

FROM STANDARDS TO PRACTICE



Guidance Document for Hospitals on Health and Wellbeing Standards



QA+I

QUALITY ASSESSMENT
& IMPROVEMENT



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



HSE Irish Health Promoting Health Services



From Standards To Practice

Guidance Document for Hospitals on Health and Wellbeing Standards

The Health and Wellbeing Standards in this document refers to Standards 1.9 and 4.1 in
National Standards for Safer Better Healthcare

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Any correspondence in relation to this document can be made to:

Laura Molloy Senior Health Promotion Officer HSE DNE laura.molloy@hse.ie
Laura McHugh Senior Health Promotion Officer HSE West laura.mchugh@hse.ie



Foreword

We are pleased to introduce this Guidance Document for Hospitals on Health and Wellbeing Standards. The document will assist both management and staff in applying high standards for the promotion and protection of their clients' health and wellbeing. It explains the standards and gives good examples of practice. It builds on the Quality Assessment and Improvement (QA+I) workbooks that the HSE developed for hospitals. These workbooks will assist hospitals to appraise themselves against the National Standards for Safer Better Healthcare from the Health Information and Quality Authority (HIQA). We note and welcome that HIQA have included standards on Health and Wellbeing, which recognise that "a high quality, safe and reliable health service" builds on opportunities to promote and protect the health of the patients.

Health Promotion and Improvement is an integral part of healthcare provision and we need to enable service providers to make every contact count. Healthcare facilities should be healthy places to work, visit and care for patients. Adherence to the Health and Wellbeing Standards will enable hospitals to achieve better care in a better environment. This document breaks down the standards to working examples and allows hospitals and healthcare facilities to build on the good work they have achieved through their initiatives under the Health Promoting Health Service Network.

We wish to acknowledge all those who assisted in the development of this document including all Health Promotion and Improvement staff and Dr. Mary Browne from the Quality and Patient Safety Division for their guidance and support. We now look forward to working with the hospitals to help fulfil our mission in reorienting the health services to become more health promoting in its culture and ethos.

Dr. Nazih Eldin
Director Irish HPHS Network

Dr. Cate Hartigan
Head of Health Promotion and Improvement
Health & Wellbeing Division

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1.0 Background

The National Standards for Safer Better Healthcare (HIQA 2012) set out the key principles of quality and safety that should be applied in all healthcare settings. The Health and Wellbeing Standards* within these National Standards and the WHO Standards for Health Promotion in Hospitals (HPH standards) (WHO 2004) are very much interlinked. Many hospitals in Ireland are members of the Irish Health Promoting Health Service Network and have adopted the HPH standards. A Health Promoting Hospital and Health Service is “an organisation that aims to improve health gain for its stakeholders by developing structures, cultures, decisions and processes. In order to realise the full potential of the HPH approach, which is to improve the health gain of patients, staff and community, HPH needs to be implemented not only in the framework of limited projects, but as a comprehensive overall approach, integrated within hospital/health service (quality) management systems” (WHO 2007). The success of the integration of health promotion into the core business of hospitals can be viewed in terms of the degree of organisational systems change, i.e. strong leadership and commitment to a health and wellbeing focus in the planning and delivery of its services. The HPH Standards are related to the patients’ pathway and define the responsibilities and activities concerning health promotion as an integral part of all services offered to patients in a hospital. The HPH Standards are focused on patients, staff and the organisational management.

Hospitals are required to prioritise the National Standards for Safer Better Healthcare, and in order to avoid duplication of workload in addressing two sets of standards, we have incorporated and linked the HPH Standards into the examples of evidence in this Guidance Document. The Quality and Patient Safety (QPS) Division, under the auspices of the Acute Care Collaboration, have developed the QA+I tool to support acute services in assessing against the National Standards for Safer Better Healthcare.



On line tool: (<http://hse.ie/eng/about/Who/qualityandpatientsafety/Standards/qaandImprovement/qaanditool/>)

* Standards 1.9 and 4.1 of the National Standards for Safer Better Healthcare

This tool, which consists of 8 workbooks and is also available as an online tool, translates the 45 Standards, under 8 themes, into 53 Essential Elements of Quality. These 53 Essential Elements are specific, tangible translations of the Standards and represent those key aspects of quality you would expect to see within acute hospital settings when the National Standards for Safer Better Healthcare are implemented. Many of the Essential Elements have relevance to health promotion however this document focuses on the standards with direct reference to Health and Wellbeing, i.e. Standards 1.9 and 4.1.

There are four levels of quality for each Essential Element. These levels build on each other and allow services to objectively assess the 'Level of Quality' that most accurately reflects their service. The QA+I workbooks give guiding prompts as to what a service should be achieving for each level and are not specific criteria that must be in place. Progress through these ascending levels of quality assumes that the main aspects of quality within the previous level have been achieved before you move to the next level.

Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes
Continuous Improvement (CI)	There is significant progress in the development, implementation and monitoring of improved quality systems
Sustained Improvement (SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice
Excellence (E)	The service is an innovative leader in consistently delivering good patient experience and excellent quality care

The guiding prompts in the QA+I tool for Standards 1.9 and 4.1 require a working knowledge of health promotion, and the examples of evidence to verify the level of quality the hospitals have assessed themselves against are limited. This document complements the QA+I workbooks by expanding on the examples of evidence to help Hospital Health Promotion Coordinators and assessment teams to verify their selected level of assessment. These examples of evidence will also assist Hospital Health Promotion Coordinators to assess progress in relation to the HPH Standards. The topics and themes in this document are informed by WHO Standards (WHO 2004) national policies and Healthy Ireland (DOHC 2013).

1.1 Purpose of the Guidance Document for Hospitals on Health and Wellbeing Standards

The purpose of this practical guide is to:

- Support hospitals to gather information and evidence to verify their assessments against the National Standards for Safer Better Healthcare
- Support hospitals to gather information and evidence to verify their assessments against the HPH Standards
- Support Hospital Health Promotion Coordinators in hospitals and/or Standards Assessment Teams in carrying out assessments using the QA+I tool
- Demonstrate the interlinking of the HPH Standards and the National Standards for Safer Better Healthcare
- Illustrate comprehensive examples of evidence of health promotion activities in acute hospitals

1.2 Context

This document is designed for use by Hospital Health Promotion Coordinators and/or Quality Assessment Teams. Health Promotion in hospitals is a core quality issue for improving health and preventing disease, and its inclusion in the National Standards for Safer Better Healthcare, is a crucial way to embed health promotion into core hospital business. This document further demonstrates the relevance and applicability of the HPH Standards in relation to the National Standards and avoids duplication of work.

Health Promotion is explicit in two themes in the National Standards:

Theme 1: Person Centred Care and Support

Standard 1.9 Service Users are Supported in Maintaining and Improving Their Own Health and Wellbeing

Theme 4: Better Health and Wellbeing

Standard 4.1 The Health and Wellbeing of Service Users are Promoted, Protected and Improved

The National Standards have been approved by the Minister for Health and take immediate effect under section 8 of the Health Act 2007. They apply to healthcare services provided or funded by the HSE (excluding mental health services). The format of this guidance document first lists the Standards and their Essential Element of Quality and provides examples of evidence for hospitals that will support them in meeting each of the Standards. The evidence is presented under specific topics relevant to health promotion activities in hospitals and is linked to the relevant level of quality for each Standard. The full set of examples of evidence in this document is not required for assessment but may be achieved over time. Neither are they exhaustive, local innovative practices should be captured where applicable.

2.0 Standard 1.9: Service users are supported in maintaining and improving their own health and wellbeing under Theme 1: Person Centred Care and Support

Theme 1: Person Centred Care and Support places patients at the centre of all that the service does. The Levels of Quality and their associated guiding prompts from the QA+I tool below and the examples of evidence in the following pages aim to assist services to seek opportunities to promote and improve the health and wellbeing of each patient along their care pathway.

Professional instruction about patients' pathways takes precedence over the health and wellbeing guidelines.



Standard 1.9: Service users are supported in maintaining and improving their own health and wellbeing

Level of Quality	Guiding Prompts
Emerging Improvement	<ul style="list-style-type: none"> • Arrangements[†] support and enable service users in improving their own health • Care planning identifies service users' health and wellbeing needs
Continuous Improvement	<ul style="list-style-type: none"> • There are opportunities built within care pathways to improve the health and wellbeing of service users • A range of interventions are implemented within the service which recognise the different needs of individuals and population groups • Outcome measures for specific health and wellbeing programmes are identified and monitored • Staff have necessary competencies and skills to deliver HP programmes
Sustained Improvement	<ul style="list-style-type: none"> • Arrangements which support service users in improving their health and wellbeing are evaluated and inform improvement plans • Evaluations of health promotion programmes take into account feedback from service users • Outcome measures are consistently achieved and are reported in line with governing arrangements
Excellence	<ul style="list-style-type: none"> • Innovative practice in promoting better health is shared with other service providers, e.g. methods to identify risks of inequalities within patient care pathways • Partnerships exist with other service providers and external agencies • Support of joint health and wellbeing initiatives, e.g. health promotion interventions being undertaken prior to service user admissions

QA+I (2013) Workbook 1 Person Centred Care

[†]Arrangements refer to the governing arrangements that a service has in place to support the delivery of safe quality care, e.g. committees, systems, processes, policies, procedures, guidelines, strategies, programmes and plans.

2.1 Examples of Evidence for Standard 1.9

2.1.1 TOBACCO

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Working group set up to develop and implement HSE Tobacco Free Campus policy in the hospital Admission protocols include assessment of tobacco use, e.g. care plans include standardised tobacco prevalence assessment Training programme on brief interventions offered to staff Appropriate pathways identified for patients who need support including pharmacotherapy being made available for inpatients An outpatient appointment is used as an opportunity to discuss tobacco use 	<p>DOHC (2013) Tobacco Free Ireland</p> <p>HSE (2013) National Standard for Tobacco Cessation Support Programme</p>
Continuous Improvement	<ul style="list-style-type: none"> The hospital implements a Tobacco Free Campus policy The hospital can demonstrate that frontline staff receive training on brief intervention The hospital can demonstrate that brief interventions in smoking cessation are routinely delivered to tobacco users as part of care plans Tobacco cessation services in the hospital setting are integrated with community based cessation services and comply with the National Standard for Tobacco Cessation Support Programme 	<p>DOHC (2010) Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019</p>
Sustained Improvement	<ul style="list-style-type: none"> Evidence that hospital is monitoring the implementation of Tobacco Free Campus policy Pre-surgical admission protocols include assessment of tobacco use The hospital can demonstrate patient participation in smoking cessation support prior to admission for surgery as part of care plan, where appropriate Evidence that tobacco is treated as a care issue with behavioural support and pharmacotherapy, as appropriate, documented in patients' notes Evidence of service users' feedback on brief interventions received and support given Quit rates at 1 month, 3 months and 1 year available through the smoking cessation services on all clients who successfully ceased smoking, in line with national standard Recommendations from evaluations and feedback are used to inform future training and improvement plans 	<p>DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025</p>

Level of Quality	Examples of Evidence	Reference
Excellence	<ul style="list-style-type: none"> The hospital applies for [‡]ENSH Gold Forum membership to showcase its high level of implementation of TFC policy Patients followed up routinely to see if tobacco cessation is maintained Support services within the hospital setting are integrated with community based support services Staff within the hospital support evidence based tobacco cessation interventions within primary care and the community setting The hospital can demonstrate social prescribing in relation to tobacco cessation in patients' notes, e.g. physical activity programmes in the community and joining of social networks for support 	<p>ENSH-Global 10 quality standards recommended to reach a comprehensive Tobacco Free Health Care Centre</p> <p>ENSH GOLD Forum Process Guide http://www.ensh.eu/gold.php</p>

[‡] ENSH-Global Network for Tobacco Free Health Care Services is an independent, international, non-profit association whose main aim is to develop a common strategy amongst health care services active in tobacco prevention and cessation worldwide

2.1.2 ALCOHOL AND SUBSTANCE MISUSE

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Working group set up to develop and implement Alcohol and Substance Misuse policy in the hospital Admission protocols include an assessment of alcohol and substance misuse, e.g. care plans include standardised alcohol and substance misuse prevalence assessment Training programme on screening and brief interventions offered to staff (currently the SAOR model) Designated liaison nurse trained to deliver brief interventions in substance misuse An outpatient appointment is used as an opportunity to discuss alcohol use 	<p>HSE: Alcohol Screening and Brief Intervention Tools including SAOR model http://www.hse.ie/eng/services/Publications/topics/alcohol/alcoholscreening.html</p> <p>HSE-Office of the Nursing & Midwifery Services Director (2012) A guiding framework for education and training in screening and brief intervention for problem alcohol use: for nurses and midwives in acute, primary and community care settings.</p>
Continuous Improvement	<ul style="list-style-type: none"> The hospital implements an Alcohol and Substance Free Campus policy The hospital can demonstrate that early identification and brief advice to population at risk of hazardous or harmful alcohol consumption is taking place The hospital can demonstrate that early identification and brief advice is routinely delivered to patients at risk of substance misuse Appropriate referral pathways identified for patients who need ongoing support 	<p>NICE pathways: Alcohol Screening and Brief Intervention Screening Tools</p> <p>NICE Guidelines on Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence</p>
Sustained Improvement	<ul style="list-style-type: none"> Hospital can demonstrate that they are monitoring the implementation of Alcohol and Substance Free Campus Policy Pre-surgical admission protocols include screening and assessment of alcohol use Pre-surgical admission protocols include screening and assessment of substance misuse Evidence that problematic alcohol use is treated as a care issue with behavioural support and pharmacotherapy, as per NICE guidelines, documented in patients' notes Evidence that substance misuse is treated as a care issue with behavioural support and pharmacotherapy as per NICE guidelines, documented in patients' notes Evidence of patient feedback on brief interventions received and support given Recommendations from evaluations and feedback are used to inform future training and improvement plans 	<p>DOHC (2010) Changing Cardiovascular Health: National Cardiovascular Health Policy 2010-2019</p> <p>DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025</p>

Level of Quality	Examples of Evidence	References
Excellence	<ul style="list-style-type: none"> • Support services within the hospital setting are integrated with community based support services • Staff within the hospital support evidence based alcohol reduction and substance misuse interventions within primary care and the community setting • The hospital can demonstrate examples of social prescribing in relation to problematic alcohol use and substance misuse in patients' notes, e.g. support groups, exercise groups and green prescription • Guidelines for the management of patients with harmful and dependent drinking patterns and substance misuse are fully adhered to • Screening and Brief Interventions for all substance misuse is fully implemented in all hospital departments 	HSE-Barry & Armstrong (2011) Towards a Framework for Implementing Evidence Based Alcohol Interventions

2.1.3 BREASTFEEDING

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Breastfeeding/Baby Friendly Hospital Initiative (BFHI) Working Group established Hospital has a policy that any breastfeeding mother/child who is admitted to any part of the hospital will be accommodated to continue breastfeeding (on admission all women of child bearing age should be asked if they are breastfeeding) Maternity Charts include Infant Feeding Antenatal checklists 	DOHC (2005) Breastfeeding in Ireland: A Five year Strategic Action Plan
Continuous Improvement	<ul style="list-style-type: none"> The hospital adopts and implements the HSE/BFHI Infant Feeding Policy for Maternity and Neonatal services (2012) (National PPPG QPS103) The hospital participates in the BFHI and implements an annual Action Plan The hospital appoints a Breastfeeding/Infant Feeding Coordinator Breastfeeding training provided to staff, including the 20 hour BFHI course and subsequent updates The hospital provides facilities for staff who wish to continue breastfeeding on return to work The hospital is monitoring the implementation of HSE infant feeding policy All staff in contact with pregnant women, new mothers, infants and young children have the necessary skills and knowledge to implement the policy and practices Evidence that staff undertake an antenatal discussion on breastfeeding with all pregnant women is documented in patient notes The hospital can demonstrate that early and sustained skin to skin contact is provided immediately after birth and documented in the birth summary form The hospital can demonstrate that maternity staff offer to help mothers initiate breastfeeding soon after birth The hospital can demonstrate that maternity staff assist mothers to recognise early feeding cues The hospital can demonstrate that maternity staff show mothers how to breastfeed and how to maintain lactation even if they are separated from their babies The hospital can demonstrate that maternity staff support rooming-in, allowing mothers and infants to remain together 24 hours a day The hospital can demonstrate that maternity staff give newborn infants no food or drink other than breast milk, unless medically indicated The hospital can demonstrate maternity staff encourage no artificial teats or dummies be given to breastfeeding infants Infant feeding documented in postnatal admission record and daily postnatal observation record The hospital can demonstrate that staff in all areas of the hospital understand the breastfeeding policy and support and/or refer breastfeeding mothers appropriate 	<p>HSE/BFHI (2012) Infant Feeding Policy</p> <p>DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025</p> <p>Baby Friendly Hospitals Initiative in Ireland http://www.ihp.h.ie/babyfriendlyinitiative/</p>

Level of Quality	Examples of Evidence	Reference
Sustained Improvement	<ul style="list-style-type: none"> The hospital can demonstrate that maternity staff identify sources of national and local support for breastfeeding and ensure that mothers know how to access these prior to discharge from hospital Evidence in patient feedback on breastfeeding support received Evidence that hospital management addresses areas where breastfeeding support is reported inadequate The hospital receives a BFHI external assessment The hospital is awarded Bronze or Silver award in HPH/BFHI Breastfeeding Supportive Workplace Initiative for Healthcare Facilities 	HPH/BFHI Breastfeeding Supportive Workplace Initiative for Healthcare Facilities: http://www.ihph.ie/babyfriendlyinitiative/images/Breastfeed%20Workplace%20Criteria.pdf
Excellence	<ul style="list-style-type: none"> The hospital is designated as a Baby Friendly Hospital The hospital is awarded the Gold award in HPH/BFHI Breastfeeding Supportive Workplace Initiative for Healthcare Facilities Recommendations from evaluations and feedback are used to inform future training and improvement plans Support services within the hospital setting are integrated with community based support services Staff within the hospital support evidence based breast feeding interventions within the primary care and community setting 	

2.1.4 OBESITY

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Admission protocols include assessment of Body Mass Index (BMI) The hospital ensures that service users are asked about their diet and physical activity as part of their care plan Appropriate pathways identified via the HSE-ICGP Weight Management Treatment Algorithm www.hse.ie/weightmanagement for patients who need support Training programme on brief interventions on weight management An outpatient appointment is used as an opportunity to discuss weight management 	<p>Weight Management - Health Professional Support www.hse.ie/weightmanagement</p>
Continuous Improvement	<ul style="list-style-type: none"> The hospital can demonstrate that brief interventions are routinely delivered to patients who have a raised BMI as part of care plan Support services within the hospital setting are integrated with community based support services to promote weight management, e.g. referral to the Green Prescription, local walking groups, etc. The hospital can demonstrate that staff within the hospital support breastfeeding for all children where possible in the hospital setting for six months. Complementary foods (solids) not encouraged (unless contraindicated) before 26 weeks 	<p>Safe food: Lets Take on Childhood Obesity: http://www.safefood.eu/News/2013/safefood-launches-campaign-to-take-on-childhood-ob.aspx</p>
Sustained Improvement	<ul style="list-style-type: none"> Evidence of patient feedback on brief interventions received and support given Recommendations from evaluations and feedback are used to inform future training and improvement plans 	<p>DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025</p>
Excellence	<ul style="list-style-type: none"> The hospital can demonstrate that staff within the hospital support evidence based breastfeeding interventions within the primary care and community setting The hospital can demonstrate that support services within the hospital setting are integrated with community based support services, including infant and young child feeding The hospital can demonstrate that staff within the hospital support and refer to evidence based weight reduction interventions within primary care and the community setting The hospital can demonstrate examples of social prescribing in relation to reducing obesity levels in patients' notes, e.g. promotion of walking clubs, community gardens, men's sheds, "Fit for Life", park runs, etc. 	<p>Athletic Ireland: Fit for life http://www.athleticsireland.ie/</p> <p>Irish Men's Sheds Association http://menssheds.ie/</p> <p>DOHC (2012) Your Guide to Healthy Eating Using the Food pyramid</p>

2.1.5 FOOD AND NUTRITION

Complex nutrition needs of patients supersede generic health promotion advice however, there are also opportunities for the promotion of good nutrition amongst patients in a broader capacity

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Working groups set up to look at healthy, sustainable food policies in the hospital 	Irish Heart Foundation: Healthy Eating Award
Continuous Improvement	<ul style="list-style-type: none"> The hospital works towards achieving a healthy food award, such as the Irish Health Foundation's 'Healthy Eating Award' Caterers are required to follow healthy food criteria at the point of contract negotiation The hospital supports the sustainability of community food initiatives by encouraging retailers to source healthier produce and local produce through service level agreements Healthy vending machine policy in hospital Calorie posting on menus for staff and visitors The hospital has a policy on not providing free infant formula to mothers on discharge from hospital Breastfeeding mothers are provided with meals while their child is in hospital care 	https://www.irishheart.ie/iopen24/healthy-eating-award-t-8-197-198-203.html FSAI (2012) Healthy Eating and Active Living for Adults, Teenagers and Children over 5 Years: A Food Guide for Health Professionals and Catering Services
Sustained Improvement	<ul style="list-style-type: none"> The hospital monitors its healthy food policies such as the healthy vending policy The hospital monitors its sustainable food policies such as local providers policy 	
Excellence	<ul style="list-style-type: none"> Nutrition support services within the hospital setting are integrated with community based support services Staff within the hospital support evidence based nutrition interventions within primary care and the community setting 	FSAI (2011) Scientific Recommendations for Healthy Eating Guidelines in Ireland

2.1.6 PHYSICAL ACTIVITY

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Admission protocols include assessment of physical activity levels, e.g. service users are asked about their physical activity as part of their care plan Training on the preventative and treatment role of physical activity should be a core component of in-service training for all staff Training programme on brief interventions offered to staff, including e-learning training on physical activity promotion Appropriate pathways identified for patients who need support An outpatient appointment is used as an opportunity to discuss physical activity 	DOHC, HSE (2009) The National Guidelines for Physical Activity In Ireland
Continuous Improvement	<ul style="list-style-type: none"> The hospital can demonstrate that frontline staff receive brief intervention skills training The hospital can demonstrate that brief interventions are routinely delivered to patients who have low levels of physical activity, as part of their care plan, where appropriate Evidence of the use of promotional and motivational posters to encourage patients to make more active choices www.getirelandactive.ie website is promoted 	DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025
Sustained Improvement	<ul style="list-style-type: none"> Evidence of patient feedback on brief interventions received and support given Support services within the hospital setting are integrated with community based support services Walking routes and cycle routes installed in hospital grounds where possible Recommendations from evaluations and feedback are used to inform future training and improvement plans 	DOHC (2010) Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019
Excellence	<ul style="list-style-type: none"> The hospital can demonstrate examples of social prescribing in relation to increasing patients physical activity levels in patients' notes, e.g. promotion of walking clubs, community gardens, men's sheds, "Fit for Life", park runs, etc. Physiotherapy and other services within the hospital setting will develop links and alliances with the voluntary sector and local authorities to facilitate referral to community activities and local facilities Managers within the hospital advocate the promotion of evidence based physical activity interventions within primary care and the community setting and ensure that opportunities are provided for staff and service users to be physically active 	<p>Irish Men's Sheds Association http://menssheds.ie/</p> <p>Parkrun: http://www.parkrun.com/</p>

2.1.7 ACTIVE TRAVEL

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Working group set up to explore active travel opportunities within the hospital 	Department of Transport (2009) Smarter Travel: A Sustainable Transport Future: A New Transport Policy for Ireland 2009-2020 www.smartertravel.ie
Continuous Improvement	<ul style="list-style-type: none"> The hospital develops a mobility management plan which promotes sustainable travel Information on transport options given to all staff, patients and visitors Visible and safe secure bicycle parking available Cycle to work and tax saver schemes available to staff Walking routes, such as the Irish Heart Foundation's Slí na Sláinte, established in the hospital Bicycle lanes established in hospital grounds Shower and changing facilities available for staff 	Department of Transport (2009) Smarter Travel Workplaces: National Cycle Policy Framework www.smartertravel.ie
Sustained Improvement	<ul style="list-style-type: none"> The hospitals regularly monitors modes of transport patterns of staff, patients and visitors Evidence in patient feedback regarding active travel information given The hospital implements and regularly reviews its mobility management plan 	
Excellence	<ul style="list-style-type: none"> Hospitals achieves a "Green Transport Award" http://www.greenawards.ie The hospital documents shared learning from active travel interventions The hospital can demonstrate links with Statutory, Community and Voluntary agencies in relation to active travel 	<p>Irish Heart Foundation: Slí na Sláinte http://www.irishheart.ie/iopen24/sli-na-slainte-8-197-200-208.html</p> <p>Revenue: Cycle to Work Scheme http://www.revenue.ie</p> <p>Revenue: Travel Pass Scheme http://www.revenue.ie</p>

2.1.8 SEXUAL HEALTH

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Discharge protocols include brief intervention on contraceptive choices for women discharged from maternity services Protocols for patients attending Genito-Urinary Medicine services include brief interventions on their sexual health 	HSE LGBT Health Sub Committee (2009): LGBT Health: Towards meeting the health care needs of lesbian, gay, bisexual and transgender people
Continuous Improvement	<ul style="list-style-type: none"> The hospital can demonstrate in patients' notes that patients attending the maternity health services have received advice on contraceptive choices The hospital document in patients' notes that patients attending the Genito-Urinary Medicine health services routinely receive advice on sexual health The hospital can demonstrate that appropriate staff receive training on contraception and sexual health including LGBT health issues The hospital disseminate and adopt LGBT good practice guidelines for service providers 	Lopez et al (2009) Education for contraceptive use by women after childbirth: Cochrane Review
Sustained Improvement	<ul style="list-style-type: none"> There is evidence of patient feedback on contraceptive advice given in maternity services There is evidence of patient feedback on sexual health advice given in Genito-Urinary Medicine health services There is evidence of patient feedback from people who are LGBT, e.g. through engagement with local LGBT groups and services 	NICE Clinical Guideline (2006) Postnatal care: Routine postnatal care of women and their babies
Excellence	<ul style="list-style-type: none"> Staff in sexual health services have links with community groups such as colleges, youth projects, local partnerships, etc. The hospital can demonstrate that best practice in sexual health promotion is shared with others working in this field 	

2.1.9 HEALTH LITERACY

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Working group set up to look at health literacy in the hospital Working group set up to look at interpretative services within the hospital Training provided for staff on health literacy Review of all signage and incorporate symbols on all new signage to overcome language and literacy difficulties Working group set up to improve access of staff and patients to evidence based health information 	National Adult Literacy Agency: - Writing and design tips - Plain English Guidelines at a glance - Literacy Audit for Healthcare setting - Teach Back Method http://www.nala.ie
Continuous Improvement	<ul style="list-style-type: none"> The hospital can demonstrate that health information has been developed in line with 'Plain English Guidelines' Health Information produced in different languages according to population needs The hospital can demonstrate that the 'Teach Back Method' (ask the service user to repeat what they have been told in their own words to make sure they understand) is routinely used with all service providers The hospital can demonstrate that staff attended training on health literacy 	
Sustained Improvement	<ul style="list-style-type: none"> Evidence of patient feedback on health information materials Evidence of patient feedback on level of understanding of health information given by staff Recommendations from evaluations and feedback used to inform future training and improvement plans 	
Excellence	<ul style="list-style-type: none"> Best practice in health literacy and health information is shared with other health professionals and community groups 	

2.1.10 MENTAL WELLBEING

Level of Quality	Examples of Evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> Admission protocols include assessment of mental wellbeing Training for all staff in the promotion of mental wellbeing, including practical information to foster wellbeing of patients Recognition of risks to patients' mental wellbeing on admission to hospital Provision of an environment conducive to mental wellbeing Open supportive approach to family members and recognition of their role in supporting the patient Recognition of risks to patients' mental wellbeing in intense treatment areas, e.g. oncology, ICU, etc. Appropriate pathways identified for patients who need support Continuous assessment of mental wellbeing in place throughout patients' stay in hospital An outpatient appointment is used as an opportunity to discuss mental wellbeing 	<p>NICE (2009) Quick Reference: Treatment and management of depression in adults, including adults with a chronic physical health problem</p> <p>DOHC (2006) A Vision For Change" Report of The Expert Group on Mental Health Policy</p> <p>School of Nursing and Midwifery, NUI Galway (2012) Research evaluation of the suicide crisis assessment nurse (SCAN) service</p>
Continuous Improvement	<ul style="list-style-type: none"> Patients' mental wellbeing is assessed routinely on admission and at intervals throughout their hospital visit Staff are trained in the identification of emerging and enduring mental health problems and know how to support patients in a non stigmatising way Interventions put in place to improve the mental wellbeing of long stay patients Interventions put in place to improve mental wellbeing of patients in intense treatment areas Patients with long term conditions who need support referred appropriately Effective mental health liaison service in place for patients who deliberately self harm Support services are given to patients who are identified as needing support at any stage during their stay in hospital 	<p>NICE Guidelines (2008) Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care</p>
Sustained Improvement	<ul style="list-style-type: none"> Interventions to improve mental wellbeing within the hospital are evaluated Patients who need support are linked with services in the community on discharge, e.g. Suicide Crisis Assessment Nurse (SCAN) Patient feedback on support given for mental wellbeing is recorded Recommendations from evaluations and feedback used to inform future training and improvement plans 	<p>NHS (2012) Investing in emotional and psychological wellbeing for patients with long-term conditions</p> <p>DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025</p>

Level of Quality	Examples of Evidence	References
Excellence	<ul style="list-style-type: none">• Support services within the hospital setting are integrated with community based support services• The hospital can demonstrate examples of social prescribing in relation to mental wellbeing in patients' notes, e.g. joining social groups in the community	

3.0 Standard 4.1: The health and wellbeing of service users are promoted, protected and improved under Theme 4: Better Health and Wellbeing

Theme 4: Better Health and Wellbeing focuses on the health service and the creation of a culture that optimises and promotes better health and wellbeing for its service users and staff. Standard 4.1 is the only standard under Theme 4: Better Health and Wellbeing. However, it is the most significant standard for Health Promotion and Improvement as it concentrates on the hospitals' corporate responsibilities to support a culture of better health and wellbeing. The Levels of Quality and their associated guiding prompts from the QA+I tool and the examples of evidence shown here are based on Healthy Ireland priorities, Standards for Health Promotion in Hospitals and Standards for Equity in Healthcare For Migrants and Other Vulnerable Groups.



Standard 4.1: The Health and Wellbeing of service users are promoted, protected and improved

Level of Quality	Guiding Prompts
Emerging Improvement	<ul style="list-style-type: none"> • There is clarity around individual and team responsibilities for promoting health and wellbeing • Arrangements to support the identification of health priority needs and inequalities within sectors of the population • Strategic objectives of the service include improving patients' health and wellbeing and preventing further health inequalities, in line with national policy
Continuous Improvement	<ul style="list-style-type: none"> • Service implements a health promotion policy aligned to national objectives • Programmes and initiatives are implemented in partnership with service users as part of the service plan, e.g. Health Promoting Health Service Standards • Agreed outcome measures are developed and monitored • Feedback from service users and staff is used to improve the culture of better health and wellbeing within the service • Staff receive necessary training and education to implement programmes and initiatives
Sustained Improvement	<ul style="list-style-type: none"> • Reports on implementation and outcomes achieved are submitted to relevant governing committees with reciprocal feedback • Evaluations of programmes are undertaken which inform improvement plan
Excellence	<ul style="list-style-type: none"> • Service works in partnership with other service providers and external agencies to optimise health promotion programmes • Health Inequalities are given high priority for joint collaborative working • The learning from evaluations of local, national and international programmes and initiatives is shared within and external to the service

3.1 Examples of Evidence for Standard 4.1

3.1.1 GOVERNANCE AND POLICY

Level of Quality	Examples of evidence	Reference
Emerging improvement	<ul style="list-style-type: none"> There is clear accountability for health promotion in the hospital from the CEO to senior management There are clear accountability arrangements to support the collection of data on the health status of patients and the level of inequalities within the catchment area The hospital uses local and national data (such as the National Cancer Registry data) on the population they serve, when developing programmes for health and wellbeing The hospital identifies responsibilities for the process of implementing health promotion policies and activities The hospital's stated mission and vision document includes health promotion The hospital allocates resources to implement health promotion policies and activities 	<p>WHO (2004) Standards for Health Promotion in Hospitals</p> <p>HSE (2011) The Health Promotion Strategic Framework</p> <p>DOHC (2008) Tackling Chronic Disease: A Policy Framework for the Management of Chronic Diseases</p>
Continuous improvement	<ul style="list-style-type: none"> Health Promotion indicators in the National Service Plan are integrated into the hospital's operational plan The hospital identifies a lead for Health and Wellbeing Standards within the hospital The hospital has a Health Promotion Policy developed in line with the HPH Standards and Healthy Ireland Staff, patients and key stakeholders are actively involved in the development and are made aware of the hospitals policy The health promotion policy is included in induction programmes for new staff Senior hospital management, including the General Manager, have clear, agreed objectives in relation to health promotion priorities based on HPH Standards and are actively involved in the development and implementation of health promotion action plans The hospital allocates resources for the evaluation and review of its health promotion policy and initiatives 	<p>DOHC (2013) Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025</p>
Sustained improvement	<ul style="list-style-type: none"> Health promotion and improvement performance indicators are recorded in the hospital's operational plan and are reported on at the appropriate time points Clinical directorates support and promote research in health promotion, with a particular focus on health equity Senior hospital management is involved in the review of health promotion activities, including accountability arrangements to strengthen governance arrangements The health promotion policy is regularly reviewed and reports are submitted to hospital management for feedback 	<p>HIQA (2013) General Guidance on the National Standards for Safer Better Healthcare</p>

Level Of Quality	Examples of Evidence	Reference
Excellence	<ul style="list-style-type: none"> • Senior hospital management promotes the reduction of health inequalities and shares models of good practice with other colleagues and external partners • Senior hospital management builds inter-sectoral collaborations outside the healthcare system to address wider determinants of health, e.g. links with local government and educational services • Senior hospital management builds inter-sectoral collaborations outside the healthcare system to address wider determinants of health • The hospital promotes the showcasing of health promotion initiatives at team meetings, at conferences and in publications 	

3.1.2 CARE PLANNING

Level of Quality	Examples of evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> The assessment of patient health promotion needs is carried out at pre-admission for surgery or otherwise at admission The hospital has guidelines on how to identify smoking status, alcohol consumption, nutritional status and psycho-social-economic status The hospital has guidelines on how to identify needs for health promotion for patients with chronic disease Patient assessment procedures take account of individual characteristics and background, which is recorded and analysed for use in future service planning Based on health promotion needs assessments, patients are informed of factors impacting on their health or that of their child A plan is agreed for relevant activities for health promotion through the patient care plan Patients are given clear, understandable and appropriate information about their condition Resources are allocated to health promotion activities, e.g. staff, funding, information, committees, time and training 	<p>WHO (2004) Standards For Health Promotion in Hospitals</p> <p>WHO (2013) Standards for Equity in Healthcare for Migrants and Other Vulnerable Groups</p>
Continuous Improvement	<ul style="list-style-type: none"> Interpreter services policy in place, with evidence of its communication and its use throughout the organisation Outcome measures for health promotion programmes are built into delivery and are regularly evaluated, e.g. Baby Friendly Hospital criteria, Smoke Free Campus policy and Cardiac Rehabilitation Health Promotion training programmes are regularly offered and promoted for staff to attend, e.g. Brief Intervention Training, training on the use of interpreter services, techniques to assist client to acquire skills for healthy behaviours The hospital regularly reviews training programmes, with actions for improvements implemented as required Plain English guidelines are available to staff to inform the development of written materials for patients The hospital ensures that written and oral information given to patients is reviewed regularly and documented in medical chart when given to the patient The hospital can demonstrate that documentation and information is communicated to the relevant personnel post discharge 	<p>NALA: Plain English Guidelines at a glance http://www.nala.ie</p> <p>NALA and HSE (2009) Literacy Audit for Healthcare Settings</p>
Sustained Improvement	<ul style="list-style-type: none"> Health literacy audits are used to inform improvements Findings from health equity audits inform improvement plans Patient feedback about dignity, respect and personal beliefs is recorded Discharge procedures and communication clearly includes reference to the individual characteristics and social context of the patient 	<p>HIQA (2013) General Guidance on the National Standards for Safer Better Healthcare</p>

Level of Quality	Examples of Evidence	Reference
Excellence	<ul style="list-style-type: none">• The hospital has joint strategic plans with service providers, education bodies and local authorities for health improvement in its area, e.g. in the areas of obesity and alcohol related disease and injury• The hospital can display that all patients, visitors and staff have access to general information on factors influencing health• The hospital can display links with community groups in their catchment areas, with a view to sharing information on factors that influence health	HSE (2008) Chronic illness framework

3.1.3 EQUITY

Level of Quality	Examples of evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> The hospital uses a structured process to collect or access data on the health status and inequalities in the population including those with poorer health outcomes in its catchment area and uses this data to continuously improve equity and quality of health care The hospital identifies barriers which prevent people from accessing and benefiting from services, e.g. surveys carried out with inpatients/outpatients and people who do not attend appointments The hospital demonstrates a commitment to improve hospital facilities as a result of service user feedback, e.g. disability access/signage 	<p>WHO (2013) Standards for Equity in HealthCare for Migrants and other Vulnerable Groups</p> <p>HIQA (2013) General Guidance on the National Standards for Safer Better Healthcare</p>
Continuous Improvement	<ul style="list-style-type: none"> The hospital promotes disaggregating the data it records in relation to its patients by gender, age, ethnicity, occupation class, medical card status, marital status and address The hospital demonstrates that complaints and feedback on equity issues are identified and addressed in a transparent manner The hospital promotes research on health related issues that promote equitable service delivery, e.g. investigating DNAs at clinics, a review of falls prevention procedures, evaluation of "Your Service Your Say" complaints, etc. The hospital addresses barriers which prevent people from accessing and benefiting from services The hospital ensures that discharge planning includes enabling all services users, particularly those with poorer health outcomes to access relevant social care, support and advice The hospital builds inter-sectoral collaborations to address wider determinants of health, e.g. links with local government and educational services Hospital staff receive training on health inequalities 	<p>HSE net: Health Inequalities Health Equity Audits</p> <p>HSE (2008) National Strategy for Service User Involvement in the Irish Health Service</p>
Sustained Improvement	<ul style="list-style-type: none"> The hospital builds solid relationships with community based service providers within and external to the health service, in order to deliver innovative services to disadvantaged populations Needs assessments for the catchment area are carried out as standard Health Equity Audits are carried out on hospitals services as standard 	
Excellence	<ul style="list-style-type: none"> The hospital promotes the dissemination of research outcomes about existing good practices in health care interventions targeted at vulnerable population groups, Traveller and other ethnic minorities, older people and children 	

3.1.4 PROMOTING A HEALTHY WORKPLACE

Level of Quality	Examples of evidence	Reference
Emerging Improvement	<ul style="list-style-type: none"> • Development of a comprehensive policy that promotes the health and wellbeing of staff based on existing HSE policies • Health and wellbeing working groups for staff include representation from Health Promotion, Health and Safety, Occupational Health and Human Resources • The hospital can demonstrate that all staff are made aware of their roles and responsibilities in relation to workplace health • All employees are made aware of the availability of Employee Assistance Programme (EAP) 	HSE (2009) The Integrated Employee Wellbeing and Welfare Strategy
Continuous Improvement	<ul style="list-style-type: none"> • Implementation of a Human Resources strategy that includes training and development of staff in health promotion skills • Staff have access to health promotion initiatives such as calorie posting, walkways, cycleways, smoking cessation, breastfeeding facilities, Yoga and Pilates • Evidence of feedback received from staff on health promotion initiatives • Personal Development Planning encouraged for all staff • The hospital ensures that staff are involved in decision making that impacts on staffs working environment • Staff have access to IT for e-learning courses • The hospital can demonstrate that the needs of a culturally diverse workplace are met, e.g. a variety of culturally appropriate healthy food choices available in canteen 	WHO (2004) Standards for Health Promotion in Hospitals
Sustained Improvement	<ul style="list-style-type: none"> • The hospital can demonstrate procedures to develop and maintain staff awareness on health issues, e.g. education sessions offered to staff • Findings from evaluations of staff health and wellbeing programmes inform future revisions of the Human Resource strategy and policy for health and wellbeing of staff 	
Excellence	<ul style="list-style-type: none"> • The hospital shares good practice in health promoting initiatives with other organisations nationally and internationally, through organisations such as the Health Promoting Health Service Network, e.g. sharing the HSE Healthy Vending Policy with other partner organisations 	

4.0 Conclusion

This Guidance Document for Hospitals on the Health and Wellbeing Standards is intended to assist both management and staff in assessing themselves against the National Standards for Safer, Better Healthcare using the HSE - Quality Assessment and Improvement Tools. Undertaking this assessment and putting in place quality improvement plans will support hospitals in assuring themselves, the public, commissioners and regulators of the quality and safety of care they provide. Health Promotion and Improvement is a core quality issue, and this document provides examples of recommended policies and interventions that hospitals can adopt to meet the Health and Wellbeing Standards. These examples are not exhaustive and we would welcome feedback from hospitals that have pioneered effective sustainable interventions in this area.

The Irish Health Promoting Health Service Network will develop further training opportunities to support regional Health Promotion Services and designated hospital personnel to build capacity of staff in this area.

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