



Ireland East Hospital Group

Healthy Ireland Implementation Plan 2016 - 2019

Taking care of your health & wellbeing



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Foreword



Dr. Stephanie O'Keeffe
National Director
Health and Wellbeing Division
Health Services Executive



Mr Liam Woods
National Director
Acute Hospitals Division
Health Services Executive

The health and wellbeing of everyone living in Ireland, is the most valuable asset that we possess as a nation. *Healthy Ireland* is bringing together people and organisations from across the country into a national movement to address the social, economic and environmental factors that contribute to poor physical and mental health and to address health inequalities. This approach reflects a shared commitment in Government and throughout communities to support people to be as healthy and well as they can.

To help achieve this commitment, the *Healthy Ireland in the Health Services National Implementation Plan 2015-2017* was published in 2015. The HSE Plan identified three strategic priorities - Systems Reform, Reducing the Burden of Chronic Disease and Staff Health and Wellbeing. This plan represents the Ireland East (IE) Hospital Groups response to address these priorities in its day to day delivery of services for improved healthcare outcomes for the 1.1 million people it serves.

While we are focused day to day on the challenge of providing high quality safe services in our hospitals to the people in our care, we must also be focused on the future and the challenge we face in terms of unsustainable healthcare costs driven by rising levels of chronic disease. The IE Hospital Group, demonstrates through the actions in this plan the priority they place on embracing this challenge for their 10,000 staff and the population they serve. The commitment of UCD to work in partnership with IE Hospital Group to meet the challenge of implementing these actions has the potential for building a strong and rigorous approach to implementation.

We would like to acknowledge the leadership being taken by the Chief Executive Officer (CEO) and staff across all levels of the IE Hospital Group. In particular, we would like to acknowledge the excellent work of the Steering Group working through both the Hospital Group senior management team and with each individual hospital's management team within the Group. We would also like to acknowledge the work of staff in the Health and Wellbeing Division in supporting the planning process and in forging positive working relationships at national and local level thereby strengthening our capability for long term implementation and impact.

It is encouraging to have a number of *Healthy Ireland* initiatives already underway in many of the hospitals in this group. We are acutely aware that with eleven hospitals in this group implementation of the actions in this plan will require a systematic approach with strong leadership expertise, drive and ambition. However, coupled with this challenge is the ideal opportunity to build on the size and scale that is available to make significant change and to make a significant contribution for the implementation of *Healthy Ireland* in the Health Service. We welcome the commitment of the CEO to the implementation of this plan in partnership with their academic partner UCD.

This plan will be supported nationally and locally and we will work closely with the Group to address any implementation challenges and to take full advantage of opportunities. We wish the IE Hospital Group every success with this work.

Handwritten signature of Dr. Stephanie O'Keeffe in black ink.

Handwritten signature of Mr Liam Woods in black ink.



Mary Day
CEO Ireland East
Hospital Group

On behalf of the Ireland East Hospital Group, I am pleased to present the IEHG Healthy Ireland Implementation Plan 2016-2019.

Good health depends upon a number of factors; the social, economic and environmental, the physical environment and the individual's characteristics and behaviours. Our plan provides a blueprint for preventative and responsive action.

In collaboration with our eleven hospitals we have worked together to define our priorities while recognising the need for local systems to work in partnership for the long-term.

It will be essential that this partnership approach is sustained as we roll out our plan, which is centred on four priority areas:

- physical environment
- staff health and wellbeing
- patient health and wellbeing
- integrated working relationships

The programme reflects the importance of action to promote healthy lifestyles, to build and reinforce the knowledge and skills upon which our staff and communities can make lifelong healthy decisions.

I would like to thank Fidelma, Eimear and the local hospital leads for their work in developing this plan. Full implementation of this plan will take several years but I believe that our strategies will ensure our shared vision will be realised.



Professor Cecily Kelleher
Principal, UCD College
of Health and
Agricultural Sciences

Academia fulfils three vital functions within our healthcare system; to educate and train healthcare personnel, conduct basic and applied research in disciplines relevant to public health and participate in professional and public service.

Strengthening academia's associations with public health practice, and fostering inter-professional collaboration and learning in clinical professional education, can guide policy-makers in tackling public health challenges. UCD is committed to working in partnership with IEHG to meet these challenges. Successful collaboration is central to effective scholarly service and UCD is uniquely positioned to provide technical assistance and service, based on credible evidence from its research and the expertise of its staff and students, for the development and implementation of this programme.

As an institution, UCD is strongly committed to the Healthy Ireland concept and we have a long and fruitful tradition of partnerships and collaboration with individual IEHG hospitals.

Therefore, on behalf of University College Dublin I am delighted to contribute to the launch of the ambitious IEHG Healthy Ireland Implementation Plan 2016-2019.

I wish to acknowledge the dedication and commitment of my colleagues in UCD, IEHG, and all our hospitals who have developed this plan and share the vision to achieve implementation of this plan to benefit the environment, staff and patients across IEHG.

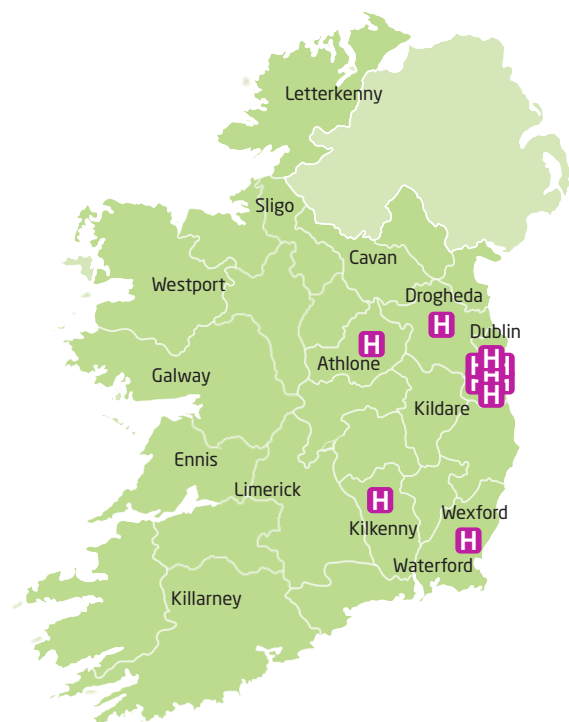
I welcome this report and look forward to supporting its implementation.



Ireland East Hospital Group

The Ireland East Hospital Group (IEHG) was established in January 2015 and is the largest hospital network established as part of the reform of the Irish acute hospital system. The group comprises 11 hospitals (6 voluntary and 5 statutory), spans eight counties and four Community Health Organisations (CHOs) and has a gross annual expenditure of over €1billion. The group has strong engagement with primary, community and continuing care. The academic partner is University College Dublin (UCD).

IEHG has a large number of national specialist services which includes the National Heart/ Lung /Liver/Pancreas Transplant Units, the National Spinal Unit, the National Isolation Unit for Infectious Diseases, the National Unit for adult Cystic Fibrosis, the National Unit for Pulmonary Hypertension and the National Unit for Neuroendocrine Tumours.



IEHG Mission

The IEHG mission is to deliver improved healthcare outcomes for the 1.1 million people we serve. This is achieved by:

- Putting patients at the centre of everything we do
- Accessing world class research through partnership with UCD
- Accessing a wide variety of expertise, a benefit of being the most diverse hospital group
- Delivering consistent high quality safe care
- Transforming and integrating clinical services
- Ensuring a healthy workforce to deliver health care
- Improving communication across speciality disciplines
- Monitoring improvement through audit and feedback.

UCD Academic Partner



UCD is the academic partner for IEHG and has strong education, training and research links with its partner hospitals, the community as well as national and international organisations. All health professionals in UCD are now educated through the College of Health and Agricultural Sciences (comprising of 5 individual schools Medicine, Veterinary Medicine, Agriculture and Food, Nursing, Midwifery and Health Systems and Public Health, Physiotherapy and Sports Science (SPHPSS)) which is based on the One Health* concept. Students of all disciplines are placed in health care settings across the network and their training is facilitated by the service partners in those settings.

As an institution UCD is strongly committed to Healthy Ireland. As part of the roll out of HI, a health promotion policy 'Healthy UCD' was introduced by the university in early 2016. 'Healthy UCD' is an ambitious programme for health promotion within the university community over the five years (2015-2020) and beyond. The strategy is based on four pillars including co-ordination; awareness and endorsement, health proofing and evidence base. Under 'Healthy UCD' all existing and future policies will be monitored, evaluated and the results used to engage the local community as well as establishing UCD's health promoting criteria on a global level.

UCD and hospitals within the IEHG have a long history of partnership and collaboration in the sphere of health promotion and disease prevention. One such example is the forty-year association between UCD's public health medicine staff at SPHPSS and the Department of Preventive Medicine & Health Promotion at St Vincent's University Hospital. This pioneering (department) is internationally recognised for numerous initiatives, including the ENSH (Global Network for Tobacco Free Health Care Services) smoke free campus awards, schools and community programmes and its associations with the Irish Heart Foundation and Irish Cancer Society and the International Health Promoting Hospital network. Recent relevant developments include the piloting and implementation of the Health Promotion Clinic, a novel holistic referral programme for patients seeking support for enabling lifestyle modifications and personal empowerment for healthier outcomes.

In order to develop a world class patient centred healthcare system that is future proof, education and research are fundamental in meeting the demand of Ireland's growing and diverse population. IEHG and UCD will continue to work closely in order to provide innovative healthcare solutions which deliver excellence in the standard of care provided to communities and ultimately the patients which the group serves.

* One Health is "the collaborative effort of multiple disciplines — working locally, nationally, and globally — to attain optimal health for people, animals and the environment". American Veterinary Medicine Association (AVMA) definition.

IEHG Population Profile

Overview

IEHG covers a wide geographical area with 11 hospitals located in counties Dublin, Meath, Westmeath, Kilkenny and Wexford and a total population of 1,877,463 people (CSO Census 2016 preliminary) (Table 1).

People from the neighbouring counties of Carlow, Longford and Wicklow (population of 240,017 (CSO Census 2016, preliminary)) also access hospital services within IEHG hospitals (Table 1). This brings the combined total population for IEHG to approximately 2,117,480 (CSO Census 2016 preliminary) (Table 1). It is important to note that the IEHG overlaps with the RCSI Hospitals

Group and the Dublin Midlands Hospital Group in its population reach, particularly within the greater Dublin area.

CHO areas 5 (South Tipperary, Carlow/Kilkenny, Waterford, Wexford), 6 (Wicklow, Dun Laoghaire, Dublin South East), 8 (Laois/Offaly, Longford/Westmeath, Louth/Meath) and 9 (Dublin North, Dublin North Central, Dublin North West) all overlap with the Group.

For the purposes of planning and delivery of services, the IEHG catchment area is considered to be 1.1 million people.

Table 1. Population and Population Density 2016 (preliminary) and 2011

Area/County	Population 2016 (preliminary)	Population 2011	Percentage increase from 2011	Persons per sq km
Dublin City	553,165	527,612	4.8	4744.9
Dún Laoghaire-Rathdown	217,274	206,261	5.3	1719.2
Fingal	296,214	273,991	8.1	647.0
South Dublin	278,749	265,205	5.1	1250.0
Dublin Total	1,345,402	1,273,069	5.7	1456.4
Carlow	56,875	54,612	4.1	63.6
Kilkenny	99,118	95,419	3.9	48.1
Longford	40,810	39,000	4.6	39.3
Meath	194,942	184,135	5.9	83.6
Westmeath	88,396	86,164	2.6	50.3
Wexford	149,605	145,320	2.9	63.6
Wicklow	142,332	136,640	4.2	71.2
Outside Dublin Total	772,078	741,290	4.2	62.1
IEHG Total	2,117,480	2,014,359	5.1	158.5
National	4,757,976	4,588,252	3.7	69.5

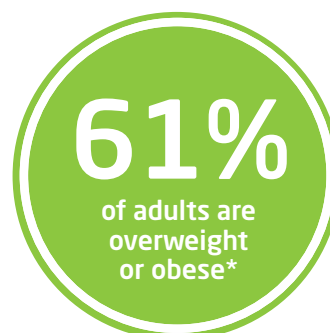
Source: CSO Census, 2016 and 2011



Age Profile

The age profile of the population of the IEHG is in line with the national average (CSO Census, 2011). The age breakdown within Dublin and outside of Dublin is also similar.

- There is a higher proportion of young children (5-14 years of age) outside of Dublin (14.8%) than within Dublin (11.9%).
- Dublin has a higher proportion of young to middle adults (25-44 years of age) than outside of Dublin (34.9% vs 30.8%).
- As the population gets older there is little difference between IEHG and the national average and between Dublin and outside of Dublin. A total of 11.0% of the population within IEHG are aged 65 years and over, 4.7% (75 and over) and 1.2% (85 years and over) (Table 2).



* Healthy Ireland Framework <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>

Table 2. Population Age Groups 2011

	0-4 (%)	5-14 (%)	15-24 (%)	25-44 (%)	45-64 (%)	65 and over (%)	75 and over (%)	85 and over (%)
Dublin City	5.7	9.4	14.5	37.2	20.5	12.6	6.0	1.5
Dún Laoghaire Rathdown	6.4	11.8	14.0	29.5	23.8	14.5	6.6	1.7
Fingal	9.7	14.5	11.9	36.6	20.0	7.2	2.6	0.6
South Dublin	8.7	14.4	13.1	33.0	22.1	8.7	3.2	0.6
Dublin Total	7.3	11.9	13.6	34.9	21.3	10.9	4.8	1.2
Carlow	8.0	14.3	12.8	30.9	22.6	11.4	4.8	1.2
Kilkenny	7.9	14.4	11.8	29.8	23.9	12.3	5.3	1.4
Longford	8.3	14.9	11.6	29.2	23.5	12.5	5.4	1.4
Meath	9.5	15.7	11.4	33.1	21.4	8.9	3.5	0.9
Westmeath	8.0	14.6	12.9	30.6	22.6	11.4	5.0	1.3
Wexford	7.9	14.8	11.6	29.4	23.6	12.6	5.1	1.2
Wicklow	8.4	14.8	11.9	30.8	22.9	11.1	4.6	1.2
Outside Dublin Total	8.4	14.8	11.9	30.8	22.9	11.1	4.6	1.2
IEHG Total	7.7	13.0	13.0	33.4	21.9	11.0	4.7	1.2
National	7.8	13.6	12.6	31.6	22.7	11.7	5.0	1.3

Source: CSO Census, 2016 and 2011

Ethnicity

Compared with the national average, IEHG has a more ethnically diverse population. There is a higher percentage (17.5%) of all other ethnic backgrounds when compared with the national average (14.9%). This is largely driven by Dublin (20.4%) with outside Dublin at 12.6% (CSO Census, 2011).

Outside of Dublin (86.6%) has a higher percentage of white Irish than Dublin (79.2%) - when compared with the national average (84.5%), IEHG (81.9%) is slightly below.

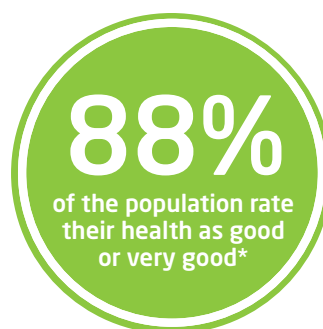
Deprivation

Within the geographic area of IEHG there is wide variation in deprivation levels. Dún Laoghaire-Rathdown is the most affluent of the 34 local authority areas while Wexford is one of the most disadvantaged areas in Ireland.

There is a well-recognised link between deprivation and chronic illness. For all chronic conditions there is a two to three fold difference in prevalence of disease between those in lower socio-economic groups compared to those in high socio-economic groups¹.

Perceived Health Profile

People's perception of their general health based on the CSO Census (2011) is similar to that of the national average; both within Dublin and outside of Dublin 88% of the population rate their health as "good / very good".



* CSO Census 2011

¹ Cite http://tilda.tcd.ie/assets/pdf/glossy/Tilda_Master_First_Findings_Report.pdf and <http://www.publichealth.ie/files/file/Inequalities%20in%20Mortality.pdf>



Our Staff Profile

A healthy workplace creates a supportive environment that protects and promotes the physical, mental and social wellbeing of staff. Creating a supportive environment for the health and wellbeing of staff is essential to ensure that staff reach their full health potential.

There are approximately 10,800 staff (whole time equivalents) employed across the 11 hospitals in IEHG - (IEHG Employment Census, October 2016).

In recognition of the challenges facing staff to maintain a healthy work/life balance, the objective throughout this plan is to create a culture of health and wellbeing by supporting staff to look after their own health and wellbeing both in the workplace and in their community. There are a large number of staff focused health and wellbeing initiatives underway in all hospitals across the Group. IEHG will continue to support these initiatives and will provide leadership and commitment to empower staff at all levels in the organisation to take personal responsibility for their health and wellbeing. We will work in partnership with colleagues across the health services to ensure that hospitals develop from into health workplace and in turn a healthy organisation.

Staff have the potential to influence not just their patients but colleagues, volunteers, visitors, their families and friends. Successful implementation of the plan to improve the health and wellbeing of patients and staff is dependent on everyone making HI part of their daily routine in their workplace, at home and in the community (HSE Corporate Plan Goal 1, 2015-2017).

IEHG will continue to work with the individual hospitals, UCD and HSE Health & Wellbeing the journey to a healthier Ireland. The combined efforts of IEHG and all 11 hospitals will be evidenced in the engagement and attendance levels of staff and their overall health and wellbeing. IEHG work will be underpinned by best practice HR policies and procedures in support of staff health and wellbeing, aligned to the People Strategy priorities and the Corporate Plan 2016 - 2018 and the implementation of the forthcoming health sector wide Healthy Workplace Policy.

While some work has been undertaken by individual hospitals to determine staff health and wellbeing, to date no comprehensive work has been undertaken to assess these levels. This will be addressed as part of the plan.



Healthy Ireland Team Regional Hospital Mullingar

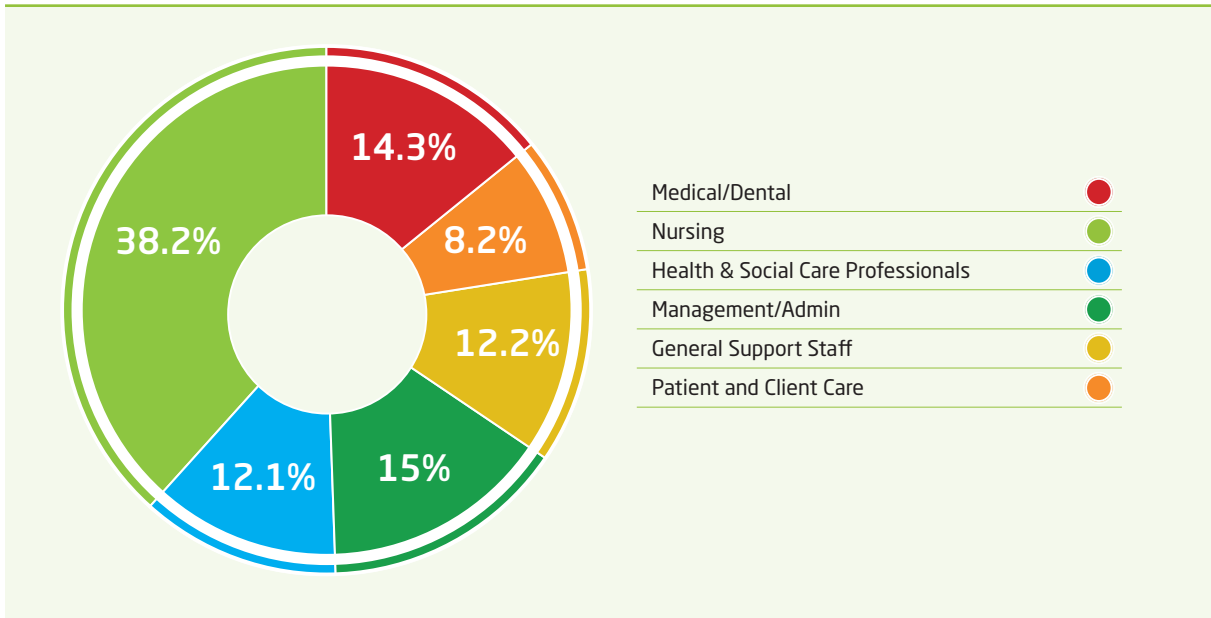
IEHG Employment Census (October, 2016)

Staff Category	Total Number of WTE's at October 2016
Medical/Dental	1,555
Nursing	4,153
Health & Social Care Professionals	1,320
Management/Admin	1,632
General Support Staff	1,333
Patient and Client Care	890
Total	10,883

In 2015 the 11 hospitals across the group delivered:

Emergency Attendances	273,537
In-Patient Discharges	129,975
Emergency Admissions	92,237
Day Cases	182,823
Births	15,230 (23% of national births)
OPD Attendances	730,925

Staff Category Oct 2016



* citation is <http://health.gov.ie/wp-content/uploads/2016/10/Healthy-Ireland-Survey-2016-Summary-Findings.pdf>

23%
of the population smoke*



Healthy Ireland team St. Michael's Hospital

IEHG Healthy Ireland Initiatives currently underway;

Bike to work scheme

Mater Hospital



Bike shelters

St. Vincent's University Hospital



Education and training programmes

Cappagh Hospital



Chronic disease management



Healthy Ireland teams in place

Wexford General Hospital



Awareness raising events



Chronic disease education

Loughlinstown

Smoking cessation programmes



Healthy Ireland teams in place



Healthy eating options



Couch to 5k challenges

St. Luke's Hospital, Kilkenny



Sli na Sláinte routes

Healthy Ireland within the Ireland East Hospital Group

In response to rising levels of chronic illness, lifestyle trends that threaten health and persistent health inequalities the government launched 'Healthy Ireland' a national framework for action to improve the health and wellbeing of people living in Ireland in early 2013. This is a broad framework of actions which are to be undertaken across all government departments, public sector organisations, businesses, communities and individuals to improve health and wellbeing and reduce the risks posed to future generations.

The Vision for Healthy Ireland is:

'A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.'

Healthy Ireland identified four central goals for improved health and wellbeing:

Goals

Increase the proportion of people who are healthy at all stages	Reduce health inequalities
Protect the public from threats to health and wellbeing	Create an environment where every individual and sector can play their part in achieving a healthy Ireland

In response to the publication of Healthy Ireland the HSE published its own Implementation Plan, (Healthy Ireland in the Health Services Implementation Plan 2015-2017) which identified three strategic priorities for the Health Services.

- Health Service Reform
- Chronic Disease Prevention and Management
- Workforce Health and Wellbeing.

The HSE national plan identified 126 actions some of which need to be progressed at corporate level and others at local level. In line with the national plan each hospital group and each CHO has to develop their own Implementation Plan.

The Implementation of our IEHG Healthy Ireland Plan is a unique opportunity to empower patients and staff to take the positive actions necessary to improve their health and wellbeing and to reduce the burden of chronic disease in Ireland.

The WHO has attributed 60% of the disease burden in Europe to seven leading risk factors: hypertension, tobacco use, alcohol misuse, high cholesterol, being overweight, low fruit and vegetable intake and physical inactivity.(ref. Healthy Ireland 2013)

The aim of our IEHG Healthy Ireland implementation plan is to create an environment where patients, staff and the wider community will be supported to live healthy and active lifestyles and to reach their health potential.

Following on from a series of staff meetings with the 11 individual hospitals and the findings from a baseline survey undertaken across all hospitals in early 2016, a number of recurring priorities and themes were identified.

These priorities include:

- **Physical Environment:** Provide the facilities and a supportive environment to enable staff and patients to make healthier choices
- **Staff health and wellbeing:** Promoting staff wellness and resilience
- **Partnership:** With community and other relevant organisations
- **Patient Health & Wellbeing:** Reduce the rate of growth in chronic illness.

Chronic Disease Prevention

Chronic diseases have a significant impact on acute hospital admissions and attendances as well as on people's health and wellbeing. Chronic diseases include diabetes, cancer, heart and lung diseases and mental health problems. They are major drivers of healthcare costs, as well as associated economic losses¹.

Up to 80% of chronic illness can be prevented and much of the burden of chronic disease can be reduced by lifestyle changes, lifestyle choices and risk factor modification. The choices people make throughout their lives will influence and determine their health. In order to positively impact on chronic disease in later life it is important that prevention starts in childhood and continues through to old age. Key risk factors in the prevention of chronic diseases includes eating well, following guidelines for alcohol use, quitting/not starting smoking and leading a more active life as well as promotion of positive mental health and wellbeing.

There is a real potential to have a meaningful impact on the population's wellbeing with the provision of suitable chronic disease prevention services. Staff, patients, and community need to be supported to make healthier and sustaining lifestyle choices.

Impact of Chronic Diseases on IEHG

13.1% of all adult discharges and 22.8% of inpatient bed days are accounted for by people who have a principal diagnosis of the main chronic diseases (Diabetes, COPD, Asthma, Heart Failure, Coronary Heart Disease, Stroke and Cancer). When patients discharged with any of these chronic illnesses are included (rather than primary diagnosis) these figures are considerably higher at 22.9% and 34.2% respectively. This indicates the significant challenge that chronic illness currently presents on IEHG hospitals.

Table 4: IEHG HIPE data, average number of hospital discharges by principal diagnoses, over 3 years 2013 to 2015, for those aged 15 and over

Chronic Disease	Total		Daycase		Inpatient		Inpatient bed days		
	N	%	N	%	N	%	N	%	ALOS
Diabetes	4,731	1.56	3,464	1.90	1,267	1.05	10,996	1.56	8.7
COPD	3,259	1.09	124	0.07	3,171	2.64	24,596	3.48	7.8
Asthma	710	0.23	207	0.11	502	0.42	1,388	0.20	2.8
Heart Failure	1,417	0.47	25	0.01	1,392	1.16	15,729	2.23	11.3
Stroke	1,436	0.47	11	0.01	1,425	1.19	31,634	4.48	22.2
Coronary heart disease	4,892	1.62	1,588	0.87	3,304	2.75	21,079	2.98	6.4
Neoplasms (all cancers)	23,319	7.70	17,558	9.61	5,760	4.79	55,201	7.82	9.6
7 chronic diseases	39,799	13.14	22,977	12.58	16,821	14.00	16,063	22.74	9.5
TOTAL: All discharges	302,768	100	182,628	100	16,821	100	160,623	100	5.9

Data source: Hospital In-Patient Enquiry (HIPE), Healthcare Pricing Office (HPO). Table 4

Table 5: IEHG HIPE data, average number of hospital discharges by any diagnoses, over 3 years 2013 to 2015, for those aged 15 and over

Chronic Disease	Total		Daycase		Inpatient		Inpatient bed days		
	N	%	N	%	N	%	N	%	ALOS
7 chronic diseases	69,287	22.88	45,237	24.77	24,050	20.02	241,220	34.16	10.0
TOTAL: All discharge	302,768	100	182,628	100	120,139	100	706,224	100	5.9

Data source: Hospital In-Patient Enquiry (HIPE), Healthcare Pricing Office (HPO). Table 5

Healthy Ireland in our Hospitals

In early 2016, each hospital completed a baseline survey to identify the current HI resources available and initiatives that are currently underway within each hospital for staff and for patients. These surveys identified a wide variation in the availability of dedicated resources to support the implementation of Healthy Ireland. IEHG intends to build on this foundation to deliver on our Implementation Plan.

EXAMPLES OF INITIATIVES ALREADY UNDERWAY INCLUDE:

- Smoking cessation programmes
- Physical activity initiatives: Slí na Sláinte & Active@work (Irish Heart Foundation), Operation Transformation, Sports Clubs
- Smarter Travel initiatives (Smarter Travel)
- Breastfeeding support
- Healthy Eating/ Calorie Posting and HSE Healthy Vending (work-in-progress)
- Access to clinical specialists in chronic disease management
- Flu vaccination - peer support

The baseline survey also identified areas for improvement particularly around staff health and wellbeing as well as the need to develop clear referral patient pathways both within hospitals and into the community. There are also limited numbers of specialist clinicians dedicated to chronic disease management and health promotion/lifestyle management. To fully implement the IEHG HI plan there is a need to address these gaps.

PROGRESS IN IMPLEMENTING HI WITHIN IEHG

The following actions are already underway to support and implement HI objectives across the 11 IEHG hospitals:

- Executive Lead appointed within IEHG 2015
- HI Project Manager appointed for the Group
- Steering Group established Autumn 2015
- Designated HI Lead in each hospital
- HI staff briefing sessions delivered
- Baseline survey completed in each hospital
- HI Committees/Implementation Teams established at each hospital
- Once off funding allocated to support staff health & wellbeing initiatives in each hospital
- Action Plans under development in each hospital.

29%

of the population would like to eat more healthy*

*HI Survey 2016



Implementing Healthy Ireland in IEHG



The IEHG Implementation Plan has been developed in line with the priorities set out in the Health Services Implementation Plan 2015-2017. IEHG has positioned Healthy Ireland under the executive's team governance to reflect the Group's commitment to the successful implementation of HI. The Executive Lead is supported by a HI Project Manager and an Oversight Group Steering Committee.

Each hospital has established a local HI Committee and the local HI Lead has contributed to the development of this plan. A designated HI Lead also sits on the IEHG Steering Group. A working group comprising of the designated HI leads has been established to support learning and sharing of information and initiatives between hospitals.

The HI committees within individual hospitals are in the process of establishing local Implementation plans with actions aligned to the IEHG Plan.

In light of the growing burden of preventable chronic diseases on the health care system it is essential that IEHG hospitals champion and promote the health of staff, patients, and local communities through the development of a supportive environment so that the healthier choice is the easier choice.

Hospitals are an important setting for programmes targeting chronic diseases because of the availability of expertise among staff and reach to a wide population of employees, patients and visitors. The aim is to promote collaborative working between hospitals and their local CHO, Child Health Services and community partners to identify, develop and promote access to community based services such as weight management, exercise programmes and local mental health promotion initiatives. IEHG will actively promote the use of technology to enable GPs to directly liaise with hospital consultants in the management of chronic diseases in the community.

Delivery on many of the actions within this plan will be supported and supplemented by the roll out of other national programmes such as Tobacco Free Ireland, The Public Health (Alcohol) Bill) 2015, A Healthy Weight for Ireland, the National Physical Activity Plan, Healthy Workplace; as well as HSE lead policies including 'Self-Management of Chronic Diseases' and the HSE People Strategy.

The implementation of HI is a journey that everyone must participate in and contribute to if Healthy Ireland is to be successfully implemented and sustained. The success of this plan will require commitment, enthusiasm, education and training and patience. There will also be significant resource implications. The full implementation of HI will take several years and IEHG will continue to monitor progress on delivery of the actions on an annual basis.



MONITORING PROGRESS

IEHG has identified a number of priority key performance indicators to monitor the implementation of this plan to measure the individual hospitals' performance on its implementation. These include:

- Increase in breastfeeding initiation rates in the IEHG maternity services
- Number of hospital sites with calorie posting and healthy vending policies fully implemented
- Improved compliance with Audits of Tobacco Free Campus
- Number of staff trained in Making Every Contact Count in line with national targets
- A reduction in chronic illness related bed days in IEHG hospitals
- Improved engagement with staff and provision of programmes that support staff to manage their own health in a supportive work environment
- Annual updates on the implementation of the plan at local level and initiatives underway in each of the hospitals
- Monitor the number of initiatives supporting the promotion of active travel across the Group.

SUSTAINABILITY

IEHG will harness the work of the National Health Sustainability Office (NHSO) to build staff, patient and public awareness of sustainability issues, and to deliver lower costs and a healthier environment. All hospitals will work in partnership with the HSE National Sustainability Office to develop a plan for the production of a Group Sustainable Development Management Plan. The areas of focus include energy efficiency, waste reduction, water conservation alongside the development of sustainable facilities and

buildings in both design and operation. As part of the HI agenda IEHG will continue to promote 'smarter travel workplace' and 'smarter travel campus' and build on links with the National Transport Authority.

HIQA

National Standards for Safer and Better Healthcare (2012)

HIQA Standards for Safer Better Health Care (1.9 and 4.1) identify the requirement for each hospital to put in place Health and Wellbeing plans for patients and staff. The IEHG HI Implementation Plan includes a range of actions to meet these standards for patients and staff.

The actions within this plan will support the implementation of the HIQA standards by ensuring service users and staff are supported in maintaining and improving their own health and wellbeing and that the health and wellbeing of staff and service users are promoted, protected and improved.



Actions

1. Governance, Leadership and Structures

No	Actions and Targets	Completion Date	Lead
1.1	Assign a HI Executive Lead and HI Project Manager to oversee the implementation of the plan.	Completed	Dept. CEO/COO
1.2	Establish IEHG Steering Committee to oversee the IEHG HI Implementation Plan.	Completed	IEHG Executive Lead/Project Lead
1.3	Establish IEHG HI Leads Working Group.	Completed	IEHG Executive Lead/Project Lead
1.4	Undertake staff engagement sessions to communicate the HI vision at local level.	Completed	Project Lead/Health & Wellbeing Division
1.5	Establish HI Implementation committees (with HI leads) in each hospital.	2017	HI Hospital Committee/IEHG Steering Committee/Project Lead
1.5.1	Each hospital to establish links with local CHOs to ensure integration in the development of local plans.		
1.6	Support the development of HI Implementation plans for each hospital.	2017	IEHG Executive Lead/HI Hospital Committee/Project Lead
1.7	Monitor progress and demonstrate delivery of actions for IEHG HI Implementation Plan.	2017	IEHG Steering Committee/Project Lead
1.8	Promote and actively seek out health and wellbeing opportunities with IEHG CHO's and other stakeholders.	2017-2019	IEHG Steering Committee/IEHG Executive Lead/Project Lead/CHOs
1.9	IEHG will support the introduction of Brief Intervention training as part of mandatory training - in the interim IEHG will review initiatives to support the release of staff for training.	2017-2019	IEHG Steering Committee/IEHG Executive Lead/Project Lead/Human Resources
1.10	Support the establishment of a Health Promotion/Lifestyle Management Clinic in each IEHG hospital. Note: resource dependent.	2019	IEHG Steering Committee/CEO/GM/Health and Wellbeing/Human Resources



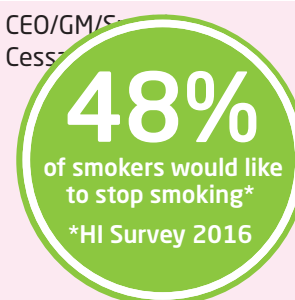
2. Tobacco Free Ireland

Tobacco use is responsible for over 5,000 deaths each year in Ireland and is the leading cause of chronic disease burden and health inequalities. Tobacco Free Ireland (2013) is Ireland's national policy on tobacco control and has set a target for Ireland to be smoke free (i.e. a smoking prevalence of <5%) by 2025. The actions outlined below are focused on supporting Tobacco Free Ireland, including Tobacco Free Campus, delivery

of Smoking Cessation Services and relevant training for staff.

Staff who smoke or who are affected by tobacco related chronic disease will be supported within the actions through the provision of a smoke free environment and access to smoking cessation services and nicotine replacement therapies.

No	Actions and Targets	Completion Date	Lead
2.1	Assign a nominated tobacco lead from senior management in each hospital to support monitoring and implementation of local Tobacco Free Campus Policy.	2017	CEO/GM/IEHG Executive Lead
2.2	Each hospital will develop an action plan to progress the implementation and on-going monitoring of the HSE Tobacco Free Campus Policy.	2017/ ongoing	CEO/GM/Tobacco Free Campus Committee
2.3	All hospitals will actively participate in a local self-audit of their Tobacco Free Campus.	2017/ ongoing	CEO/GM/Tobacco Free Campus Committee/Human Resources
2.3.1	IEHG will review local audits and support local initiatives to ensure adequate implementation of the Tobacco Free Policy.		
2.4	Display hospital Smoking Cessation Service information and Quit communication materials in all hospitals.	2017/ ongoing	HI Hospital Committee/ Smoking Cessation Service
2.5	Hospitals should also have a dedicated specialist smoking cessation service to provide support for staff and service users who wish to quit.	2017/ ongoing	CEO/GM/Smoking Cessation Service
2.5.1	Each hospital to routinely record smoking prevalence of patients.		
2.5.2	Hospitals should also develop a comprehensive referral pathway in conjunction with the local CHO. Note: Resource dependent.		
2.6	Each hospital to train the annually agreed target number of front line staff in Brief Intervention (BI) for Smoking Cessation/Generic BI (Making Every Contact Count).	2017/ ongoing	CEO/GM/Human Resources/ Occupational Health
2.6.1	Each hospital local operational plan will record KPIs for BI training and treating tobacco dependence as a care issue.		
2.7	All hospitals to assess staff smoking prevalence, offer reduced cost cessation pharmacotherapy and referral to intensive cessation services.	2017/ ongoing	CEO/GM/HI Hospital Committee



3. Healthy Eating and Active Living

The HSE Healthy Eating and Active Living (HEAL) programme has been established to address diet and physical activity within the HI Framework and in the context of Ireland's high rates of overweight and obesity (National Policy on Obesity) and sedentary lifestyles (National Physical Activity Plan). The actions outlined below are focused on supporting the HEAL programme and national policies to ensure risk factors are measured and documented and evidence based interventions are provided.

Staff will be supported within the actions through dedicated healthy initiatives such as the provision of the Healthy Vending and Calorie Posting Policies, Brief Intervention Training and physical activity initiatives such as Slí na Sláinte (Irish Heart Foundation), Operation Transformation and Smarter Travel initiatives in conjunction with other local initiatives.



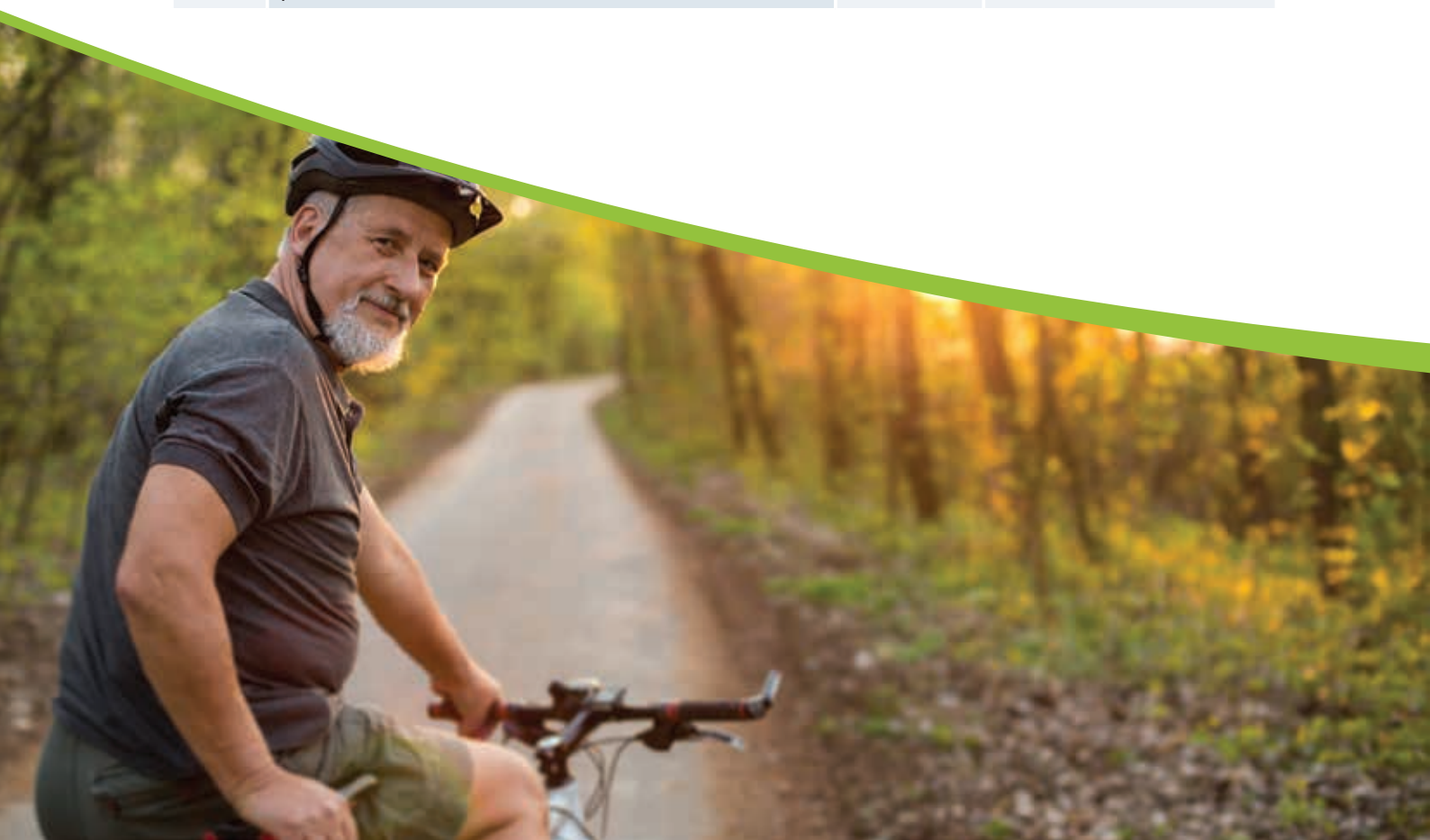
HEALTHY EATING

No	Actions and Targets	Completion Date	Lead
3.1	Each hospital to complete the implementation of the HSE Healthy Vending and Calorie Posting Policies.	2017	CEO/GM/Facilities/Catering/ Dietetics/Procurement/
3.2	Support the implementation of the forthcoming HSE Healthy Food and Nutrition Policy including the national clinical guideline for identification and management of malnutrition.	2018/2019	CEO/GM/Smoking Cessation Service
3.2.1	In the interim each hospital will implement a system to ensure that all patients are screened for the risk of malnutrition on admission to hospital in line with HIQA recommendations.		
3.3	Support the implementation of 'A Healthy Weight for Ireland' as advised by the national Healthy Eating Active Living programme.	2017/ ongoing	Nutrition & Hydration Committee/Healthy Eating Active Living Programme
3.4	Review and map the current management of overweight and obesity within IEHG.	2017	Project Lead/ Dietetics/ Endocrinology/ CHO Leads for Health & Wellbeing
3.4.1	Formalise existing referral pathways for overweight and obese patients from acute hospital care to community services.		
3.5	Promote the recording of BMI in medical records including electronic records e.g. HIPE and GP systems. Note: delivery on this action may be dependent on progress at national level re: IT systems.	2017/ ongoing	Project Lead/IEHG Steering Committee/ Dietetics
3.6	Facilitate the release of key frontline staff for training in brief intervention so that staff have the skills and confidence to discuss the importance of healthy eating and physical activity for good health and wellbeing with service users.	2017/ ongoing	CEO/GM/Director of Nursing/Heads of Departments
3.7	Display healthy eating materials and resources in all hospitals and undertake awareness campaigns for staff and patients.	2017/ ongoing	HI Hospital Committee/ Catering/Dietetics
3.8	Review the provision of food and beverages at internal and external hospital meetings and conference to ensure a minimum of 50% of choices are healthy food/beverages.	2017/ ongoing	CEO/GM/HI Hospital Committee/Catering/ Project Lead

PHYSICAL ACTIVITY

Physical fitness (particularly cardio-respiratory fitness) is a major, independent determinant of overall health and mortality, and can readily be improved with exercise.

No	Actions and Targets	Completion Date	Lead
3.9	Implement actions from the National Physical Activity Plan as advised by the national Healthy Eating Active Living programme.	2019	Healthy Eating Active Living Programme/ HI Hospital Committee
3.10	Establish a baseline of all clinical exercise programmes currently provided in all hospitals and map referral pathways for same in conjunction with CHOs.	2017	IEHG Steering Committee/Project Lead/Physiotherapy Department/CHO Leads for Health and Wellbeing
3.10.1	Align these programmes to the health service operation model for National Exercise Referral Framework.	2018	
3.11	Through partnership with local CHOs, formalise links with local sports partnerships and other relevant organisations for the promotion of community-based existing physical activity programmes for staff and patients.	2017	HI Hospital Committee/ Sports Partnerships/CHO Leads for Health and Wellbeing
3.12	All hospitals to promote and support active travel, including provision of adequate facilities for staff.	2017/ ongoing	CEO/GM/ HI Hospital Committee/Project Lead
3.13	Display physical activity materials and resources in all hospitals and undertake awareness campaigns for staff and patients.	2017/ ongoing	Project Lead/IEHG Steering Committee/ Dietetics
3.14	The regular monitoring of fitness in hospitals should become an integral part of exercise promotion for patients	2017/ ongoing	CEO/GM/ HI Hospital Committee/Project Lead



4. Alcohol

The HSE National Alcohol Programme has responsibility for developing, planning and overseeing an Action Plan in line with the Report of the Steering Group and to support implementation of the forthcoming legislation. Building capacity with services to address excessive alcohol consumption and raise awareness of the harm caused by alcohol is essential. The actions below reflect the key

national priorities as identified by the HSE National Alcohol Programme.

Through communication and awareness campaigns staff will be supported to increase their knowledge of alcohol risk as well as access to Brief Intervention Training and other local initiatives.




No	Actions and Targets	Completion Date	Lead
4.1	Participate in the HSE Alcohol Communications campaign to increase knowledge of alcohol risk and all aspects of alcohol harm.	2017/2018	HI Hospital Committees/ Project Lead
4.1.1	Display relevant campaign and educational materials and resources in all hospitals and undertake awareness campaigns for staff and patients.		
4.2	Review and document local clinical referral pathways and continue the development of linkages with community drugs and alcohol services.	2018	Project Lead/Liaison Psychiatry/Community Drug and Alcohol Services /CHOs
4.3	Facilitate the release of key frontline staff for training in brief intervention so that staff have the skills and confidence to recognise and address alcohol misuse.	2017/ ongoing	Project Lead/CEO/GM/ Director of Nursing/Heads of Departments
4.4	Support role of alcohol liaison nurse in each hospital. Note: resource dependent.	2018	CEO/GM/Project Lead/ Human Resources
4.5	Undertake local surveys to assess alcohol related attendances and admissions in all hospitals.	2018	HI Leads/Liaison Psychiatry/NPPL for Alcohol
4.6	Promote awareness of alcohol use and recommended drinking levels among in-patients across the group.	2018	HI Leads/Liaison Psychiatry/NPPL for Alcohol

28%

of the population
binge drink on a typical
drinking occasion*

*HI Survey 2016

WEEKLY GUIDELINES FOR ADULTS ARE:

-  Up to 11 standard drinks in a week for women, and
-  Up to 17 standard drinks in a week for men
-  + Minimum of two alcohol free days per week.



5. Wellbeing and Positive Mental Health

There is no health without mental health - there is a clear link between physical health and mental health. IEHG aims to promote and support positive mental health amongst staff and patients. There is a need for healthcare professionals to consider psychological wellbeing when treating the physical symptoms of a condition and vice versa.

This will be achieved through raising awareness of mental health to support the population to achieve their optimum mental health. Health care workers need to be aware of the critical role that the promotion of mental health, and the prevention of mental health problems, has to

play in enhancing overall health and addressing physical health problems.



Staff will be supported through the provision of local resilience training, mindfulness programmes as well as awareness campaigns and access to support programmes as necessary.

No	Actions and Targets	Completion Date	Lead
5.1	Participate in the ongoing review of mental health services, crisis and suicide prevention services in IEHG.	2017	CEO/GM/Mental Health Staff/Occupational Health
5.2	Continue roll out of Suicide Crisis Assessment Nurse (SCAN)	2018	CEO/GM/Mental Health Staff/Clinical Lead with responsibility for ED
5.2.1	Review current practices and strengthen integrated care pathways between ED staff and mental health staff in the management of patients who attempt suicide and present to ED		
5.2.2	Facilitate ED staff to attend suicide awareness and intervention training, deliberate self-harm training and other suicide prevention and intervention training programmes		
5.3	Support the implementation of Connecting for Life Ireland's National Strategy to Reduce Suicide (2015-2020) as advised by the Mental Health Division.	2018	CEO/GM/Mental Health Staff
5.4	Roll out a programme of resilience training for staff and include staff health and wellbeing as part of line management training.	2018	Human Resources/ Occupational Health
5.5	Provide training for all staff in the promotion of mental wellbeing, including practical information to foster wellbeing of staff and patients.	2018	CEO/GM/Mental Health Staff/Human Resources
5.6	Support the introduction of mindfulness training in all hospitals for staff and patients.	2016 / ongoing	CEO/GM/Hi Committee/ Human Resources/ Occupational Health
5.7	Display mental health materials and resources in all hospitals and undertake awareness campaigns for staff and patients.	2017/ ongoing	Hi Committee/Mental Health Staff

6. Healthy Childhood

IEHG will support the implementation of the HSE Healthy Childhood Programme (including The 'Nurture Programme' and the National Maternity Strategy, 'Creating a Better Future Together') in its four maternity hospitals (the National Maternity Hospital, St. Luke's General Hospital Carlow/Kilkenny, the Regional Hospital Mullingar and Wexford General Hospital). To have an impact on health inequalities on chronic disease in later life it is important that children have access

to positive early experiences. It provides the foundation for health over a person's lifetime. The actions below seek to provide health and wellbeing initiatives for mothers and also contribute to healthy lifestyles for mother and baby.

Staff will be supported through access to breast feeding facilities.

No	Actions and Targets	Completion Date	Lead
6.1	Support pregnant women, mothers and their partners to quit smoking through local and national smoking cessation services.	2017/ ongoing	Smoking Cessation Service/HI Hospital Committee
6.1.1	Display and provide appropriate smoking educational materials in maternity hospitals.	2017/ ongoing	Smoking Cessation Service/HI Hospital Committee
6.1.2	Each maternity service will initiate carbon monoxide monitoring at booking visit to identify pregnant smokers and implement an opt-out referral system to onsite specialist smoking cessation services.	2018/ ongoing	CEO/GM/Smoking Cessation Service
6.2	Promote alcohol-free pregnancy; Display and provide appropriate alcohol educational materials in maternity hospitals.	2017/ ongoing 2017/ ongoing	HI Hospital Committees/ Alcohol Liaison Services/ NPPL Alcohol/Project Lead
6.2.1	Train staff to deliver key messages at each antenatal contact and in the early postnatal period.	2018	
6.3	Ensure all maternity hospitals provide mothers with comprehensive information on maintaining a healthy pregnancy.	2018	Project Lead/HI Hospital Committee
6.3.1	Hospitals to incorporate maternal health and wellbeing as part of ante-natal care package - this should be extended to woman participating in shared care antenatal schemes.		
6.4	Each hospital with a maternity service to promote and support breast feeding and meet the national targets on breast feeding.	2017/ ongoing	Lactation Consultant/ Breast Friendly Hospital Committee/HI Committee

No	Actions and Targets	Completion Date	Lead
6.5	<p>Promote good maternal nutrition;</p> <ul style="list-style-type: none"> • Each hospital to support relevant staff to attend training to promote healthy eating in mothers and infants. • Each hospital to support the dissemination of infant and child nutrition information. 	2017 ongoing	Dietetics/Primary Care Dietetics/Maternity/CHO Leads for Health and Wellbeing
6.6	Promote and support physical activity and healthy eating in children; Each hospital to display and make easily accessible for parents and children, guidelines on paediatric physical activity and accompanying educational materials/online resources.	2017 ongoing	Dietetics/Physiotherapy/Primary Care Dietetics/Maternity/CHO Leads for Health and Wellbeing
6.6.1	Establish an agreed referral pathway to appropriate services for children in CHO areas.		
6.6.2	Each hospital to review existing food provision for children.		
6.7	IEHG hospitals will work with partner CHOs to develop and implement governance structure to support delivery of the National Healthy Childhood Programme for e.g. screening programme such as New Born Blood Spot Programme, Universal Hearing Screening, Developmental Dysplasia Hip.	2018/ ongoing	CEO/GM/Project Lead/CHO Leads for Health and Wellbeing

* <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>

A truly systematic, life course approach to healthy ageing starts at birth and therefore reinforces the need to prioritise early intervention*



7. Positive Ageing

The average life expectancy for men in Ireland is now 76.8 years and for women is 81.6 years. Life expectancy at the age of 65 is rising faster in Ireland than anywhere else in the EU.

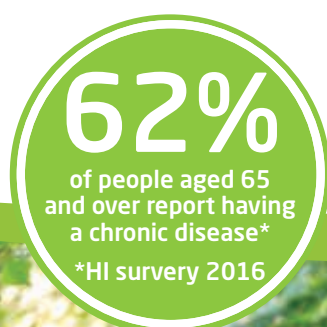
Positive ageing is a lifelong process - the choices people make when they are young and middle aged will influence and determine their health in old age.

Positive ageing opportunities need to allow for older people to continue to contribute to and participate in their community and support them to engage in activities and initiatives that enhance their physical, mental and social health.

A high quality of life that is as independent and fulfilling as possible, protecting dignity, promoting welfare and safeguarding of the elderly is essential for the ageing population. IEHG will support the implementation of the National Positive Ageing Strategy, the National Carers' Strategy and the National Dementia Strategy.

As the average age increases, the average age spent in retirement will increase. Staff will be supported on their health and wellbeing choices to help influence their health in later life.

No	Actions and Targets	Completion Date	Lead
7.1	Review and map existing policies/protocols on falls and relevant falls data.	2018	Quality and Patient Safety/HI Hospital Committee/CEO/GM
7.1.1	Continue monitoring of falls safety cross and formulate quality improvement plans in response to trends observed.		
7.1.2	Audit compliance with 'falling stars' programme across all hospitals.		

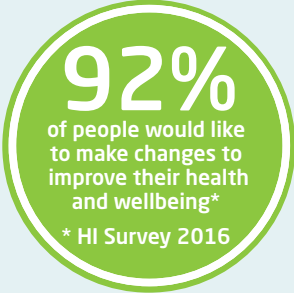


No	Actions and Targets	Completion Date	Lead
7.2	Review and map existing protocols and policies which relate to elder abuse across the hospital group and promote awareness of national policy.	2018/ ongoing	Quality and Patient Safety/ HI Hospital Committee/CEO/GM
7.2.1	Ensure that key frontline staff are released to attend training for the safeguarding of vulnerable adults.		
7.3	Ensure that 'Dementia Understand Together' campaign resources and information are widely available and on display in each hospital.	2017/ ongoing	HI Hospital Committee/ Dementia Working Group/ Social Care/CHO's/HI Committee
7.3.1	Develop an IEHG dementia care pathway in collaboration with the Community Healthcare Teams in local CHO areas.	2018/ ongoing	
7.3.2	Support and implement the National Dementia Strategy actions relating to the acute hospital pathway for people with dementia, in collaboration with the HSE's National Dementia Office, Social Care Division and the National Clinical Programme for Older People.	2017/ ongoing	As above and HSE National Social Care Division
7.3.3	Incorporate Dementia Friendly Design in any new build or modification to existing buildings.	2018/ ongoing	
7.3.4	Hospitals to encourage local supports between the hospital and the community, for example, Alzheimer's Cafes.		
7.4	Continue implementation of 'Nutrition Screening tools' across all hospitals.	2017/ ongoing	Dietetics/Nutrition & Hydration Committee
7.5	Display materials in all hospitals and undertake awareness campaigns on healthy ageing for staff and patients.	2017/ ongoing	HI Committee/Social Care
7.6	Support staff as they age to maintain, improve or manage their physical and mental health and wellbeing at home and in the community.	2018/ ongoing	CEO/GM/Human Resources

8. Staff Health and Wellbeing

A healthy workplace creates a supportive environment that protects and promotes the physical, mental and social wellbeing of staff. Creating a supportive environment for the health and wellbeing of the 10,800 staff within the group is a key priority. This will enable staff to

improve their own health and wellbeing and ensure they have the ability and resilience to continue to provide a high quality patient centred service. Staff will be supported and encouraged to engage and participate locally with health and wellbeing Initiatives.

No	Actions and Targets	Completion Date	Lead
8.1	IEHG and its hospitals will undertake a survey of staff health and wellbeing initiatives underway. The findings will identify the priorities and resources required to positively impact on staff health and wellbeing at work.	2017 ongoing	Project Lead/IEHG Steering Committee/HI Hospital Committee/Human Resources/Occupational Health
8.2	Support current and future staff focused health and wellbeing initiatives underway in all 11 hospitals.	Ongoing	CEO/GM/Project Lead/HI Hospital Committee/Human Resources
8.2.1	IEHG will convene an annual forum to identify, support and recognise HI work underway in all IEHG hospitals to enable sharing and learning across the group.		
8.2.2	Support IEHG staff to avail of HSE health and wellbeing initiatives in any hospital within the group. This will be of particular benefit to staff who have long commutes.		
8.2.3	Each hospital to support the development of health and wellbeing champions across all staff.		
8.3	In conjunction with local CHOs, formalise links with local sports partnerships, professional bodies and regional and national organisations for the promotion of national and local programmes and health and wellbeing opportunities and initiatives for staff.	Ongoing	
8.4	Each hospital to promote increased uptake of the flu vaccine in line with targets in annual operational plans (national target 40% frontline staff).	2017/ ongoing	CEO/GM/Occupational Health/ Public Health
8.5	Establish a baseline of all mental health and wellbeing programmes currently on offer to IEHG staff.	2017	IEHG Steering Committee/ Human Resources/Occupational Health/Project Lead/
8.6	Support the implementation of the forthcoming National Healthy Workplace Policy.	2017/ ongoing	CEO/GM/Human Resources/ Health and Wellbeing Division/ Project Lead
8.6.1	Implement the forthcoming HSE policy for Prevention and Management of Stress in the Workplace.		
8.7	Each hospital to provide continuous training and education and development opportunities to all staff.	2017/ ongoing	CEO/GM/Human Resources/ Project Lead/Heads of Departments
8.8	Implement <i>The Little Things</i> Campaign focused on promoting positive mental health for staff within IEHG.	2017/ ongoing	IEHG Steering Committee/ HI Hospital Committee/ Occupational Health/Human Resources

9. Making Every Contact Count

Making Every Contact Count is about health professionals using their routine consultations to empower and support people to make healthier choices to achieve positive long-term behaviour change. To do this, the health service needs to build a culture and operating environment

that supports continuous health improvement through the contacts that it has with individuals. To implement *Making Every Contact Count* within all sectors of the health service, actions need to happen in four key areas: organisational level, staff, patient and key external affiliates.

No	Actions and Targets	Completion Date	Lead
9.1	Support the roll-out of the forthcoming national health behaviour change Framework - <i>Making Every Contact Count</i> in IEHG hospitals.	2018	CEO/GM
9.2	Identify key champions/advocates for <i>Making Every Contact Count</i> in each hospital within IEHG.	2018	CEO/GM/IEHG Steering Committee
9.3	Ensure <i>Making Every Contact Count</i> is included as part of all job descriptions for Health Professionals and key support staff.	2018	CEO/GM/Human Resources/Heads of Departments

Irish data shows that the number of adults with chronic disease in Ireland will be around

40%

of the adult population by 2020*

* <http://www.hse.ie/eng/about/Who/clinical/integratedcare/programmes/chronicdisease/>



10. Self-Management Supports

The increasing numbers of people living with chronic conditions in Ireland has prompted the need to develop a framework which supports patients to self-manage their conditions to optimise their quality of life. IEHG will promote integrated care pathways with community partners to provide outreach programmes to enable patients to be maintained in the community.

All hospitals will support implementation of the forthcoming National Self-Management Support Framework in collaboration with other areas of the HSE.

No	Actions and Targets	Completion Date	Lead
10.1	<p>Ischaemic Heart Disease</p> <ul style="list-style-type: none"> Standardise Cardiac Rehabilitation and increase its availability across IEHG. This will require the appointment of additional cardiac rehabilitation nurse coordinators and physiotherapists. <p>Note: resource dependent.</p>	2017	CEO/GM/ HSE National Clinical Programme
10.2	<p>Asthma</p> <ul style="list-style-type: none"> Make available to all patients, asthma education supported by a written asthma action plan and skills training including the use of inhalers and peak flow meters. <p>Note: resource dependent.</p>	2018	CEO/GM/ HSE National Clinical Programme
10.3	<p>COPD</p> <ul style="list-style-type: none"> Increase provision of and access to pulmonary rehabilitation in line with the national model of care. 	Ongoing 2018	CEO/GM/HSE National Clinical Programme
10.3.1	<ul style="list-style-type: none"> Expansion of the COPD Outreach Programme <p>Note: resource dependent.</p>		
10.4	<p>Diabetes</p> <p>Increase provision of and access to patient structured education programmes for type II diabetes across IEHG.</p>	2018	CEO/GM/HSE National Clinical Programme
10.4.1	<ul style="list-style-type: none"> Increase provision of and access to type 1 diabetes structured education programmes in keeping with national and international guidelines. 	2017	
10.4.2	<ul style="list-style-type: none"> Support the facilitation diabetes integrated care programmes promoting patient self- management. 		
10.4.3	<ul style="list-style-type: none"> Support provision of and access to lifestyle education for women who develop gestational diabetes in pregnancy. <p>Note: resource dependent.</p>		

No	Actions and Targets	Completion Date	Lead
10.5	<p>Stroke</p> <ul style="list-style-type: none"> Improvement of provision of general rehabilitation therapy early in stroke recovery will be explored. 	2018	CEO/GM/HSE National Clinical Programme
10.5.1	<ul style="list-style-type: none"> Ensure that information provision for people who have suffered stroke and their carers is optimised. 		
10.5.2	<ul style="list-style-type: none"> Stroke specific self-management support programmes will be supported as the evidence base develops. <p>Note: resource dependent.</p>		
10.6	<p>Hypertension</p> <ul style="list-style-type: none"> Continue to support and develop self-management in particular self-monitoring of blood pressure for patients with hypertension. <p>Note: resource dependent.</p>	2018	CEO/GM/ HSE National Clinical Programme
10.7	<p>Heart Failure</p> <ul style="list-style-type: none"> Increase provision of and access to heart failure rehabilitation in accordance with population need. 	2018	CEO/GM/HSE National Clinical Programme
10.7.1	<ul style="list-style-type: none"> Support for integrated care programmes for heart failure which support self-management. <p>Note: resource dependent.</p>		
10.8	<p>Peer Support</p> <p>Work with national programmes to explore the provision of peer and social support groups.</p>	2018	CEO/GM/Project Lead/ CHOs/ HSE National Clinical Programme

40%

of the population want to be more physically active*

*HI Survey 2016



Appendices

IEHG Steering Committee Members

Mary Brosnan, Director of Midwifery and Nursing, National Maternity Hospital

Joan Crawford, Senior Health Promotion Officer, HSE

Dr. John Cuddihy, Director of Public Health, HSE South (SE)

Grainne Flanagan, Dietitian Manager, Regional Hospital Mullingar

Eimear Flannery, Healthy Ireland Project Lead, IEHG

Hilary Flynn, Deputy Hospital Manager, St Columcille's Hospital

Orla Haughey, Senior Dietitian, Royal Victoria Eye & Ear Hospital

Siobhan Julian, Dietitian Manager, Wexford General Hospital

Professor Cecily Kelleher, College Principal, UCD College of Health and Agricultural Sciences

Ruth Kiely, Therapy Services Manager, Cappagh National Orthopaedic Hospital

Fidelma Mac Hale, Healthy Ireland Project Manager, IEHG

Rose McCaul, Senior Environmental Health Officer, Environmental Health Service, Health & Wellbeing Division, HSE

Michele McCormack, Chief Operations Officer, Mater Misericordiae University Hospital

Sarah McCormack, Programme Lead for Healthy Ireland, Health and Wellbeing Division, HSE

Barry McGinn, Head of Planning, Performance and Programme Management, Health and Wellbeing Division, HSE (Joint Chair)

Kilian McGrane, HI Executive Lead/IEHG Deputy CEO (Joint Chair)

Maura Coyle Meade, Director of Nursing, Our Lady's Hospital, Navan

Seamus Murtagh, CEO St Michael's Hospital, also representing St Vincent's University Hospital

Dr. Máire O'Connor, Consultant Public Health Medicine, Department of Public Health, HSE East

Professor Donal O'Shea, Consultant Endocrinologist, St Columcille's Hospital, Healthy Ireland Council Member

Mary Ryan, Business Manager, St Luke's General Hospital, Carlow/Kilkenny

IEHG Hospital HI Local Leads

Ruth Buckley	Quality Manager & Health Promotion Manager	Mater Misericordiae University Hospital
Lara Bourton Cassidy	Physiotherapy Manager	Our Lady's Hospital, Navan
Sinead Curran	Dietitian (Obs/Gyn)	National Maternity Hospital, Holles Street
Dr Kirsten Doherty	Interim Head of Health Promotion (Senior Health Promotion Officer)	St Vincent's University Hospital
Deirdre Fitzgerald	Speech and Language Therapist Manager	St Columcille's Hospital
Aine Fitzpatrick	Dietitian Manager	St Michael's Hospital, Dun Laoghaire
Grainne Flanagan	Dietitian Manager	Midland Regional Hospital, Mullingar
Hilary Flynn	Deputy Hospital Manager	St Columcille's Hospital
Orla Haughey	Senior Dietitian	Royal Victoria Eye and Ear Hospital
Eoghan Hayden	Clinical Engineer	National Maternity Hospital, Holles Street
Siobhan Julian	Dietitian Manager	Wexford General Hospital, Wexford
Ruth Kiely	Therapy Services Manager	Cappagh National Orthopaedic Hospital
Mary Ryan	Business Manager	St Luke's General Hospital, Carlow/ Kilkenny



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FOR

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