

CONFERENCE ABSTRACT

Making Every Contact Count (MECC) – Chronic Disease Risk Factor and Brief Advice Recording

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: Making Every Contact Count (MECC) is about encouraging and assisting people to make healthier choices to achieve positive long-term behaviour change. In order to achieve this, organisations must build a culture that supports health improvement through the contacts it has with patients.

Health Behaviours such as tobacco use, diet, physical activity and alcohol consumption make a significant contribution to the health status of individuals and populations. These along with socio-economic determinants of health are the main risk factors for the development of chronic and non-communicable diseases. Approximately 80% of heart disease, stroke, and Type 2 Diabetes and over one third of cancers could be prevented by eliminating these risk factors.

Aim: The purpose of this study was to explore the feasibility of recording of risk factors and recording of brief advice in relation to obesity, smoking, alcohol, physical activity and blood pressure for all adult patients in the hospital and primary care settings. In the primary care setting the study will also aim to evaluate the effectiveness of the brief interventions delivered, in reducing these chronic disease risk factors in the study populations.

Method: The first part of this project was conducted in the Medical Assessment Unit and Day Services Unit at St. Luke's hospital, Kilkenny for a period of 1 month from October 23rd to November 23rd 2016. A risk factor dataset was used for the recording of risk factors and brief advice given to patients. Training was provided for staff members. A resource pack was provided on the wards to assist with providing brief advice.

In terms of the Primary Care setting, this stage of the project is being conducted in conjunction with the Irish College of General Practitioners (ICGP). 20 General Practitioners will participate in the project. The electronic patient record will be adapted to provide a user-friendly and efficient portal for recording of patient's risk factors and brief advice given.

Quantitative and qualitative data will be obtained in both settings on the feasibility of implementing this project.

Results: 191 risk factor dataset forms were collected after the 1 month pilot project in St Luke's Hospital. This represents approximately 18% of the total number of patients who attended the 2 units during the study period. Smoking and alcohol were the most frequently recorded risk factors at 79% and 74% respectively. BMI was the least frequently recorded risk factor at 52%. The principle challenges which staff identified to implementing this project included a lack of time, a high staff workload and the patient's readiness for behaviour change. Staff also raised the issue as to whether the acute setting is the most appropriate site for this work.

Conclusion: The findings to date in the acute setting have highlighted important issues related to the feasibility of this work. There was considerable practical difficulty and time involved in finding hospital wards and staff who were willing to participate and implement this project. A recurring finding was that staff felt they did not have the necessary time to undertake training and implement this work. Some risk factors such as body weight were identified as particularly difficult to discuss with patients.

The evidence from this work, both quantitative and qualitative, will be integrated to provide meaningful information to the service providers and planners to guide future service development and to form the basis for innovation and change in practice and service delivery for primary and secondary prevention of chronic conditions.

Keywords: making every contact count; risk factors; brief advice; chronic diseases
