How to Achieve Better Health Gain for Patients, Staff and Community
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The International HPH Network
WHO CC, Copenhagen Denmark

The Clinical Health Promotion Centre (WHO CC) and the International Network of Health Promoting Hospitals & Health Services (HPH) work closely in line with Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services – with the overarching aim of increasing health gains for patients, staff, community and environment.

The WHO initiated the International HPH Network in the 90'ies, and today this network is an NGO with 900 member hospitals and health services all over Europe and the world. The HPH Secretariat is placed within the Clinical Health Promotion Centre (WHO CC) – a Scandinavian research centre and knowledge-hub of the field in terms of evidence, education and implementation.

Like national and local governments, hospitals too have important roles to play in promoting health and preventing disease – and there is more than ample will, evidence and interest. By scaling up efforts in this field, we can help improve public health by bridging primary and secondary health sector as well as health sector and social sector. We are delivering background material and cases for WHO Europe in this field, concerning:

- Health promotion for surgical patients (smoking cessation intervention)
- Cross sectional follow-up for effect (Smoking Cessation Database)
- Health promotion for psychiatric patients
- Patients' needs for health promotion
- Quality management and reimbursement
- Teaching and training in evidence-based health promotion

In the following, we have included information on just two of these topics, as tangible and practical examples. The first case is about smoke-free operations, for better patient safety and public health. The second is about cross sectional collaboration to assess and improve quality of smoking cessation intervention.

We sincerely welcome all delegates to make contact and find out what your office can do to improve clinical health promotion in your country and be part of the international efforts.

Case 1: "A smoke-free operation" improves patient safety in relation to surgery and quit rates on longer term (Sweden)

Intervention: Smoking is dangerous for surgical patients, because they develop twice as many complications after surgery. Most frequently, these are wound and respiratory complications.

In the last decade, several high-quality clinical studies in randomised design have evaluated the postoperative complications and the quit rate after 1 year. Only the 6-8 weeks intensive Gold Standard Programme (GSP) for smoking cessation in relation to surgery showed a tremendous effect on both outcomes. A broad variety of brief interventions failed to show any effect - neither on complication rates nor 1-year quit rates.

Process of implementation: It has been supportive that Sweden recently established ambitious national guidelines for counselling regarding tobacco, alcohol, food and physical activity. However, in surgery the agenda is especially focused on risk as well as patient expectations and staff ambitions of zero complications. The date of surgery is often fixed, and there is no time for repeating unsuccessful smoking cessation intervention. Therefore, the programmes need to be very effective, like the GSP.
Recently, surgeons in Sweden began implementing smoke-free operations via scientific societies and with interested partners, incl. the Swedish ministry, municipalities, counties, medical association, HPH Network, nurse associations, other health care professionals, and many more. Today, many hospitals offer smoke-free operations (www.enrokfrioperation.se).

Health outcomes: Implementation of smoke-free operations could halve complication rates and significantly increase patient safety *(Clin Health Promot 2011;1:27-28)*. In addition, GSP is followed by a high quitting rate of 23-33% 1-year postoperatively. Thus, smoking cessation intervention in surgical departments could influence public health outside hospitals – a great perspective *(Clin Health Promot 2011;1:22-26).*

Case 2: Easy-to-use smoking cessation database for cross-sectional continuity and collaboration (Denmark)

Intervention: All European countries deal with smoking and smoking-related problems. Most countries have established smoking cessation intervention (SCI) and several offer evidence-based SCI; however, only very few have implemented systematic follow-up for effect.

The Danish smoking cessation database (SCDB) is gathering and disseminating information on effect of face-to-face SCI offered to smokers by SCI-Units in municipalities, hospitals, pharmacies, and any other public and private organisations delivering SCI.

The aim of the SCDB is to externally document, evaluate and report the results from SCI services in order to assess and improve the quality.

Process of implementation: The SCDB has now existed for 10 years. After a 3-year research and development period, SCDB became a nationwide database covering 80-90% of all face-to-face SCI in Denmark. An easy-to-use self-service has been established for documentation of smoking profile, intervention and results of follow-ups.
All SCI-Units in the database are obliged to do manual-based follow-ups after 6 months. The National Quit Line often manages the follow-ups, which secures a homogenous procedure of high quality, performed by trained SCI counsellors. The National Association of Municipalities (Local Government Denmark) and the National Board of Health recommend using the SCDB.

Health outcomes: The SCDB has provided essential information on effectiveness. Five indicators are used to quickly get an overview of the quality: completion of SCI programme; smoke-free at the end of programme and after 6 months; Follow-up rate; and Satisfaction. The results for each municipality and region are public at the website *(www.SCDB.dk).*

The most effective SCI hitherto is the Gold Standard Programme (GSP) with 34% continuous non-smoking after 6 months, on average. Interestingly, this rate is 30% for smokers with lower educational level and 27% for the unemployed *(Tob Control 2012; Jun 16: Epub ahead of print)* thus indicating a relatively high robustness of GSP across different groups of smokers.