Ospidéil OL
UL Hospitals
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hi
Healthy Ireland

UL Hospitals Group

Healthy Ireland Implementation Plan

2016-2019

HSE
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

UL Hospitals Group

Healthy Ireland Implementation Plan

2016-2019

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Foreword

The health and wellbeing of everyone living in Ireland, and everyone working with our health system, is the most valuable asset that we possess as a nation. 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 illness. An increased emphasis on prevention, early detection and self-management to improve the health and wellbeing of all our citizens is therefore as important for a modern health service as our priorities of quality, access, value, standards of care and patient outcomes.

The Healthy Ireland in the Health Services Implementation Plan, launched in July 2015 identified three strategic priorities to support this goal – System Reform, Reducing the Burden of Chronic Disease and improving Staff Health and Wellbeing. We are delighted that the UL Hospital Group has translated these priority areas into actions for delivery at local level. With over 3,000 staff and millions of contacts with patients each year, there are significant opportunities to lead and support large scale lifestyle changes for both patients and staff.

We sincerely commend the Steering Group, the Hospital Group's Management Team and Board, and all of their teams, together with the staff from my own Division on the work done to develop this Plan. We assure you of our support in its implementation, building on the great work already evident across hospitals within the UL Group. It takes energy, vision and commitment to turn action into demonstrable change and we believe that working together we can make this a reality.

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

Liam Woods
National Director
Acute Hospitals Division
Health Service Executive

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The Healthy Ireland Implementation Plan for the UL Hospitals Group has been developed to support the Health Services' three priority pillars, namely Heath Service Reform, Reducing the Burden of Chronic Disease and Improving Staff Health and Wellbeing.

Our ambitious targets are driven by the urgent and recognised need to stabilise the numbers of patients presenting with chronic disease and centre on a model of sustainable healthcare. These actions will be carried out across all our sites and will act as a strong force for continued integration across the group.

We have identified approximately 60 priority actions. They aim to bring about organisational change to improve the health and wellbeing of patients and staff and their planned implementation has been sequenced over the next three years.

I would like to acknowledge and thank the following teams for their support, the National Health and Wellbeing Division, Dept of Public Health- HSE West, Mid West Community Health Organisation, Health Promotion, Environmental Health and Occupational Health.

Key to the successful implementation of our ambitious plans is the local teams who are in place to support the programme; these include Hugh Brady, CFO and Healthy Ireland Executive Lead, members of the Steering Committee, Facilities, Healthy Ireland site leads and committees.

I am delighted to able to endorse this plan and look forward to our patients and staff reaping the benefits in the coming years.

Colette Cowan
Chief Executive Officer,
UL Hospitals Group

The Healthy Ireland agenda for the UL Hospitals Group has been gathering momentum since mid 2015 and the launch of this Healthy Ireland Implementation Plan will serve as a permanent structure to support the many initiatives underway. Across the group we are providing opportunities for staff engagement and integration through the promotion of physical activity both within and outside the workplace.

Staff members have taken ownership to lead on running and cycling programmes for their colleagues while a Health Fair was organised for all staff last year. These and other programmes have led to the attainment of gold awards from the Irish Heart Foundation for the promotion of workplace physical activity and for the healthy eating approaches taken by staff canteens.

There has not just been a focus on physical health but our staff have driven the agenda to improve the experience of visitors to our hospitals. With regular musicians visits to the promotion of Art throughout the hospitals, regeneration of our gardens to the successful Christmas Fair we believe our hospitals are more empathetic places to visit. The process of formulating the actions contained within this plan has brought together an energetic Healthy Ireland Steering Group and dedicated Healthy Ireland Hospital Implementation teams.

We are now making plans to map current pathways and resources for chronic disease risk factors in partnership with the Mid-West Community Health Organisation and to participate in the upcoming roll-out of the Making Every Contact Count Framework. I am looking forward to the future of a Healthier Ireland in the UL Hospitals Group as we improve the health and wellbeing for both our population and staff.

Hugh Brady
Chief Financial Officer,
Executive Lead Health and Wellbeing,
UL Hospitals Group

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The UL Hospitals Group

The UL Hospitals Group is one of six hospital networks established in 2013 following the publication of the Higgins report and serves the counties of Limerick, Clare and North Tipperary. Its academic partner is the University of Limerick.

* The group includes one model 4 hospital, two model 2 hospitals, two specialist centres and a voluntary hospital.

* The mission statement of the Group is outlined below:
"All the staff of this hospital will work together in a respectful, caring and professional way to deliver the best possible patient experience in a safe and clean environment and in the most effective and efficient way possible. We are committed to achieving this each and every day"

* An executive management team led by the CEO, Ms. Colette Cowan is supported by four Clinical Directorates who are accountable for the day-to-day operation of the services across the sites. Each Directorate has a management team bringing together clinical, nursing, financial, management and patient safety expertise under the chairmanship of a Clinical Director.

* The UL Hospitals Group has 726 inpatient beds and reported a 9% rise in emergency admissions from 2014 to 2015. Patients presenting to Local Injury Units now account for 30% of all such admissions. There are over 3,300 staff employed within the UL Hospitals Group, of which the majority are nursing (1,410), followed by management/admin (556) and medical/dental (432).

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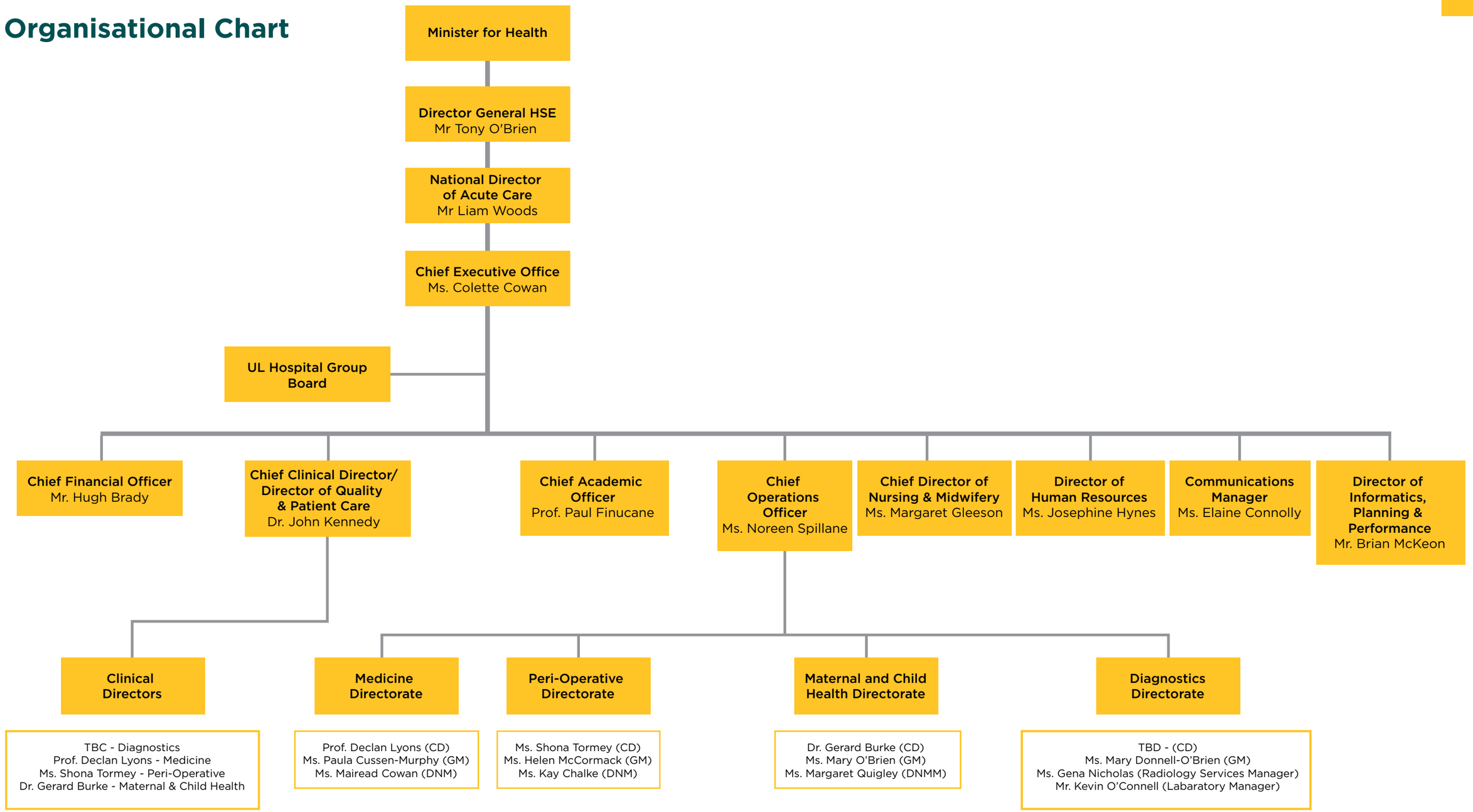
Organisational Chart



CD - Clinical Director
GM - General Manager
DNM - Directorate Nurse Manager

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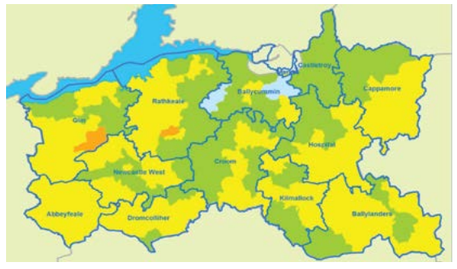
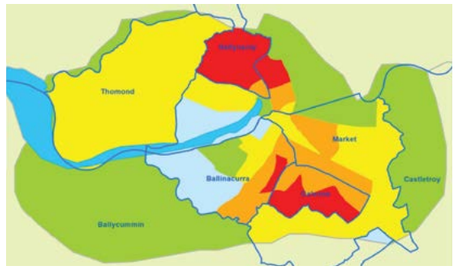
Areas of Deprivation

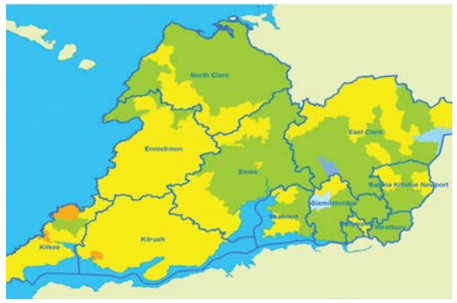
Limerick County



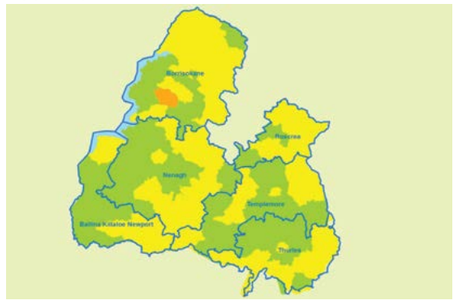
Limerick City



Clare



Tipperary North



DEPRIVATION BY ELECTORAL DIVISION, TRUTZ HAASE DEPRIVATION INDEX (2011)

- Very Affluent
- Affluent
- Marginal Above Average
- Marginal Below Average
- Disadvantaged
- Very Disadvantaged

The Population We Serve

The mid-west region supports a population of 379,327 with a stable birth rate and higher than average death rates from chronic disease. A marked gradient in social diversity is noted across the region.

DEPRIVATION

The Healthy Ireland strategy highlights the strong link between deprivation and health and the need to focus on reducing inequalities. Chronic disease and their risk factors are more common in deprived communities, for example.

- Body mass index, cholesterol and blood pressure are persistently higher among low-income social classes and 9% of 3-year-olds in lower socio-economic groups are obese compared to 5% in higher socio-economic groups.
- Smoking rates are highest (56%) amongst women aged 18-29 years from poor communities, compared to 28% of young women from higher social classes. This is important as one in every two smokers will die of a tobacco-related disease which include a wide range of cancers, as well as respiratory and cardiovascular diseases.
- Levels of depression and admissions to psychiatric hospital are higher among less affluent socio-economic groups. Mental health problems are also related to deprivation, poverty, inequality and other social and economic determinants of health.

In the Mid-West there are significant pockets of deprivation. Overall Limerick city is one of the most deprived local authority areas in Ireland; in contrast Limerick County is comparatively more affluent. Clare and North Tipperary are near the Ireland average in relation to deprivation.

EDUCATION AND EMPLOYMENT

In relation to education 18.9% of the population aged 15 years and over in Limerick city have “no formal or primary education only” compared with the national average of 15.2%. Limerick County, Clare and North Tipperary have similar or lower rates to the national average.

In the last Census in 2011 Limerick city had the highest unemployment rates nationally of 28.6%, both North Tipperary and Clare had similar rates (19% and 18.8%) to the national average (19%) and Limerick County had a lower rate than the national average (17.5%).

DISEASE AND DISABILITY

Within the Mid-West, an urban-rural divide is also reflected in health outcomes, with Limerick city and county together having above average mortality rates for all causes and for the four principal causes of disease – cancer; heart disease and stroke; respiratory disease; accidents, injuries and other external causes. North Tipperary also has a similar picture except rates may be lower than the Ireland average in relation to respiratory disease. Mortality rates for Clare are more in line with the Ireland average for the four main causes and may be lower for cancer.

In Limerick City 2.6% of people self-report as having bad or very bad health compared with the national average of 1.5%. Limerick county, Clare and North Tipperary have similar levels of self reported ill health to the national average.

Nationally over one in ten people report having a disability. This figure is higher in Limerick City (18%); the other areas in the Mid-West have similar percentages to the national rate.

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Information sources

Department of Health. Healthy Ireland. A Framework for Improved Health and Wellbeing 2013 – 2025. 2013. *Available on http://health.gov.ie/healthy-ireland/*

Health information for the Mid-West: County Health Profiles (2015). HSE Public Health Profile Working Group. *Available on http://nehb.ie/eng/services/list/5/publichealth/publichealthdepts/pub/profiles.html*

Our vision for Healthy Ireland in UL Hospitals Group

Healthy Ireland Implementation -

THE NATIONAL PERSPECTIVE

The three priority pillars outlined in the National Implementation Plan, published in 2015, have been integral to the design of this UL Hospitals Group plan and inform the choice of priority action areas.

All of the appropriate actions outlined in the National Plan have been considered for this UL Hospitals Group Plan with the guidance of the HSE's Healthy Ireland project team from the Health and Wellbeing Division.

HEALTH SERVICE REFORM

REDUCING THE BURDEN OF CHRONIC DISEASE

IMPROVING STAFF HEALTH AND WELLBEING

THIS PLAN WILL:

- Place our staff in the centre of our priority actions with programmes that focus on reduction of stress levels and promotion of healthy eating and physical activity.
- Develop a partnership approach with our colleagues in Health and Wellbeing and Primary Care, Mid West Community Health Organisation to develop robust pathways of care to existing services in the community.
- Implement a group-wide preventive medicine approach to addressing these risks factors, both during admissions and out-patient contacts
- Focus on training our staff in the forthcoming national behaviour change model (Making Every Contact Count) and incorporating chronic disease prevention into every staff members role - **to speak with one unified voice for promoting healthy behaviours**
- Measure and document the known chronic disease risk factors displayed by our patients

IMPLEMENTING THIS PLAN

This implementation plan builds on current health and wellbeing practices which are already underway across the UL Hospitals Group, including patient education programmes, staff stress management and leisure time opportunities. A comprehensive survey of staff physical activity was undertaken in 2015 with a 30% response rate (n=1003) and the results of this are reflected in the provision of environmental supports to promote physical activity and active commuting.

The UL Hospitals Group has positioned health and wellbeing under the executive team's governance to signpost the leadership's commitment to the successful implementation of Healthy Ireland within the group.

The Executive lead for Health and Wellbeing, Mr. Hugh Brady, Chief Financial Officer, is supported by a Healthy Ireland Project Manager and an Oversight Group Steering Committee.

In addition, each site has nominated a Healthy Ireland Lead who sit on the UL Hospital Group Healthy Ireland Steering Group and are the Healthy Ireland Leads for their individual hospitals. Healthy Ireland Implementation Teams have been established on each site and aligned to the Directorate structure. These committees are in the process of formulating individual site plans with specific, achievable actions.

The hospital group will imbed health and wellbeing actions and targets in annual service, operational and business plans. See performance matrix in Appendices.

HIQA STANDARDS

In producing this Healthy Ireland Implementation plan and delivering on the actions contained herein the hospital group is confident that our responsibilities under Standards 1.9 and 4.1 of the National Standards for Safer Better Healthcare are adequately discharged.

SUSTAINABILITY

The UL Hospitals Group will harness the Health and Wellbeing agenda to build staff and patient awareness of the importance of sustainable healthcare. We will continue to focus on active transport and build on our links with the Limerick Smarter Travel Programme. We will work in partnership with the Health and Wellbeing Sustainability Group to develop a project plan for producing a Group Sustainable Development Management Plan.

HEALTH INEQUALITIES

The Mid-West region displays a unique social gradient and significant areas of social deprivation. The UL Hospitals Group will strive to plan priority services with the results of equity auditing. In addition, all new educational materials which are generated under the Health and Wellbeing Programme will be formulated with the HSE/NALA Literacy Audit Toolkit.

HOW WE WILL MEASURE SUCCESS:

- Formation of a health and wellbeing department within the Directorate Structure
- Number of chronic risk factors recorded in HIPE as a minimum data set
- Number of staff trained in Making Every Contact Count (MECC)
- Number of patients referred to community intervention and health promotion programmes using agreed referral pathways
- Number of staff taking up physical activity initiatives
- Number of hospital sites with calorie posting and tobacco free campus policies fully implemented
- Availability of evidenced based resources for stress management

> The earliest years of life set the tone for the whole of the lifespan”

The Life Course Approach and Known Risk Factors

Supporting good health and wellbeing at all stages of a person’s life can lead to increased life expectancy in addition to improved quality of life. Within UL Hospitals Group there is a commitment to supporting and improving the Health and Wellbeing of everyone living in the Mid-West region.

Key stages in people’s lives have particular relevance for their health. The life-course approach is about recognising the importance of these stages.

This plan is presented using the life course approach to health promotion. Ireland is a signatory on the WHO European Region Minsk Declaration 2015 which declares that ‘the life course approach is an investment in health and wellbeing’ and is an essential step towards the implementation of Health 2020.

Improving health and health equity begins in pregnancy and early childhood and continues throughout a person’s life span and is a whole of government approach. Availability and access to services, information and infrastructure are fundamental to facilitating people in making better lifestyle choices particularly in areas such as physical activity, diet, tobacco control, and alcohol misuse.

This plan has provided actions for the reduction and prevention of chronic disease under three themes: tobacco control, healthy eating and active living and alcohol usage. It is known that control of these key health behaviours will lead to reductions in disease prevalence rates, improved quality of life and ultimately in a reduction in the numbers of presentations to our services for management of these costly conditions.

1. GOVERNANCE, LEADERSHIP AND STRUCTURES

No	Actions and Targets	Completion Date	Lead
1.1	Assign a HI Executive Lead and HI Project Manager for the duration of the implementation of this plan	2016 - 2019	CEO
	Establish HI Implementation teams with HI Leads in each hospital	2016 - 2019	Executive Lead
	Develop Healthy Ireland Implementation Plans for UL Hospitals Group individual sites	Q4 2016	Executive Lead/Project Lead/ HI Oversight Steering Committee/ Directorates/Site Committees
1.2	Develop performance metrics to demonstrate achievement of priorities and actions for UL Hospitals HI plan	Q3 2016	Executive Lead/HI Group Steering Committee/Project Lead
1.3	Appoint one group health promotion officer in 2017 to support the HI Project Lead for the implementation of this plan	Q4 2017	Executive Lead/HR/Proposed Health and Wellbeing Department
1.4	Appoint an additional team of chronic disease specialists including; A senior dietician for diabetes in UHL(2017 budget)	Q1 2017	Executive Lead/Diagnostics and Medicine Directorates/Proposed Health and Wellbeing Department
	A senior dietician for diabetes in the Maternity Hospital (2017 budget)	Q1 2017	
	A senior physiotherapist for chronic disease management (2018 budget)	Q1 2018	
	A senior occupational therapist for chronic disease management (2018 budget)	Q1 2018	
	A senior speech and language therapist for chronic disease management (2018 budget)	Q1 2018	

CEO: Chief Executive Officer COO: Chief Operations Officer CCD: Chief Clinical Director CDONM: Chief Director of Nursing and Midwifery

2. HEALTHY PREGNANCY AND CHILD HEALTH

Emerging evidence now demonstrates that promoting protective risk factors at pre-natal stage of life can impact significantly on child development and the longer term risk of chronic disease. This plan will strive to provide programmes of care for mothers attending our maternity services which focus, not only on physical health, but on overall wellbeing in particular the impact of a healthy lifestyle on the mother and baby. As a large paediatric centre, the UL Hospitals Group is committed to progressing actions from the National Healthy Childhood Programme, including the Nurture – Infant Health & Wellbeing Programme.
We will work in partnership with our colleagues in community healthcare to identify synergies in the system to support the implementation the actions from both programmes in order to provide an evidence-based child health service.

No	Actions and Targets	Completion Date	Lead
2.1	Undertake a review of the current provision of supports to pregnant smokers and record the number of pregnant women/mothers currently referred to specialist smoking cessation services.	Q1 2017	Maternal and Child Health (MCH) Directorate/Maternity site H&WB committee/Smoking Cessation Specialist
	Establish a baseline of CO recording at booking visit and subsequent prenatal visits, brief interventions for smoking cessation, medication prescription and referrals to intensive cessation service which are documented in maternity clinical records	Q3 2017	
	Continue to support pregnant women to stop smoking through the UHL specialist intensive smoking cessation service	Q3 2016	Medicine Directorate/Smoking Cessation Specialist
	Provide a full-time on-site specialist smoking cessation service to the maternity hospital in accordance with the national maternity strategy.	Q4 2018	MCH Directorate
2.2	Display and provide easy access to appropriate alcohol educational materials in the maternity site	Q4 2016	Maternity site H&WB Committee/ Facilities
	Review existing approaches to alcohol referrals in pregnancy	Q4 2017	MCH Directorate
	Develop and implement a coherent group-wide alcohol referral pathway to specialist services, documenting the numbers of referrals made to same.	Q1 2018 – Q4 2018	MCH Directorate/Maternity site H&WB Committee/Community Alcohol Liaison Service/Project Lead
2.3	Increase current level of breastfeeding to meet the national target of a 2 % annual increase in initiation rates.	Ongoing	Lactation Consultants/MCH Directorate/ BFHI committee
	Provide standardised education to all rotating medical teams on breastfeeding.	Q3 2016	Maternity site committee/MCH Directorate
	Appoint 2.0 WTE Clinical Midwife Specialist in breast-feeding in order to meet criteria as outlined in the national maternity strategy.	Q1 2017	MCH Directorate

2. HEALTHY PREGNANCY AND CHILD HEALTH (CONTINUED)

No	Objective	Actions and Targets	Completion Date	Lead
2.3 (Cont)		Establish a MDT guideline for a pilot colostrum harvesting programme for diabetic mothers.	Q2 2017	Maternity site committee/Lactation Consultants/Diabetes ANP
2.4		Promote good maternal nutrition in order to address risk factors for long term chronic disease and promote protective factors at pre-natal stage of life.	Ongoing	Dietetics/Health Promotion/Primary Care Dietetics/MCH Directorate/CHO Lead for Health and Wellbeing
		Continue to promote, provide and facilitate specific aspects of the national Healthy Childhood programme, for example the antenatal screening programme for viruses; the newborn bloodspot screening programme, the neonatal hearing screening programme.	Q2 2017	
		Implement the relevant care pathways to support the national Healthy Childhood Programme and work with partners in the Mid-West CHO to streamline processes	Q4 2017	MCH Directorate/Paediatrics/Mid-West CHO
2.5		Promote physical activity and healthy eating in children	Ongoing	MCH Directorate/Health and Wellbeing site committees Maternity and UHL/ Physiotherapy/Dietetics
		Display and make easily accessible for parents and children, guidelines on paediatric physical activity and accompanying educational materials/online resources. Promote e existing resources in the community for children's physical activity programmes	Q1 2017	Limerick, Clare and Tipperary Sports Partnerships/Health Promotion/Project Lead/UHL site committee
		Establish an agreed referral pathway to appropriate services for children in the Mid-West CHO following the on-going review of primary care dietetic services.	Q2 2017	Dietetics/Primary Care Dietetics/Health Promotion/Project Lead/CHO Lead for Health and Wellbeing/UHL site committee
		Review existing food provision for children within the hospital group	Q4 2017	Dietetics/Catering/MCH Directorate/ UHL site committee
		Implement the recommended national growth monitoring charts.	Q4 2017	MCH Directorate
		Encourage staff to complete the online Growth Monitoring course available on HSELanD		

3. WELLBEING AND MENTAL HEALTH

Promoting positive mental health and wellbeing forms an important strand of this plan. The statistics for our patient populations are stark, with 1 in 5 of us likely to experience a mental health problem in our lifetime.

The UL Hospitals Group will strive to provide supports to patients to encourage optimal mental health and to implement Ireland's National Strategy to Reduce Suicide – Connecting for Life.

No	Actions and Targets	Completion Date	Lead
3.1	Participate in the ongoing review of mental health services, crisis and suicide prevention services in the mid-west region.	Q4 2016	Chief Academic Officer (chair of research and information working group, regional steering committee on Connecting for Life Implementation)
3.2	Appoint a 0.5 WTE group senior clinical psychologist for cardiology patients	Q1 2018	Principal Clinical Psychologist/Medicine Directorate
3.3	Implement appropriate actions from the forthcoming 'Connecting for Life' Mid West Implementation Plan.	Q4 2018	Liaison Psychiatry/Group H&WB Oversight Committee/Regional Connecting for Life Steering committee

4. TOBACCO FREE IRELAND

Tobacco use is responsible for over 5,000 deaths in Ireland annually and is recognised as one of the leading causes of chronic disease. Ireland's national policy on tobacco control (Tobacco Free Ireland, 2013) has set a target for Ireland to be smoke free (i.e. a smoking prevalence of <5%) by 2025.

The ENSH audit tool/QP&S evidence of TFC compliance document are used to measure tobacco control within health services and compliance with Tobacco Free Campus policy.

No	Actions and Targets	Completion Date	Lead
4.1	Ensure all sites are compliant with monthly auditing of Tobacco free campus policy.	Q4 2017	Site H&WB committees/Tobacco Free Campus Working Groups/Smoking Cessation Specialist/Facilities
	Agree action plans to achieve the gold or silver level of the ENSH award	Q4 2017	
	Assign a nominated tobacco lead from senior management to all sites	Q1 2017	CEO/Executive Lead
4.2	Record the number of front line staff trained in Brief Intervention (BI) for smoking cessation and in generic BI skills when MECC comes on stream nationally.	Q4 2016	Smoking Cessation Specialist/Health Promotion
	Maintain a record of all patients identified as Tobacco dependent and whose tobacco addiction is treated as a health care issue i.e. behaviour and pharmacological treatments offered	Q1 2018	Clinical Directorates
	Documented evidence in patient record of BI, prescription of pharmacotherapies and referral to intensive smoking cessation behavioural support services where appropriate.	Q1 2017	Directorates/H&WB Oversight Committee/Tobacco Free Campus Working Groups/Smoking Cessation Specialist
	Monthly audits of clinical documentation and evidence of quality improvement plans in areas where compliance with required documentation (including exemption documentation) is below 80%	Q2 2017	
	Commence a pilot of smoking cessation awareness within pre-op surgical clinics across all sites. Prioritise all clinical staff in pre-ops surgical clinics for BI training	Q1 2017	Peri-operative Directorate/Site committees/Smoking Cessation Specialist

4. TOBACCO FREE IRELAND (CONTINUED)

No	Actions and Targets	Completion Date	Lead
4.3	Provide specialised smoking cessation support to patients in line with national standards (with a particular focus on providing specialist support to pregnant smokers – see Action 2.1)	Ongoing	Smoking cessation specialist/Medicine and MCH Directorates
	Achieve 45% of those patients who set a quit date to remain smoke-free at 1 month (in line with national targets)	Q1 2018	
4.4	Ensure that all sites have Quit campaign communication and resources prominently displayed and easily accessible.	Q4 2016	Healthy Ireland site committees/ Smoking Cessation Specialist/Facilities
4.5	Train staff in brief intervention skills for tobacco cessation. Agree annual targets through the Policy Priority Groups nationally and in line with national roll out of Making Every Contact Count (MECC) in 2017.	Ongoing	Directorates/Health Promotion/Mid-West CHO

5. 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 Healthy Ireland Framework and in the context of Ireland's high rates of obesity and sedentary lifestyles. The actions outlined below are focused on measuring and documenting these risk factors among our patient cohorts and providing evidence-based behavioural and therapeutic interventions.

No	Actions and Targets	Completion Date	Lead
5.1	Document current measurement tools for BMI recording in in-patient and out-patient settings across the group	Q4 2017	Project Lead/Group HI Steering Committee/Dietetics
	Support the roll-out of national behaviour change model (MECC) in the UL Hospitals Group and ensure that national targets for training attendance are met.	Q4 2017	CEO/CDONM/ COO/CCD/Director of HR/Executive Lead/Health Promotion/ Directorate Managers
	Establish a baseline for number of patients with BMI >30 kg/m^2 in specified clinical areas.	Q1 2018	Proposed HPO post/Dietetics/Project Lead/Group Oversight Committee
	Provide appropriate patient literature on healthy eating and physical activity in each of these clinical area	Q1 2018	Site H&WB committees/Facilities/ Dietetics/Physiotherapy/Notice Board Working Group
	Implement the forthcoming HSE Healthy Food and Nutrition Policy including the National Clinical Excellence Guideline for management of malnutrition	Q4 2018	Nutrition Committee/Dietetics/Facilities/ Directorates
5.2	Formalise existing referral pathways for obese and overweight patients from acute hospital care to community services		
	Review and map the current management of obesity within UL Hospitals Group	Q2 2017	Project Lead/Proposed HPO post/ Dietetics/Medicine Directorate
	Establish links with existing primary care services to develop a standardised obesity referral pathway	Q3 2017	Project Lead/Dietetics/Medicine Directorate/Group Oversight committee/ Mid-West CHO lead for H&WB
	Implement the actions identified in the national obesity strategy as advised by the national HEAL programme	Q1 2018	Nutrition Committee/Group HI Steering Committee
	Support the implementation of an integrated diabetes care programme across the hospital group and Mid-West CHO.	Ongoing	Medicine Directorate/Endocrinology Department/Dietetics/Mid-West CHO

5. HEALTHY EATING AND ACTIVE LIVING (CONTINUED)

No	Actions and Targets	Completion Date	Lead
5.3	Establish a baseline of all clinical exercise programmes currently provided in all sites across the group and map referral pathways to same.	Q2 2017	Project Lead/Physiotherapy Departments/HI Group Oversight committee /Diagnostics Directorate
	Align these programmes to the model for National Exercise Referral Framework currently in development.	Q4 2017	
	Implement appropriate actions contained within the National Physical Activity Plan as prioritised by the national HEAL programme	Q1 2018	HI Group Oversight committee/Project Lead/Physiotherapy Departments
	Commence a pilot physical activity programme for patients with peripheral vascular disease in UHL	Q4 2016	Physiotherapy Department UHL/ Vascular Research Team/Peri-Op Directorate/Project Lead
	Formalise links with Limerick, Clare and Tipperary Sports Partnerships for the promotion of community-based existing physical activity programmes for staff and patients	Q3 2016	Project Lead/Sports Partnerships/Health Promotion/Proposed HPO post

6. ALCOHOL

Addressing excessive alcohol consumption is essential in order to prevent the health harms and societal burden which it inflicts on our population.

The UL Hospitals Group has endeavoured to formulate actions which reflect the key national priorities for the HSE National Alcohol Programme as listed below.

No	Actions and Targets	Completion Date	Lead
6.1	Participate in the HSE Alcohol Communications campaign to increase knowledge of alcohol risk and all aspects of alcohol harm. Ensure relevant campaign materials and resources are displayed in all hospital sites. Record the number of alcohol presentations through ED and Local Injury Units (LIU) across the group	Q3 2017 Q4 2017	Health and Wellbeing Site Committees/ Facilities Medicine Directorate/Performance, Planning and Business Information Dept/ Project Lead
6.2	Establish a working group to consider the necessary changes to clinical documents across the group to capture recording of patients' alcohol use Prioritise the release of ED and LIU staff across the group for brief intervention training for alcohol (SAOR model and MECC BI training when available)	Q3 2017 Ongoing	Project Lead/CDONM/CCD/COO/ Medicine Directorate/Group Steering committee Medicine Directorate/Community Drug and Alcohol Service
6.3	Review existing approaches to alcohol referrals across all sites and develop a coherent group-wide alcohol referral pathway	Q1 2018	Project Lead/Liaison Psychiatry/ Medicine Directorate/Community Drug and Alcohol Services

7. POSITIVE AGEING

As the life expectancy in Ireland continues to increase, there is an onus on health care providers to ensure that older citizens can continue to live these extra years with a high quality of life which is as independent and fulfilled as possible.

The UL Hospitals Group has herein prioritised actions which aim to ensure that the dignity and independence of older patients is protected, that longer years are lived with a good quality of life and care, when required, meets the needs of our society's elders.

No	Actions and Targets	Completion Date	Lead
7.1	Review and map existing protocols and policies which relate to elder abuse across the hospital group and promote awareness of national policy Ensure that key frontline staff are released to attend to elder abuse training	Q1 2018 Ongoing	Quality & Patient Safety/Directorates/ Group H&WB Oversight Committee Directorate Managers
7.2	Ensure that relevant Dementia friendly campaign resources are on display in each site. Develop a group-wide dementia care pathway in conjunction with Mid-West CHO Progress screening of all patients over 65 years for Delirium/Dementia in accordance with national screening tool Perform quarterly audit of psychotropic medication management. Support staff attendance at training on National Acute Dementia Awareness Programme and target a minimum of 80 staff members trained annually	Q1 2017 Q2 2018 Q1 2018 Q4 2018 Ongoing	Health and Wellbeing site committees/ Facilities/Dementia Working Group Directorates/Dementia Working Group/ Mid-West CHO Medicine Directorate/Dementia Working Group Medicine Directorate/Dementia Working Group/Pharmacy Medicine Directorate/Dementia Working Group
7.3	Audit compliance with 'falling stars' programme across all sites Continue monitoring of falls safety cross and formulate quality improvement plans in response to trends observed.	Q4 2017 Ongoing	Falls prevention working group/ Directorates/CDONM
7.4	Engage with stakeholders to audit compliance with Malnutrition Universal Screening Tool (MUST) for in-patients across the sites	Ongoing	Nutrition committee/Dietetics

8. MAKING EVERY CONTACT COUNT (MECC)

Making Every Contact Count (MECC) 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. This approach will allow us to move to a position where discussion of lifestyle behaviour is routine, non-judgemental and central to everyone's role. To implement MECC within all sectors of the health service actions need to happen in four key areas:

- *Organisational* Level which will involve a culture and environment that supports continuous health improvement and has systems in place to embed MECC in to all services and divisions.
- *Staff* engagement, learning, training and skills development is crucial to the integration of MECC within the health service.
- *Patient* empowerment is essential if they are to engage with their health professional about making a behaviour change.
- *Partnership* working with key external affiliates such as Higher Educational Institutes; Professional Associations and Health Professionals not employed within the HSE is central to the success of MECC.

No	Actions and Targets	Completion Date	Lead
8.1	Implement the MECC Communication Plan (yet to be developed) within the UL Hospital Group	Q1 2017 - ongoing	Group HI Steering Committee/ Communications/Project Lead
8.2	Raise Awareness among all staff about the MECC Framework and Implementation Plan, through series of briefings for Managers & Frontline Staff; internal communication processes;	Q1 2017 - ongoing	Directorates/Group HI Steering Committee
8.3	Identify key champions /advocates for MECC in each hospitals within the Hospital Groups	Q3 2017	Executive Lead/Group HI Steering Committee
8.4	Ascertain referral pathways to specialist services in the area of smoking; alcohol, and dietetics.	Q4 2017	Directorates/Group HI Steering Committee/Mid-West CHO
8.5	Map community supports available to signpost clients for additional behaviour change support in the area of smoking; alcohol, healthy eating, weight management and physical activity	Q2 2017	Mid-West CHO/Health Promotion/ Sports Partnerships/ Project Lead
8.6	Work with National MECC team/HG to develop guidelines and support materials to implement MECC in the Hospital Group	Q4 2017-Ongoing	MECC Team/ Executive Lead/Group HI Steering Committee/Project Lead
8.7	Ensure local implementation of the five year MECC Training Plan (yet to be developed) Deliver on the National KPIs for MECC in the area of training	Q4 2017 – 2022	Executive Lead/Group HI Steering Committee/Project Lead/Directorates

8. MAKING EVERY CONTACT COUNT (MECC) (CONTINUED)

No	Actions and Targets	Completion Date	Lead
8.8	Ensure commitment to MECC visible in Hospital Group's Operational Plans	Q1 2017	CEO/Executive Lead
8.9	Act as a pilot site to implement a minimum dataset to record lifestyle risk factors and MECC interventions (currently being developed) on existing and on any future national IT systems in Hospitals and Maternity (MN-CNS, HIPE) systems.	Q1 2018	Executive Lead/HIPE office/Group HI Steering Committee/Project Lead
8.10	Ensure MECC included as part of all job descriptions for Health Professionals and key support staff such as Healthcare Assistants	Q1 2018	HR/Directorates
8.11	Support staff in their own behaviour change efforts through the HSE staff health and wellbeing programme.	Q3 2017	Group HI Steering Committee/local site H&WB committees/Occupational Health/ HR

9. SELF MANAGEMENT SUPPORTS

A National Self Management Support Framework for chronic conditions COPD, Asthma Diabetes and Cardiac Vascular Disease is being developed.

The increasing numbers of people living with chronic conditions in Ireland has prompted the need to develop a framework which supports our patients to self manage their conditions to the extent that they are able to live with the best possible quality of life. This approach is crucial to both patient centred care and sustainability of health services.

No	Actions and Targets	Completion Date	Lead
9.1	Ischaemic Heart Disease • Standardise Cardiac Rehabilitation and increase provision across the Hospital Group. This will require the appointment of an additional cardiac rehabilitation nurse coordinator and physiotherapist (2017 funding).	Q4 2017	Diagnostics and Medicine Directorates
9.2	Asthma • Provide education programmes either group or individual for patients with asthma. • 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 • Consider the use of nurse led telephone review for patients with high risk asthma	Q4 2018	Medicine Directorate
9.3	COPD • Ensure continued provision of pulmonary rehabilitation which includes exercise training and is standardised according to the pulmonary rehabilitation model of care (exercise and disease specific education together with general self-management education) • Expansion of COPD Outreach Programme and link to Integrated Clinical Care programme when rolled out in Mid-West CHO	Ongoing Q1 2018	Medicine and Diagnostic Directorates Medicine Directorate /Mid-West CHO
9.4	Diabetes • Increase provision of patient structured education programmes for type 11 diabetes across the group. • Increase provision of type I Diabetes structured education programmes in keeping with national and international guidelines. This will require the appointment of an additional dietician and CNS (2017 funding). (See point 1.4)	Q4 2018 Q4 2017	Medicine Directorate Medicine and Diagnostics Directorates

9. SELF MANAGEMENT SUPPORTS (CONTINUED)

No	Actions and Targets	Completion Date	Lead
9.5	Stroke • Ensure that information provision for people who have suffered stroke, and their carers, is optimised. Consider stroke liaison emphasising education and information. • Provision of peer and social support including stroke support groups will be explored.	Q4 2018 Q4 2018	Medicine Directorate/Stroke Lead Medicine Directorate/PALS/Mid-West CHO/Patient Council
9.6	Hypertension • Consider Self-management support in particular self monitoring of blood pressure for patients with hypertension. • Prioritise Hospital support for detection and treatment of hypertension in Primary Care	Q4 2018	Medicine Directorate/Group HI Steering Committee
9.7	Heart Failure Standardise exercise based Heart Failure cardiac rehabilitation and provision and increase action to meet the need for patients with heart failure across the group, as part of scaling up for cardiac rehabilitation service.	Q4 2017	Medicine and Diagnostics Directorates
9.8	Generic Self Management Support Programme Explore the provision of Generic Self Management Support Programmes as part of a range of available self-management supports and target to those most likely to benefit (younger patients, those lacking confidence, and those coping poorly with their condition)	Q 4 2018	Executive Lead/Group HI Steering Committee/Project Lead
9.9	Peer Support Enable Individuals with chronic conditions and their carers to access social and peer support appropriate to their needs and in formats and locations that are convenient and acceptable to them including: advice and information on the specific condition(s) • peer and social support (face-to face groups, 1:1, or telephone or online) • peer-led, community based self-management education programmes • social activities e.g. exercise initiatives, community choirs (e.g. through community referrals/ social prescribing) • care and support for carers and relatives. The Hospital Group will take a leadership role with the Mid-West CHO to promote the developments of these initiatives	Q4 2018	Executive Lead/Group HI Steering Committee/Project Lead/Mid-West CHO

9. SELF MANAGEMENT SUPPORTS (CONTINUED)

No	Actions and Targets	Completion Date	Lead
9.10	Involve Carers Include spouses, family or carers in patient education and other self management support interventions where possible and appropriate.	Q4 2018	Group HI Steering Committee/PALS/ Project Lead
9.11	Support for coordination at Hospital Group Level Develop Self-management support plan for each hospital site within the UL Hospitals Group Develop KPIs and reporting systems to monitor achievements. Evaluate and /Monitor Performance	Q4 2018	Executive Lead/Group HI Steering Committee/Directorates/Project Lead/ Site Committees
9.12	Interventions will be subject to routine and ongoing evaluation Undertake quality assurance and routine and ongoing evaluation of programmes at hospital group level including patient outcomes and experience of care provided	Q4 2018	Quality & Patient Safety/Executive Lead/Directorates/Group HI Steering Committee

10. STAFF HEALTH AND WELLBEING PRIORITIES

There are approximately 3, 300 staff working across acute hospital services in the Mid-West and they are our greatest asset. Supporting staff to improve and enhance their own health and wellbeing will ensure they have the ability and resilience to continue to provide a high quality patient centred service in challenging times.

No	Actions and Targets	Completion Date	Lead
10.1	Implement the HSE calorie posting policy in all sites	Q4 2016	Facilities/Catering/Dietetics/Project Lead
10.2	Implement the HSE Vending Machine Policy across all sites	Ongoing	Facilities/Procurement
10.3	Establish a working group to review flu vaccine uptake among staff and develop initiatives to positively impact on same. Engage with other hospital groups with better vaccination rates. Target an annual increase of 5% on uptake rates (e.g. from 15% to 20% uptake in 2016/2017 flu season) – with an aim to achieve the national target of 40%	Q3 2016 Q2 2017	CEO/Occupational Health/HI Executive Lead/ CDONM/ COO/CCD/Directorates/ Public Health
10.4	Establish a co-ordinated approach to stress prevention and management programmes for staff within the group Undertake an assessment of staff needs in the area of stress management Establish a baseline of all mental health and wellbeing programmes currently on offer for staff Standardise the availability of the stress control programme across all hospital sites with the pilot introduction of a programme to the Ennis site Appoint a 0.5 WTE Senior Clinical Psychologist for staff support	 Q1 2017 Q4 2016 Q4 2016 Q4 2017	 Director of HR/ADON HR/Occupational Health/HI Group Steering Committee Clinical Psychology/Project Lead/Group HI Oversight Committee/Occupational Health/HR HI Executive Lead/Project Lead/Clinical Psychology/Occupational Health/HR Clinical Psychology/Occupational Health/ HR

10. STAFF HEALTH AND WELLBEING PRIORITIES (CONTINUED)

No	Actions and Targets	Completion Date	Lead
10.5	Identify staff physical activity champions to assist in planning and delivering physical activity initiatives	Q1 2017	CDONM/COO/CCD/Executive Lead Site Health and Wellbeing Committees
	Ensue that each site has at least one structured physical activity programme annually which focus on providing achievable initiatives to inactive staff	Ongoing	Site committees/Project Lead/Group HI Steering Committee/Sports Partnerships
	Collaborate with Sports Partnerships in the community to promote Physical activity programmes to staff through	Ongoing	Group HI Steering Committee/Site HI leads/Project Lead
	Enhance the working environment to promote physical activity by providing showers and bike racks in UHL	Q4 2016	CEO/Executive Lead/Facilities/Project Lead
10.6	Conduct a staff smoking prevalence survey every two years	Q3 2017	HI site committees/Group Oversight committee/Smoking cessation specialist
	Provide free/subsidised evidenced based cessation pharmacotherapies	Q1 2018	CEO/Finance/Pharmacy/Smoking Cessation Specialist/
	Provide intensive behavioural support to staff	Q3 2016	Smoking Cessation Specialist/Medicine Directorate

11. OTHER INITIATIVES

No	Actions and Targets	Completion Date	Lead
11.1	Deliver one 'Community Health Education Fair' per site per year Promote these Health Education Fairs using a combined communication strategy as an annual community initiative	Ongoing	Executive Lead/Project Lead/ Communications/Site Health and Wellbeing Committees/Mid-West CHO
11.2	Engage with the Health Research Institute and the UL/UL Hospitals Group Clinical Research Unit to foster a culture of research and provide opportunities for research within the implementation of this plan.	Ongoing	Chief Academic Officer/ Executive Lead/ CEO/CRU
11.3	Ensure that patient views and experiences are central to the health and wellbeing programme Continue the nomination of a health and wellbeing representative to the patient council	Ongoing	CDONM/PALS/Patient Council
11.4	Support the continued efforts of the HCAI committee to reduce HCAI/AMR rates within the hospital group	Ongoing	Group Steering Committee/Site Committees

Appendices

UL Hospitals Group Healthy Ireland Steering Committee

Fiona Steed, Marie Casey, Maire Walsh, Rosalie Stack, Laura Tobin, Gerry Leen, Sheila Bowers, Martina Ryan, Mairead Lane, Bedelia Collins, Hugh Brady, Sarah McCormack.

UL HOSPITALS GROUP HI STEERING COMMITTEE CORE MEMBERS:

Hugh Brady, CFO (Chair)

Margaret Gleeson, CDONM (Vice Chair)

Laura Tobin, Project Lead, Healthy Ireland Implementation Plan

Maggie Atkinson, ADON, Health and Wellbeing representative, UHL

Sheila Bowers, Dietician Manager

Eileen Brosnan, Case Mix Manager

Dr. Marie Casey, Specialist in Public Health

Bedelia Collins, Senior Health Promotion Officer

Elaine Connolly, Communications Manager

Kim Coughlan, Health Promotion Officer, Health and Wellbeing representative, St. Johns Hospital

Andrew Curtin, Principal Environmental Health Officer

Dr. Anne Dolan, Consultant Neonatologist, Health and Wellbeing representative, University Maternity Hospital

Dr. Siobhan Gallagher, Paediatric Consultant

Seamus Hourigan, Procurement Lead

Josephine Howard, Cardiac Rehabilitation CNS Health and Wellbeing representative, Ennis Hospital

Gerry Leen, Principal Environmental Health Officer

Dr. Mai Mannix, Director of Public Health

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

Jean Quinn McDonogh, Head of Physiotherapy

Barry McGinn, Head of Planning, Performance and Programme Management, Health and Wellbeing Division

Brian McKeon, Director of Informatics, Performance and Planning

Dr. Nuala O'Connell, Consultant Microbiologist

Irene O'Connor, General Manager, Hospitalities and Facilities

Margaret Quigley, Directorate Nursing/ Midwifery Manager, Health and Wellbeing representative, University Maternity Hospital

Martina Ryan, Physiotherapy Manager, Health and Wellbeing representative, St. Johns Hospital

Rosalie Stack, Senior Physiotherapist, Health and Wellbeing representative, Croom Hospital

Fiona Steed, A/Physiotherapy Manager, Health and Wellbeing representative, Nenagh Hospital

STANDING MEMBERS:

Colette Cowan, CEO UL Hospitals Group

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HEALTH AND WELLBEING PERFORMANCE UL HOSPITALS GROUP

		Target 2017	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Health Service Reform	Named Executive Lead	100% Compliance												
	Named Project Manager(s)	100% Compliance												
	Current Implementation Plan	100% Compliance												
	KPIs reported monthly at Directorate Performance meetings	100% Compliance												
	KPIs reported at National Performance meetings	100% Compliance												
	Group Oversight Steering Group meets quarterly	100% Compliance												
	Site-specific HI Implentation groups meet at least quarterly	UHL												
		Ennis												
		Nenagh												
		Maternity												
		Croom												
		St. Johns												
	% recording of risk factors on HIPE	90%												
Reducing the Burden of Chronic Disease	No.staff attended at Brief Intervention Training (Smoking)	2 monthly, 24 annually (minimum)												
	Tobacco Free Campus Policy is fully implemented on all sites	UHL												
		Ennis												
		Nenagh												
		Maternity												
		Croom												
		St. Johns												
	No of dedicated WTEs in post specifically for chronic disease prevention	Group HPO 1.0 WTE												
		Group Smoking Cessation advisor 1.0												

HEALTH AND WELLBEING PERFORMANCE UL HOSPITALS GROUP (CONTINUED)

		Target 2017	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		Diabetic Dietician 1.0												
		Chronic Disease												
		Specialist Physiotherapist 1.0												
Staff Health and Wellbeing	No of current clinical guidelines and referral pathways in place for management of key risk factors/ behaviours: Smoking, Alcohol, Obesity, Physical Activity (4)	50% Compliance (two complete documents)												
	Calorie Posting Policy is fully implemented on all sites	UHL												
		Ennis												
		Nenagh												
		St. Johns												
		Croom												
		Maternity												
	Healthy Vending Policy is fully implemented on all sites	UHL												
		Ennis												
		Nenagh												
		St. Johns												
		Croom												
		Maternity												
	% uptake of influenza vaccine	20%												
	At least one physical activity programme offered annually, on each site	UHL												
		Ennis												
		Nenagh												
		St. Johns												
		Croom												
		Maternity												

HEALTH AND WELLBEING PERFORMANCE UL HOSPITALS GROUP (CONTINUED)

		Target 2017	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	A stress management programme is offered on all sites	UHL												
		Ennis												
		Nenagh												
		St. Johns												
		Croom												
		Maternity												
	Dedicated Senior Clinical Psychology resource for staff	0.5 WTE												
Public Engagement	At least one Community Health Education Fair is delivered per site, per year	6												
	Named H & W representative on patient council	1												
	The hospital group has an active community outreach committee	1 meeting scheduled per quarter												

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