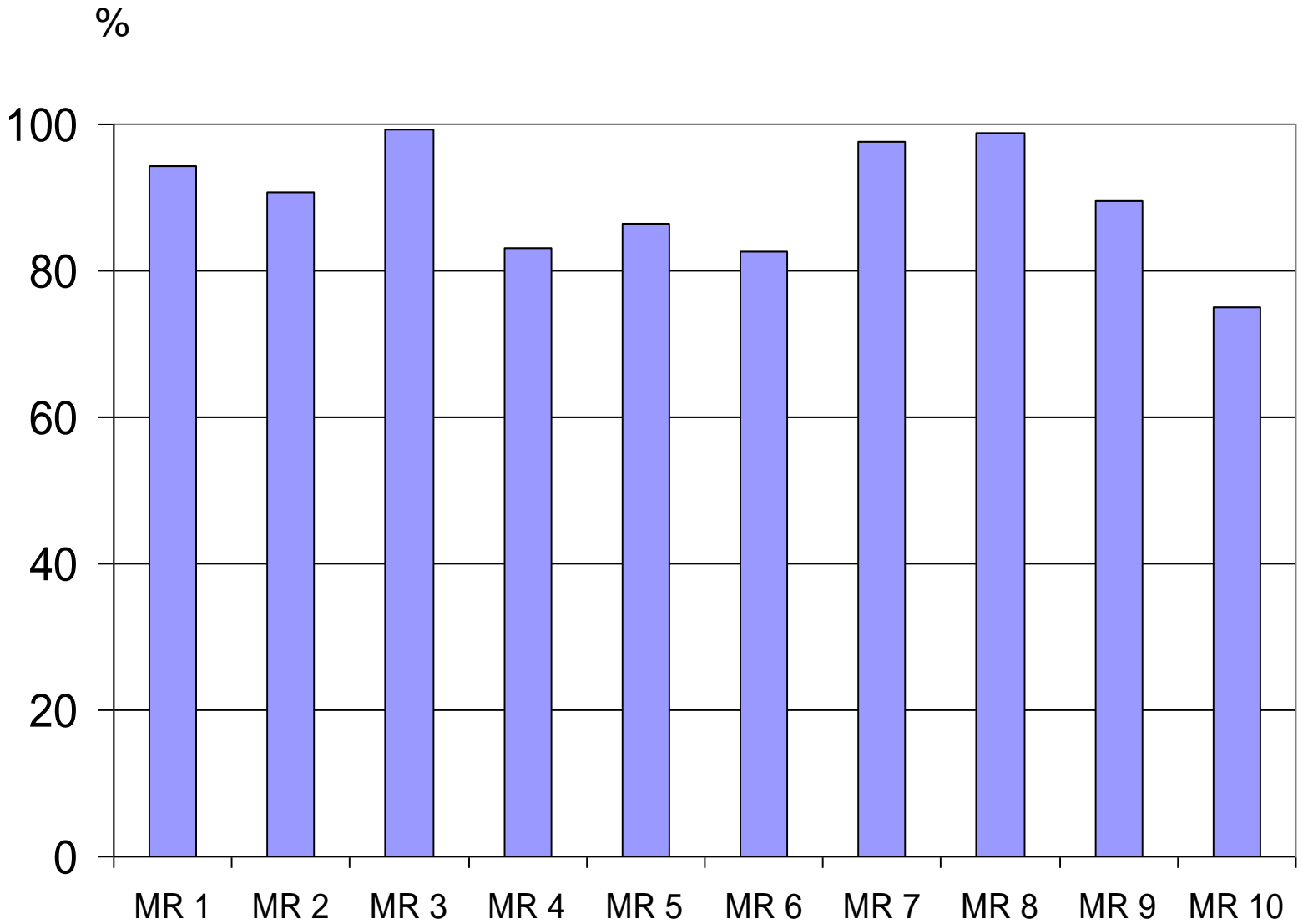


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# Agreement Part B







# Agreement Part B

Kappa Statistics for calculation of agreement among the specialists

- **0.85** (ranging from 0.65 to 0.99)

Interpretation

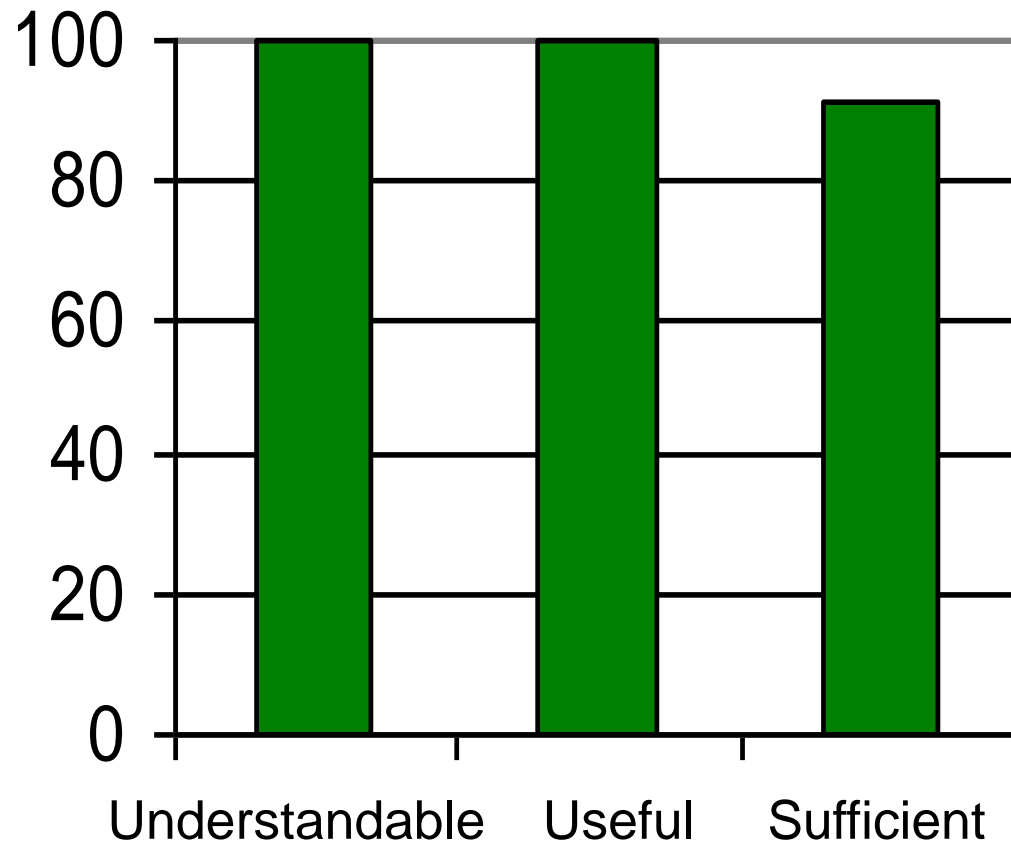
- 0.41 to 0.60 Moderate agreement
- 0.61 to 0.80 **Substantial agreement**
- 0.81 to 1.00 **Near a perfect agreement**





# Clin specialists

HPH DATA Model ( 12 nations)





# Conclusion

HPH Networks developed and successfully evaluated a simple model for the systematic MR documentation of 5 significant HD

Recent implementation of HPH DATA in

- Denmark (national)
- Norway (regional)
- Canada (local)
- Sweden (national level)
- And others





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# Workshop

## Questions to discuss in groups:

- How does your dept/hosp/hs identify and document the 5 health determinants?
- What could you recommend to improve?