

Did we Make Every Contact Count in a Hospital Setting?

Hello!

We are two fourth year medical students from the University of Leeds. The Public Health team in Leeds Teaching Hospitals wanted to discover what staff thought of how a 2014/15 MECC local CQUIN was implemented in cardiorespiratory services, so we interviewed a sample of the participants and generated key themes...



What happens next?

These key themes informed a questionnaire sent out in Leeds Teaching Hospitals Trust. We've had responses from 103 staff, which will guide MECC in the Trust for the national CQUIN in 2017-2019.

If you have any questions please contact us:
Corrina Bebbington (ed11cab@leeds.ac.uk),
Isobel Davenport (um09iapd@leeds.ac.uk)

P O S I T I V E S

"MECC feels like a positive thing to do"

"We'd like to be able to do it"

"It raised the profile of promoting health"

"The training senior staff received was very thorough"

I M P R O V E M E N T S

"We needed to know how to broach difficult conversations with patients"

"Standardised assessment tools could have been used for every patient"

"Documenting discussions could have been part of existing clinical records"



A D V I C E

"Health Promotion should be actively promoted as part of a hospital's culture"

"Clinical leads should drive the work"

"Link to existing national campaigns like Stoptober"

"Training needed to be consistent and given to the whole MDT"

"Staff needed to know why MECC is valuable"

"Clarity about what constituted health promotion"

"We needed help in understanding how health promotion fits into the hospital's goals"

"Make the value of health promotion clear, and that it's the responsibility of all to deliver"

"Train all staff to be competent in: identifying suitable patients; offering brief interventions; signposting and documenting discussions"

"Show staff evidence that health promotion works"