

# Increasing the Number of Healthy Lifestyle Conversations that a Multi-disciplinary Community Team has with Patients



## RELEVANCE

The population of older people, nationally and locally, is rapidly growing and many are not living in good health which not only has significant economic and resource implications but more importantly impacts on individual quality of life in later years.

In recognition of this 'perfect storm' the importance of embedding prevention strategies and health promotion interventions specific to older people is widely recognised.



One approach to tackling this, Making Every Contact Count (MECC), empowers staff to initiate opportunistic conversations with people who report 'risky' behaviours supporting the first positive steps towards health behaviour change.

## AIM

The project was initiated following a record keeping audit which identified that healthy lifestyle conversations were recorded in only 19% of Integrated Community Team (ICT) clinical records. It aimed to increase the number of documented healthy lifestyle conversations that clinicians have with ICT patients.

## METHODS

To understand the low audit result 31 staff were surveyed. The survey showed that 45% of staff were not having healthy lifestyle conversations with patients with three main reasons: lack of knowledge, lack of confidence and perceived barriers.

From this information a project plan was developed using Plan Do Study Act (PDSA) cycles to test change ideas and enable methodical evaluation of each implementation phase.

Cycle	Description	Rationale	Outcome
1	Patient engagement	To ensure that any changes met service user needs	Case studies developed Content for electronic MECC template identified
2	Staff training - MECC	To increase staff knowledge and skills	Two training sessions run
3	Electronic template design - staff workshop	To develop a staff led, user friendly template for MECC Plus	Ideas gathered to inform 'build' of MECC Plus template
4	Electronic template design and launch	To support referral on and documentation of healthy lifestyle conversations	Launched staff find links useful but template remains clunky - further work needed

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## REFERENCES

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## RESULTS

24 staff attended 'MECC Plus' training, MECC adapted for ICT's, and also contributed into the design/content of a new electronic tool to capture healthy lifestyle conversations.

### Evaluation of this intervention is as follows:

- Attendees all reported finding the MECC training relevant and confidence that it was applicable to practice.
- 83% of staff had positively altered their practice when surveyed 2 months post training.
- Case studies demonstrate some significant changes in practice.

"Just to let you know, I am making my first referral to Healthy Living for a chap who wants to cut down his drinking, currently half a bottle of whiskey a day. He has a long history of (possibly) alcohol related falls but this doesn't seem to have been picked up on his numerous MIU attendances or contacts with other services. Perhaps we just pitched up at the right time for him."  
(Physio)

"I saw a patient, in her 70s, who smokes. She had stopped by herself 6 months ago but due to pain and stress had recently started smoking again. I felt more confident to discuss this with her and encourage her that having stopped once, with the right support she could stop again and maintain it. She agreed to a referral and I felt I knew what I was signing her up for more than I would have done previously."  
(District Nurse)

## CONCLUSIONS

- MECC training, adapted for a multidisciplinary community team, was effective at embedding behaviour change in staff and may have initiated a culture shift.
- Further work is required to address issues with the electronic record so that the reported increase in healthy lifestyle conversations can be captured.

## IMPLICATIONS

**For practice:** Provision of MECC training, specifically tailored to older people, alongside supportive resources should be considered in other trusts and wider settings.

**For management:** All staff working in community settings with predominantly older people should be 'MECC Plus' trained.

**For education:** Health promotion interventions specific to older people should be included in undergraduate training. Research is needed to establish the impact that 'MECC Plus' may have on health outcomes for older people.