

MURC 2019

Presentation ID: 275

Presentation Format: 10-Minute Oral Presentation

Presentation Title: Healthy Living Counselling in Two Outpatient Pediatric Sub-specialty Clinics - A Retrospective Chart Review

We aim to develop a healthy living counselling toolkit for healthcare providers at BC Children’s Hospital. To understand current practices, we conducted a retrospective chart review examining documentation of lifestyle counselling in the Oncology Long-term Follow-up (OLTFU) and Multi-Organ Transplant (MOT) clinic. Both populations are at risk of obesity and post-transplant diabetes respectively. A random sample of patients who had one or more 1+ visits in 2016 included 227 OLTFU Oncology Follow-Up and 37 MOT Multi-organ Transplant-charts. Data abstraction occurred via REDCap, and recorded anthropometric measurements, healthy living discussions, and referrals made to specialized programs to address these behaviours. Of OLTFU patients who had 1 visit (n=151), 95% of height/weight measurements and 24% of BMI calculations were recorded. 62% of these measurements were plotted on WHO growth charts. In OLTFU patients who had 2+ visits (n=76), 89% for height/weight measurements, 12% for BMI calculations, and 39% for growth chart plotting were recorded. As most MOT patients had 2+ visits (n=34), 88% height/weight measurements, 53% BMI calculations, and 56% growth chart plotting were recorded. 19% of OLTFU charts had documented discussions of healthy living compared to 92% of MOT charts. 3% of OLTFU patients received a referral to a specialized centre compared to 14% of MOT patients. Our findings demonstrate that although anthropometric measurements are recorded, BMI calculations and growth chart plotting occur less often. 15% of patients in both clinics who had a discussion on healthy living received a referral to a program to address healthy living behaviours.

Themes:

Check (highlight) the most applicable theme according to the abstract.

<input type="checkbox"/> Innovation and Technology	<input checked="" type="checkbox"/> Health and Wellness	<input type="checkbox"/> Culture and Society	<input type="checkbox"/> Sustainability and Conservation
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Comments:

Lots of great content here. However, I would suggest you reconsider using so much descriptive statistics in your abstract. You suggest two key findings in your results here: 1) an issue of data completion/input into REDCap and plotting WHO growth charts; and 2) the (potentially?) low referral rate to health living programs. Perhaps elaborate on the impact of these findings for these patients (health outcomes) or try to provide an explanation clinic practices (or limitations of the data) to account for these findings.

Commented [SN1]: Consider title hinting at impact of research, e.g. *Exploring* healthy living counselling offered to...

Commented [SN2]: Suggestion: Consider some usage of ‘Oncology follow-up’ and Multi-organ transplant’ rather than acronym. The acronym dilutes the impact of the writing sometimes later on.

Commented [SN3]: Consider rearranging: Start your abstract with a reworded version of this sentence. A strong opening outlines why you are doing this research – the significance will grab the reader’s attention from the outset.

Commented [SN4]: Jargon here. Suggestion: Data was collected from hospital records (REDCap), including measurements of weight, height and body mass index (BMI) health-living discussions, and referrals made to specialized programs to address ??? behaviours.

Commented [SN5]: Could be condensed here. A lot of descriptive statistics in your abstract, which should be saved for the Results section. Perhaps give a condensed overview to outline data completeness issues in one or two impactful sentence. You could use the next sentence, then give one of these previous findings as an example: Our findings demonstrated that although anthropometric measurements are recorded, BMI calculations and growth chart plotting occur less often. For example, of Oncology Follow-Up patients who had two or more visits (n=76), 89% of height/weight measurements were recorded, 12% of BMI calculations, but only 39% growth WHO chart plots were recorded. Now what is the impact of failure to plot WHO growth charts and record weight, height and BMI?

Commented [SN6]: This is a separate and significant finding, which is occluded by the descriptive statistics above. What is the impact for patients (health outcomes) of such low referral rates?