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) clinics. Both populations are at risk of obesity and post-transplant diabetes respectively.

A random sample of patients who had one or more 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.

In 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.

- Innovation and Technology
- Health and Wellness
- Culture and Society
- Sustainability and Conservation

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.