

**MAKING EVERY**

**CONTACT COUNT**

Making Every Contact Count-  
How evidence has shaped the  
policy and programme to date  
Dr. Maria O Brie



Building a Better Health Service  
CARE COMPASSION TRUST LEARNING

## Key Strategic and Policy Drivers

**MAKING EVERY**

**CONTACT COUNT**



Healthy Ireland - Government-led programme which aims to encourage and support everyone living in Ireland to have the best possible physical and mental health and wellbeing.

<http://gov.ie/en/read/healthy-ireland-6746/>



Health Service Reform

Reducing the burden of Chronic Disease

Improving staff health and wellbeing



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# Making Every Contact Count



- Key objective - Chronic disease prevention
- Interventions become part of routine clinical care.
- Health professionals recognise the role and opportunities they have through daily interactions with patients in supporting them to make health behaviour changes.
- Healthier choices: smoking, alcohol and drug use, physical activity and healthy eating.

**80% of GP consultations & 60% of hospital bed days are related to chronic diseases**



# Evidence for the programme



1. Integrated Care Programme for Chronic Disease.
  - 49% of Irish People over 50 have one chronic disease, 18% have more than one.
  - The major chronic diseases diabetes, cardiovascular and respiratory disease will increase by over 20 – 30% in next 5 years.
  - Chronic Disease accounts for 76% of deaths, 80% of GP Consultations, 40% of admissions, 75% of bed days and 55% of expenditure in Ireland.
2. Making Every Contact Count needs to be embraced by health professionals as a fundamental component of the Integrated Care Programme for Chronic Disease



Health Behaviour	Healthy Ireland Survey Findings 2017 /2016
Smoking	22% of the population smoke About a third of men and women aged 25-34 are smokers Over half (56%) of young smokers want to quit More health professionals, in particular dentists, are advising smokers to quit
Alcohol	76% of the population drink alcohol 39% of drinkers binge drink (6+ Standard drinks) on a typical drinking occasion
Physical Activity	65% are aware that people should be active for at least 150 minutes each week 56% think they undertake a sufficient level of physical activity (2016)
Diet and Nutrition	37% of the population eat the recommended amount of fruit and vegetables daily (at least 5 portions) 60% consume snack foods or sugar-sweetened drinks daily (2016)



Source: Healthy Ireland Survey 2016<sup>15</sup>– Summary of Findings



## People want to make changes

**92%** of those surveyed would like to make changes to improve their health and wellbeing

Most of these changes relate to lifestyle behaviours:

- **40%** want to do more physical activity
- **29%** want to eat more healthily
- **23%** want to lose weight
- **60%** of smokers are at least thinking about quitting.



## Taking the opportunity

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There are many significant opportunities in our health services to raise the issue of lifestyle behaviour change through a brief intervention\* .  
For example there are:

- 14 million contacts each year with GP services
- 5 million Public Health Nursing contacts
- 1.3 million dental visits
- 1.2 million seen in emergency departments
- 20 million prescriptions filled.

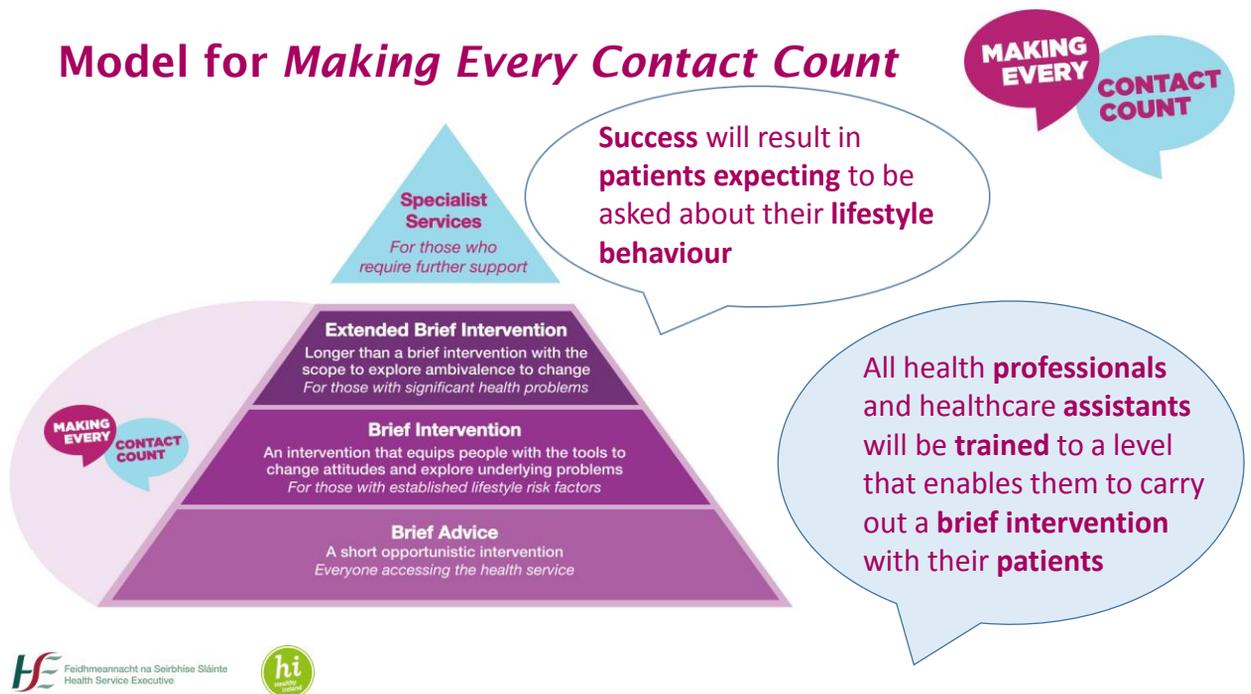
*Lots of opportunity to Make these contacts count*

## Evidence for BI and effectiveness

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- What is the evidence to support the effectiveness of BI for lifestyle behaviour change
- Rapid Literature review conducted
  - Identified a number of large scale reviews which had been conducted into the effectiveness of BI
    - NICE Guidance and extensive review January 2014
    - Number of Cochrane reviews of evidence for BI
  - Evidence statement included as an appendix in the Framework to outline the key evidence for effectiveness
  - Key enables to support Clinical buy in for the programme.

# Model for Making Every Contact Count



## Developing the framework

### Step 1

- Review of evidence from International frameworks for Health behaviour change conducted.
- Identified what has worked in other countries
- Review of evidence from the Making Every Contact Count Programme in UK

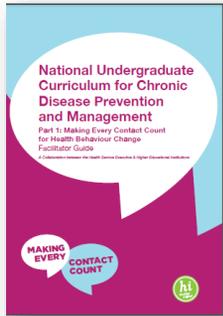
### Step 2. Created a draft model and framework

- Large scale national consultation with Healthcare professionals and Key stakeholders across Ireland.
- 4 key Workshops across the country
- Online submissions from stakeholders
- Key 1-2-1 interviews with Senior Management across all Divisions in the HSE.

### Impact of this

- Changed the framework to 3 levels
- Developed an implementation plan based on the key actions identified by Healthcare professionals on the frontline who would be implementing the programme

# Key Project activities



Further information available from: [www.makingeverycontactcount.ie](http://www.makingeverycontactcount.ie)

Welcome to  
**Making Every Contact Count**

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**Before you Start**  
Short pre-course self assessment of knowledge and current practice

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**Introduction to Behaviour Change**  
Foundation of the training; describes the approach and skills needed to conduct a brief intervention; recognising the opportunities to raise the issue of change

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**Four Lifestyle Topics**

- Tobacco Free
- Get Ireland Active
- Alcohol and Drug Use
- Healthy Food for Life

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**Skills into Practice**  
Demonstrates the skills in practice through the use of short videos; the learner observes and critiques what is used and reflects on their own practice

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**Post Course Assessment**  
To be attempted only when all the online modules have been completed.  
Need 80% to pass and get your certificate. Can attempt it any number of times

30 mins to complete each module

# Training Programme for all HSE Staff



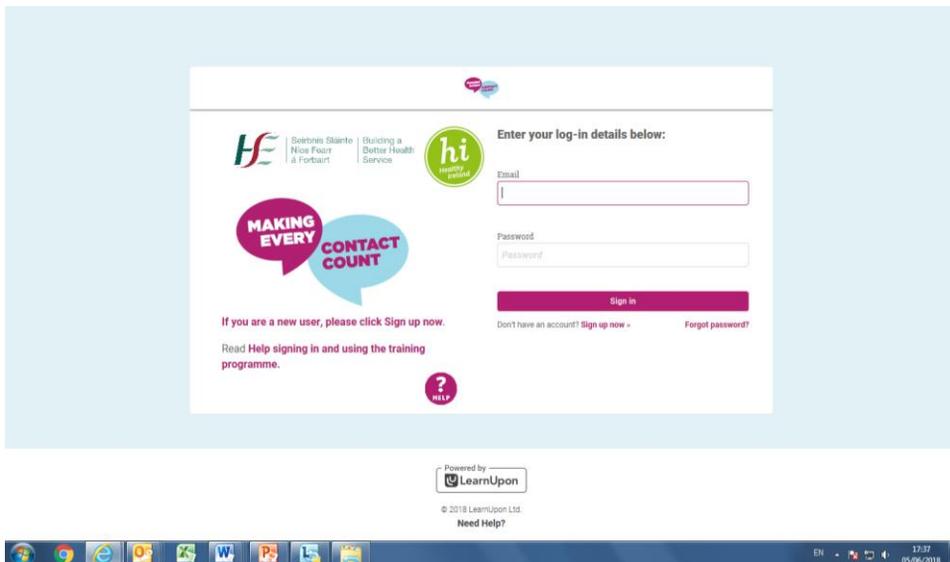
## Elearning training programme

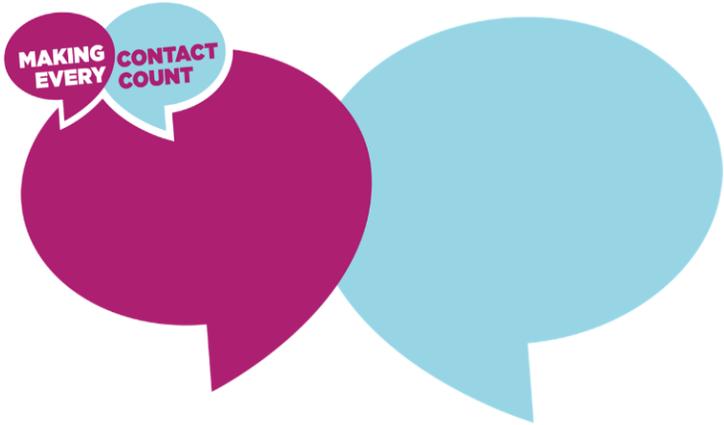
- Access through [www.makeeverycontactcount.ie](http://www.makeeverycontactcount.ie)
- Duration 3 hours in total

## Enhancing your Brief Interventions Skills workshop

- Delivered in a classroom environment to augment the elearning modules. The focus will be on skills practice and participants experience of doing brief intervention. Duration of this will be 3½ hours
- Will be delivered by HP&I staff primarily across CHO's

## Registration Page

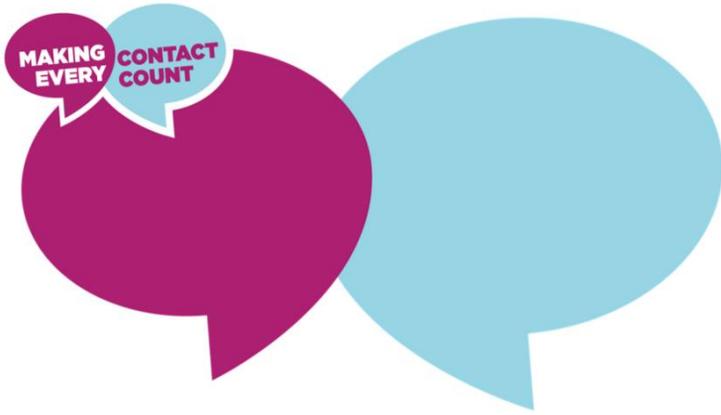




# Introduction to Behaviour Change

Supporting people to make a lifestyle behaviour change.

**Start**



# HEALTHY FOOD FOR LIFE

Play your part in supporting people to eat healthily

**Start**



# Healthy Food for Life

Welcome to the HSE **Making Every Contact Count** training module on **Healthy Food for Life**.



## Getting started

Access this introduction before visiting the 5 topics in your Healthy Food for Life module. ✓



Eating patterns in Ireland



Barriers to eating healthily



Helping people to eat healthily



What you can do to help



Summary and next steps



## Extend My Learning

Access activities for the workplace, links to develop your knowledge and understanding and resources that help when you advise patients.



# Example of Signposting and referral

## Reducing alcohol and drug use

## Signposting to support and referral

In addition to the practical tips for cutting down, there is a lot of support for people which you can signpost them to.



Select **each image** in turn to learn more.



## Extend My Learning

Access activities for the workplace, links to develop your knowledge and understanding and resources that help when you advise patients.



Do more



Learn more



Advise more



## Do more...



These reflective activities will help you transfer your learning into your practice.

1. Identify what you could do to support families to eat more healthily
2. Become familiar with portion sizes described in **The Food Pyramid**: identify the best/correct portions for different people
3. Reflect on/discuss what you might do differently the next time you have to deal with a difficult patient
4. Review a day spent seeing patients and identify where you had an opportunity to raise healthy eating but did not. What could you do differently?
5. Look at all the reasons why people will not/do not change, then come up with what you would say to influence them to change, in response to each
6. Look at the work environment: how/where could you improve it to support healthy eating?

1 of 1



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# Implementation of Making Every Contact Count Programme in Health services

*What needs to happen*

A number of models for implementation have been considered

- Diffusion of innovation theory
- Change management theory

## Implementation of MECC will require



- Staff awareness and communication campaigns
- Support and buy-in from management
- Strategic planning - how will it be implemented across the CHO
- Continuous training of staff – not a one-time event
- Human resources – identifying local MECC champions within CHOs and individual hospitals. Identifying trainers to roll out the face to face element of the training.
- Various infrastructure required to support implementation (Minimum dataset/IT/local networks and support/patient involvement/staff forums etc.)
- Review and evaluation of implementation

## Factors facilitating use of the evidence



1. The evidence existed
2. Support from management to create an evidence based policy
3. Access to expertise to support the consultation
4. Willingness of staff to engage in creating the evidence – consultation and the User testing of the training programme.



## Next steps and the evidence

Evidence crucial to establishing the sustainability of the programme

- Evaluate Implementation across CHO and Hospital groups
- Evaluation of the training programme
- Evaluation of the Standard Undergraduate curriculum



## Contact Details



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