Healthy Ireland Implementation in the Hospital Groups Baseline Measurement

National Healthy Ireland in Hospital Groups Steering Group

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INTRODUCTION

This document is to assist hospital groups to implement the Healthy Ireland Strategy, which was launched in 2013 with four main goals;

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

Following this strategy a national implementation plan was developed for the Health Services. This implementation plan sets out the key actions at a national and health service level which are needed to implement Healthy Ireland (HI). The implementation plan has focused on three priority areas;

- Health Service Reform
- Reducing the burden of Chronic Disease
- Improving staff health and wellbeing

From a hospital group point of view it is important to note the following

"National and local services will be required to provide status updates on the Healthy Ireland Implementation Plan as part of the Corporate Plan reporting requirements." **(Action 10, page 10. Healthy Ireland in the Health Services Implementation Plan 2015-2017)**

"Standards 1.9 and 4.1 of the national standards for Safer better healthcare (are) to be addressed through HI Implementation Plans at CHO, hospital and service level." **(Action 46, page 19. Healthy Ireland in the Health Services Implementation Plan 2015-2017)**

In January 2016 a national group was convened with representation from three Hospital Groups (Healthy Ireland project leads), Health Promotion, Environmental Health, Public Health and the National Programme Lead for Healthy Ireland. The aim of the group was to define the key HI priorities for measurement for the hospital groups and to develop methods of measurement which were relevant, feasible and consistent and would enable benchmarking across the hospital groups. These were derived from the Healthy Ireland in the Health Services Implementation Plan 2015-2017.

This document divides the priorities into hospital group level and hospital level priorities and also indicates which need to be examined in the shorter term. It sets out the indicators by which each hospital group and individual hospital will be measured and benchmarked against one another. It also describes the process of developing HI plans, both Hospital Group level and individual Hospital level.

PRIORITIES

The following is a list of priorities for measurement in hospital groups; these have been further subdivided into priorities at group level and at individual hospital level.

The priorities have also been categorized as “immediate” and “future”.

- Immediate priorities are those which hospital groups should focus on for 2016.
- Future priorities are those which either depend on national level developments (e.g. IT) or which require the infrastructure, governance and capacity which is established in 2016 before they can be addressed.
- Hospitals which are performing strongly in relation to the immediate priorities can look to these additional priorities for future direction as well as to the Healthy Ireland in the Health Services, National Implementation Plan 2015-2017, in particular Appendix B (page 28) and the Outcomes Framework for the Health Services (pages 38 and 39).

Each priority will have a measurement indicator which could be reported on in the monthly hospital group performance assurance meeting and which will be reported to the National Director for Health and Wellbeing through their reporting mechanism. Monitoring KPIs for the action plans will be developed later, though these baseline indicators can be used in the initial stages.

In this first iteration the indicators are weighted more towards structure and process indicators rather than outcome indicators. This is as outcome delivery is contingent on underlying structures and processes (see Figure 1 below) and the Steering Group decided these components needed to be measured at the beginning of this process.

It should be noted as that HI implementation progresses the priorities and KPIs may be revised.

Figure 1 Donabedian's Quality Framework

IMMEDIATE PRIORITIES: HOSPITAL GROUP LEVEL

1. Health Service Reform

1.1. The Hospital Group has a current named *Healthy Ireland* executive Lead from its senior management team.

1.2. The Hospital Group has a current named *Healthy Ireland* project manager.

1.3. The Hospital Group has a current Implementation Plan from which individual hospital plans will flow.

1.4. The Hospital Group has an active implementation group, with a HI representative from each of the hospital group hospitals, who meet regularly.

1.5. The Hospital Group has an assurance framework to enable monitoring of implementation plan progress. This includes reporting performance in the key indicators at the monthly hospital group performance assurance meeting and to the National Director for Health and Wellbeing through their reporting mechanism.

IMMEDIATE PRIORITIES: INDIVIDUAL HOSPITAL LEVEL

1. Health Service Reform

1.6. The hospital has an active Healthy Ireland site group.

2. Chronic Disease

2.1. Each hospital to have a high proportion of staff with high quality skills in brief intervention, meeting national targets. (Note that the 2016 target for BI for smoking is 1% of staff, also see future priority 7 relating to "Making every Contact Count", the emerging national model for brief intervention.)

2.2. Each hospital to implement the Tobacco Free Campus Policy.

2.3. Each hospital to have dedicated staff/WTEs who work specifically on chronic disease prevention, especially in the areas of smoking, alcohol, nutrition/obesity, physical activity and breast-feeding.

2.4. Each hospital to have clear formal referral pathways for

- Smoking
- Alcohol
- Overweight/Obesity
- Physical activity
- Breast feeding (if applicable)

2.5 Each hospital with a maternity service to meet national targets in relation to breast feeding.

2.6. Have structured education programmes in the hospital/community to assist with chronic disease management. It is anticipated by this working group that this will overlap significantly with the

priorities identified by CHOs, which means a collaborative approach on this may be more appropriate once CHOs are established and their HI implementation plans are underway.

3. Staff Health and Wellbeing

Please note future priority 8 on the Staff Health and Wellbeing Framework.

3.1. Each hospital to implement the Calorie Posting Policy.

3.2. Each hospital to implement the HSE Healthy Vending policy.

3.3. Each hospital to have a high level of staff uptake of influenza vaccine, meeting national targets (currently 40%), and a system for recording uptake.

3.4. Each hospital to have a well promoted high quality programme of health and wellbeing initiatives for their staff. This should include established programmes (e.g. HSE stress control programme, mindfulness training, Slí na Sláinte, smoking cessation support for staff, Irish Heart Foundation active at work programme, National Transport Authority smarter travel programme including pedometer/cycle challenges), initiatives to support staff breast feeding, as well as other local initiatives. There should also be defined referral pathways for staff in relation to chronic disease risk factors.

FUTURE PRIORITIES

4. Each hospital to implement the HSE Healthy Food and Nutrition policy in 2017.

5. Each Hospital to provide a 'staff engagement' programme' aimed at staff being involved in the HR strategy of their Hospital. These sessions, which are already underway in the RCSI Hospital Group and potentially in many acute hospitals, should seek the involvement of staff in programmes for improved Staff Health and Wellbeing through their local Healthy Ireland Staff Plan. Staff surveys should be undertaken to give the opportunity to individual staff to input into the Staff Health and Wellbeing programme and Hospitals should be aiming to achieve awards such as the Healthy Heart Hospital, Healthy Eating and Active@Work Awards, Leading Light RSA awards, etc. HR will need to support the individual Hospitals to implement the plan based on the collective views of the staff/local hospital management.

6. Each hospital to implement the National Physical Activity Plan in relation to workplaces.

7. Each hospital to support and implement the national roll out of “Making every Contact count”. This is a nationally developed model of brief intervention and will have a national training plan once launched.

8. Each hospital to implement the Staff Health and Wellbeing Framework, once introduced.

9. Each hospital to have systems whereby patient level risk factor data for chronic disease (e.g. smoking, alcohol, weight/BMI, physical activity) are consistently recorded in medical records and in IT systems.

A national project on hospital IT systems is underway to enable this to occur. This will also support Activity Based Funding.

10. Hospitals to perform equity audit to ensure the following areas are accessible to all
    - Signage
    - Communication to clients
    - Leaflets/Information Resources
    - Consent

    Hospitals will also examine DNAs in relation to equity to inform any approaches to address this.

    This will be supported by IT developments which will allow recording of patient demographics.

    This priority would be enabled by dedicated staff working on the health and wellbeing agenda in hospitals.

11. Hospitals to be formally engaged in working with external organisations e.g. Charitable, Voluntary or Community Sector.

12. Each hospital should strive towards becoming a health literacy friendly organisation. The National Adult Literacy Agency (NALA) outline that a heath literacy friendly organisation enables everyone to:
    - access its services;
    - communicate effectively with it in different ways;
    - take part in processes and follow procedures; and
    - be treated fairly regardless of their health literacy and numeracy needs" (NALA 2013 p 5).

    Each hospital should aim to work towards a becoming health literacy friendly hospital by improving written and verbal communication, and environmental cues, to reduce the health literacy demands on service users. Examples work to undertake to achieve these goals in hospitals could include:

    - Environmental health literacy assessments
    - Develop a policy on the production of "in house" written information for service users
    - Reconfigure outpatient and admission letters sent to service users.
    - Streamline processes for the development of in house health information & Develop "clear communication checklist" screening tool
    - Develop an interpersonal communication and plain English writing training plan
    - Raise awareness of the impact of environmental cues on health literacy demands
    - Consult with service users, staff and contractors on their experience of using interpreting services.

MEASUREMENT AND INDICATORS

Underpinning the approach to the Healthy Ireland in the Health Services Implementation Plan is the concept that "*we need to be better at measuring what we do and at demonstrating that what we doing is making a positive difference to the health of the whole population*".

This concept underpins the following indicators which have been designed for each of the priorities. This will enable understanding of the "as is" position in the hospital groups and guide the individual hospitals in identifying their own local priorities. It will also enable the hospital groups to track their progress over time until monitoring indicators are put in place nationally.

These indicators will be reported to the National Director for Health and Wellbeing.

Priority area	Priority	Indicator	Measured as	Frequency of measurement	Level of data
Health Service Reform	1.1 The Hospital Group has a current named *Healthy Ireland* executive Lead from its senior management team.	Does your HG have a current named *Healthy Ireland* executive Lead from its senior management team?	Express this as "Yes" or "No".	Measure at baseline and annually. Revise earlier if situation changes.	Hospital Group
	1.2 The Hospital Group has a current named *Healthy Ireland* project manager.	What WTE is currently being allocated for a *Healthy Ireland* project manager	Express this in terms of WTEs.	Measure at baseline and annually. Revise earlier if situation changes.	Hospital Group
	1.3 The Hospital Group has a current Implementation Plan from which individual hospital plans will flow.	Does your hospital group have a current implementation plan from which hospital plans will flow?	Express this as "Yes" or "No".	Measure this at baseline only. The hospital group implementation plan should cover 2015-2017.	Hospital Group
	1.4 The Hospital Group has an active implementation group, with a HI representative from each of the hospital group hospitals, who meet regularly.	Document the future planned meeting dates of the Hospital Group implementation group.	Express this as a series of meeting dates, quarterly as a minimum.	Document the planned meeting dates for the coming year on an annual basis.	Hospital Group
	1.5 The Hospital Group has an assurance framework to enable monitoring of implementation plan progress. This includes reporting performance in the key indicators at the monthly hospital group performance assurance meeting and to the National Director for Health and Wellbeing through their reporting mechanism.	Are Health and Wellbeing performance indicators on the agenda of the PAR meeting and progress against indicators discussed?	Express this as "Yes" or "No".	Measure this on an annual basis.	Hospital Group
	1.6 The hospital has an active Healthy Ireland site group.	Document the future planned meeting dates of the Hospital Healthy Ireland site group.	Express this as a series of meeting dates, quarterly as a minimum.	Document the planned meeting dates for the coming year on an annual basis.	Hospital level

Priority area	Priority	Indicator	Measured as	Frequency of measurement	Level of data
Chronic disease	2.1 Each hospital to have a high proportion of staff with high quality skills in brief intervention meeting the national targets.	Are you meeting national targets on % of staff trained in brief intervention for smoking? (national target for 2016 is 1%)	Yes or No	Measure at baseline and on an annual basis.	Hospital level
		How many staff have been trained this year?	Express this total number this year	Measure and report at baseline.	Hospital level
	2.2 Each hospital to implement Tobacco Free Campus Policy	Is the hospital implementing the Tobacco Free Campus Policy?	Express this as “Yes, completely”, “In progress”, or “No, not started”.	Measure at baseline and revise if changes.	Hospital level

Priority area	Priority	Indicator	Measured as	Frequency of measurement	Level of data
	2.3 Each hospital to have dedicated staff/WTEs who work specifically on chronic disease prevention, especially in the areas of smoking, alcohol, nutrition/obesity, physical activity and breast-feeding.	How many WTEs do you employ in the following roles? 1. Health promoting hospitals coordinator* 2. Healthy Ireland Site lead* 3. Health Promotion Officer* 4. Smoking cessation advisor (nurse or specialist) 5. Breast feeding support: 5.6. BFHI coordinator 5.7. Lactation consultant 5.8. Other 6. Alcohol Liaison nurse 7. Clinical nurse Specialist (Diabetes) 8. Clinical nurse Specialist (COPD) 9. Clinical nurse Specialist (Asthma) 10. Clinical nurse Specialist (Heart Failure) 11. Please document any other Allied Health Professional who works specifically on chronic disease prevention e.g. OTs, physiotherapists, dieticians, occ health etc.	Express this as number and WTEs in a table **(see Appendix B)** *If someone covers 2 they should only be documented in 1 category. So a health promotion officer who may have been designated HI site lead should only be recorded as a site lead and not included in the Health Promotion Officer number or WTE. For all of these roles indicate how many are in post and how many vacancies which have approval there are.	Measure at baseline and annually. Revise earlier if situation changes.	Hospital level

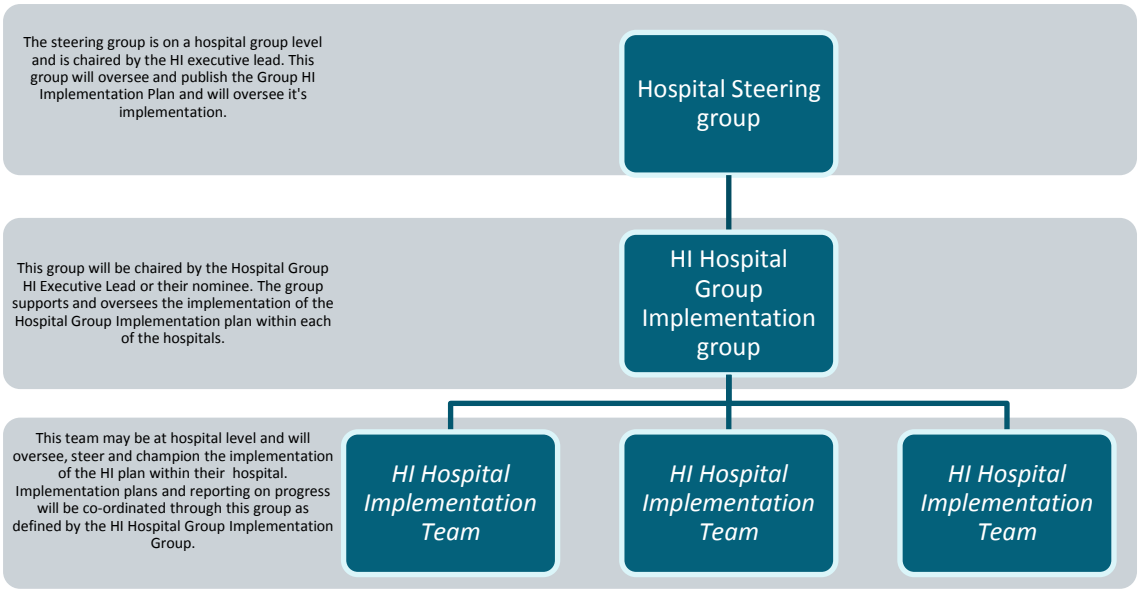
Priority area	Priority	Indicator	Measured as	Frequency of measurement	Level of data
	2.4 Each hospital to have clear formal referral pathways for • Smoking • Alcohol • Overweight/ Obesity • Physical activity • Breast feeding (if applicable)	Do you have complete (see below for definition of "complete") clear formal referral pathways for • Smoking • Alcohol • Overweight/ Obesity • Physical activity • Breast feeding (if applicable- maternity hospitals only) "Complete" referral pathways include at a minimum; • Pathways for all age groups (where appropriate) • Thresholds for referral and actions to be undertaken at these • Referral pathways for management of these (including pathways into community services)	Express as Yes- documented and complete No- not documented/or complete Not applicable	Measure at baseline and annually. Revise earlier if situation changes.	Hospital level

Priority area	Priority	Indicator	Measured as	Frequency of measurement	Level of data
	2.5 Each hospital with a maternity service to meet national targets in relation to breast feeding.	Breast feeding initiation target is 1% increase per annum. Please report on current breast feeding KPIS in your hospital.	1. Breast Feeding initiation % 2. Exclusive Breast Feeding birth to discharge % 3. % partial Breast Feeding between birth and discharge	Annual	Hospital level
	2.6 2.5 Each hospital with a maternity service to meet national targets in relation to breast feeding. Have structured education programmes in the hospital/community to assist with chronic disease management. It is anticipated by this working group that this will overlap significantly with the priorities identified by CHOs, which means a collaborative approach on this may be more appropriate once CHOs are established and their HI implementation plans are underway.	What current structured education programmes do you provide in the hospital? (e.g. include classes such as antenatal classes, diabetes support etc.)	Document as a list.	Measure at baseline and annually. Revise earlier if situation changes.	Hospital level
Staff Health and Wellbeing	3.1 Each hospital to implement the Calorie Posting Policy.	Is the hospital implementing the Calorie Posting Policy?	Express this as "Yes, completely", "In progress", or "No, not started".	Measure at baseline and annually. Revise earlier if situation changes.	Hospital level
	3.2 Each hospital to implement the HSE Healthy Vending policy.	Is the hospital implementing the HSE Healthy Vending policy.?	Express this as "Yes, completely", "In progress", or "No, not started".	Measure at baseline and annually. Revise earlier if situation changes.	Hospital level

Priority area	Priority	Indicator	Measured as	Frequency of measurement	Level of data
	3.3 Each hospital to have a high level of staff uptake of influenza vaccine, meeting national targets (currently 40%), and a system for recording uptake.	What % of your staff have received influenza vaccine?	Express this as a %.	Measure annually as per current process.	Hospital level
	3.4 Each hospital to have a well promoted high quality programme of health and wellbeing initiatives for their staff. This should include established programmes (e.g. HSE stress control programme, mindfulness training, Slí na Sláinte, smoking cessation support for staff, Irish Heart Foundation active at work programme, National Transport Authority smarter travel programme including pedometer/cycle challenges), initiatives to support staff breast feeding, as well as other local initiatives. There should also be defined referral pathways for staff in relation to chronic disease risk factors.	Does your hospital provide/implement the following initiatives: 1. HSE stress control programme 2. Mindfulness training 3. Slí na Sláinte 4. Smoking cessation support for staff 5. Irish Heart Foundation active at work programme 6. National Transport Authority smarter travel programme including pedometer/cycle challenges) 7. Initiatives to support staff breast feeding 8. Other (please specify)	Express this as a "Yes" or "No" for each of the initiatives. Document any extra initiatives in free text. **See Appendix C for table.**	Measure at baseline and annually. Revise earlier if situation changes.	Hospital level

THE PROCESS OF DEVELOPING THE PLANS

THE STRUCTURES



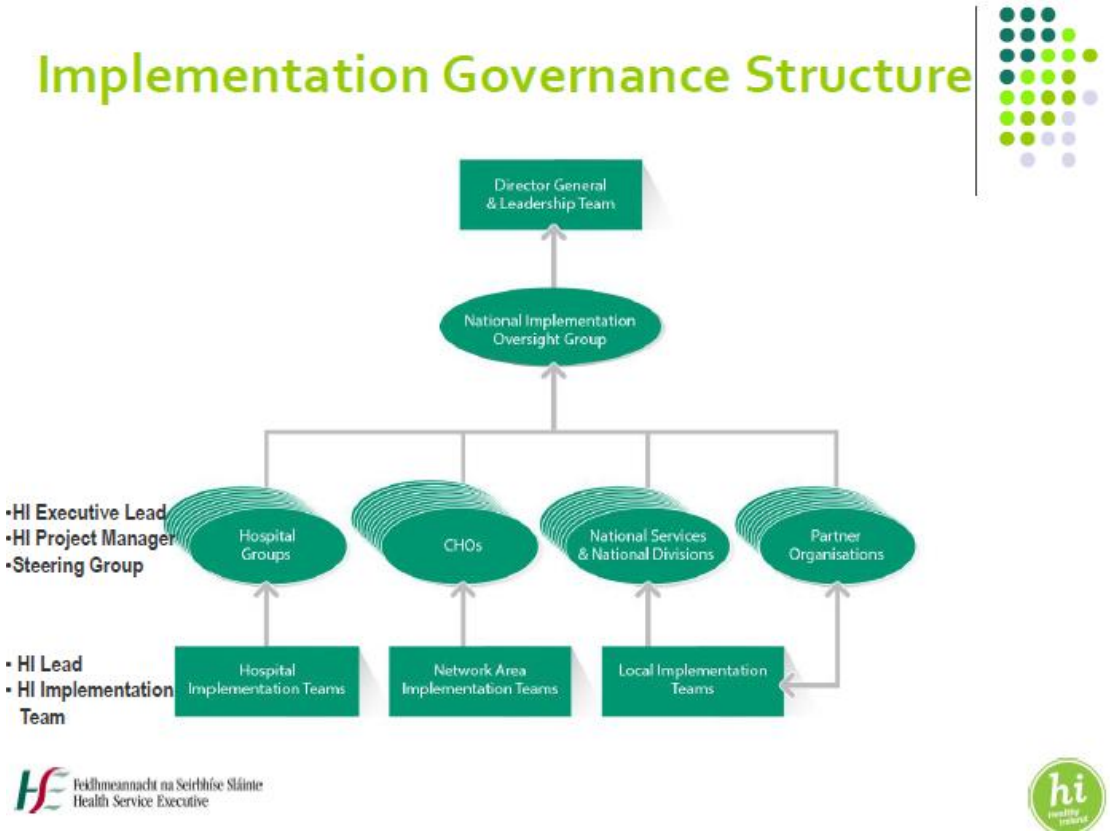
THE PROCESS

The hospital group initiates the process by measuring their hospitals performance against the indicators above. This will inform the hospital group priorities for action. This information could form the basis of the hospital group implementation plan.

The HI project manager brings the group priorities to the HI implementation group ,who will create short implementation plans for each of the hospital sites. (This will ensure the plans are cohesive and efficiencies can be identified)

The individual HI hospital group is formed, with appropriate membership which should be dictated by the priorities chosen. This group will also be responsible for submitting site progress reports to the HI project manager.

APPENDIX A


Implementation Governance Structure
Director General & Leadership Team
National Implementation Oversight Group
•HI Executive Lead
•HI Project Manager
•Steering Group
Hospital Groups
CHOs
National Services & National Divisions
Partner Organisations
• HI Lead
• HI Implementation Team
Hospital Implementation Teams
Network Area Implementation Teams
Local Implementation Teams
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
hi

APPENDIX B

Note that the hospital should distinguish between filled and unfilled roles in the table below. Columns A and B refer to staff in post and WTE's currently occupied by staff. Columns C and D refer to roles which are approved but currently have no occupant.

Example: if your hospital has approval for 4 full time smoking cessation advisor posts but there is only 1 in post full time and 1 in post half time the table will look like this:

Role	**No. current staff**	**No. active WTEs**	**No. approved unfilled vacancies**	**No. approved unfilled WTEs**
Dietician (adult)	2	1.5	2	2.5

If someone covers 2 or more roles they should only be documented in 1 category. So a health promotion officer who may have been designated HI site lead should only be recorded as a site lead and not included in the Health Promotion Officer number or WTE.

Role	No. current staff	No. active WTEs	No. approved unfilled vacancies	No. approved unfilled WTEs
Health promoting hospitals coordinator*				
Healthy Ireland Site lead*				
Health Promotion Officer*				
Smoking cessation advisor (nurse or specialist)				
BFHI coordinator				
Lactation consultant				
Other breast feeding support				
Alcohol Liaison nurse				
Clinical nurse Specialist (Diabetes)				
Clinical nurse Specialist (COPD)				
Clinical nurse Specialist (Asthma)				
Clinical nurse Specialist (Heart Failure)				
Other AHPs dedicated to chronic disease prevention (please describe)				

APPENDIX C

Hospital based staff initiatives

Programme	**Offered by hospital (Yes/No)**
HSE stress control programme	
Mindfulness training	
Slí na Sláinte	
Smoking cessation support for staff	
Irish Heart Foundation active at work programme	
National Transport Authority smarter travel programme including pedometer/cycle challenges)	
HSE stress control programme	
Initiatives to support staff breast feeding	
Other (please specify)	