



**MAKING  
EVERY**

**CONTACT  
COUNT**

**CONVERSATIONS  
TODAY CAN CHANGE  
THEIR TOMORROW**

# CLIENT RECORD

<input type="checkbox"/> Hospital	<i>Hospital Name</i>	
	<i>Unit/Ward/Department</i>	

<input type="checkbox"/> CHO	<i>Area</i>	
	<i>Service</i>	







## Making Every Contact Count Client Record

The Making Every Contact Count Client Record has been developed for healthcare professionals to use as part of the implementation of the Making Every Contact Count programme in CHOs and Hospitals. The Making Every Contact Count programme is about healthcare professionals using their routine consultations with patients/clients as opportunities to raise the issue of lifestyle behaviour change and support their patients/clients to make healthier choices for improved and positive health outcomes.

The Making Every Contact Count Client Record is a critical element of the programme and ensures that each healthcare professional can document the specific Brief Intervention that they have undertaken with a patient/client. The Record addresses Brief Interventions for the four preventable risk factors for chronic disease – smoking, alcohol, physical inactivity and diet.

The Making Every Contact Count Client Record has been developed following consultation with patients/clients and testing with staff.

### ***Why have we created a Making Every Contact Count Client Record?***

Recording **every** Brief Intervention

1. Is good clinical practice.
2. Helps to prompt and promote Brief Interventions as part of routine practice.
3. Supports consistent delivery of Brief Interventions across all services.
4. Facilitates patient follow-up.
5. Supports compliance with Safer Better Healthcare Standards.
6. Supports monitoring of the implementation of the Making Every Contact Count programme across services.
7. Supports evaluation of the Making Every Contact Count programme to inform future service design improvements.

### ***How to use the Making Every Contact Count Client Record***

The Making Every Contact Count Client Record Book contains 25 patient/client records.

The perforated white sheet (original) is used to record the Brief Intervention by the healthcare professional during a consultation. The yellow sheet is the duplicate copy.

A new record will be completed if further Brief Interventions are delivered to the patient/client during follow-up visits.

The column on the left has the questions on risk factors for chronic disease; the column on the right has details on the intervention/action taken by the healthcare professional in response to the presence of a particular risk factor(s).

***You do not have to complete all sections of the Client Record with a patient/client during a single consultation; taking a patient-centred approach allied to your clinical judgement will determine the appropriate conversation at each and every clinical consultation.***

As you will remember from the training programme, it is important to always ask permission before you begin a Brief Intervention with your patient/client.

In some consultations, you may raise a particular risk factor relating to their current health issue or reason for their visit – once the patient/client has indicated their willingness to engage..... *'I notice you have quite a bad cough, can I ask do you smoke?'*

In some consultations, you might in the first instance ask about all four preventable lifestyle behaviours to get an overview of a patient's/client's chronic disease risk; and based on the outcome of this exercise **and** on the patient's willingness and readiness to engage you may

- undertake one intervention based on their stated preference;
- undertake more than one intervention based on their stated preferences;
- not undertake any intervention as the patient/client has declined the invitation to engage.

*'We are asking all our patients about their lifestyle behaviours, would it be ok if I asked you a few questions?'*

The training programme advises that healthcare professionals should use their clinical judgement to determine the most appropriate time during the consultation to instigate a conversation with patients/clients about lifestyle behaviour change.

In hospital settings, Brief Interventions could be implemented during the admission process, as part of daily observation checks or during preparation for discharge. Brief Interventions will also be embedded into consultations in out-patient visits. In community services, Brief Interventions could be part of the patient's/client's first visit or return visits with their healthcare professional.

On completion of the patient/client clinical consultation

1. Remove the **white sheets (original)** from the Client Record Book and insert into the **patient/client file**. The appropriate placement within the file will be decided by services locally.
2. The **yellow sheets** (copy) remain in the Client Record Book.
3. Always check that the patient's/client's personal details are not on the duplicate copy.
4. Completed Client Record Books should be stored in a secure location locally for audit purposes.

Additional Client Record Books can be ordered from [www.makingeverycontactcount.ie/MECCClientRecordBook](http://www.makingeverycontactcount.ie/MECCClientRecordBook)

The Making Every Contact Count programme can be accessed at [www.makingeverycontactcount.ie](http://www.makingeverycontactcount.ie). The Making Every Contact Count team can be contacted at [makingevery.contactcount@hse.ie](mailto:makingevery.contactcount@hse.ie)



# Making Every Contact Count Client Record

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: M  F  Age range: 18-25  26-44  45-64  65+

Diagnosed condition(s): YES  NO

ASTHMA  BLOOD PRESSURE  COPD  DIABETES  HEART FAILURE

Staff Discipline:

## TOBACCO USE

Do you smoke any Tobacco products?

- Daily
- Occasional (less than daily)
- Quit Smoking (within the last 6 months)
- Quit Smoking (longer than 6 months)
- Never

## TOBACCO INTERVENTION

If patient/client does not smoke or has been quit for longer than 6 months affirm and reinforce benefits of being tobacco free.

If patient/client is a TOBACCO USER (daily or occasional smoking) or has QUIT WITHIN THE LAST 6 MONTHS, tick all actions you have taken:

Brief Intervention (emphasising benefits of quitting and offering strategies to help them quit)

Signposted to HSE QUIT services (helpline 1800 201 203 and [www.quit.ie](http://www.quit.ie))

Referred to HSE QUIT services

Prescribed or referred for Stop Smoking medication (NRT/varenicline)

Patient declined / not interested in quitting at this time

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

## ALCOHOL USE (AUDIT-C TOOL)

1. How OFTEN do you have a drink containing alcohol? **Score**

- Never 0
- Monthly or less 1
- 2-4 times a month 2
- 2-3 times a week 3
- 4 or more times a week 4

2. How MANY standard drinks of alcohol do you have on a typical day when drinking?

- 1-2 0
- 3-4 1
- 5-6 2
- 7-9 3
- 10 or more 4

3. How OFTEN have you had six or more standard drinks on a single occasion, in the last year.

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

### ALCOHOL SCORE

(Add scores from all three questions) \_\_\_\_\_

### ALCOHOL RISK

Total SCORE 0-4 **LOW RISK**

Total SCORE 5+ **INCREASED RISK**

## ALCOHOL INTERVENTION

If patient is assessed as **Low Risk 0-4**: AFFIRM them and reinforce positive benefits of remaining at the low risk level.

If patient is assessed as **Increased Risk 5+**: Engage patient in a brief intervention\* to discuss the following:

Discuss risks to health of drinking in short and long term\*

Discuss benefits of cutting down\*

Explore strategies for managing drinking pattern\*

Signpost to [askaboutalcohol.ie](http://askaboutalcohol.ie) (self assessment tool for further information on personal drinking pattern risk levels)\*

Refer to HSE Drug and Alcohol Helpline Mon-Fri 9.30-5.30

Tel.1800 459 459 for information on local alcohol and drug services

\*To assist this discussion use "A Quick Question" leaflet ([healthpromotion.ie/alcohol](http://healthpromotion.ie/alcohol))

### Weekly low risk drinking guidelines:

- 11 standard drinks or less for women with at least two alcohol free days
  - 17 standard drinks or less for men with at least two alcohol free days
- For men and women avoiding any alcohol on at least 2-3 days/week is important

1 Standard Drink contains 10g of pure alcohol

1 Standard Drink = Half pint of beer / stout / ale = Single measure of spirits = Small glass of wine

and some drinks are more than one standard drink

2SD Pint of Beer Stout Ale   2SD Pint Cider   2SD Large Bottle Alcoppop   8SD Bottle of Wine   2SD Large Can of Beer

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_



# Making Every Contact Count Client Record



**Gender:** M  F     **Age range:** 18-25  26-44  45-64  65+   
**Diagnosed condition(s):** YES  NO   
 ASTHMA  BLOOD PRESSURE  COPD  DIABETES  HEART FAILURE

**Staff Discipline:**

## TOBACCO USE

**Do you smoke any Tobacco products?**

Daily

Occasional (less than daily)

Quit Smoking (within the last 6 months)

Quit Smoking (longer than 6 months)

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## TOBACCO INTERVENTION

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**If patient/client is a TOBACCO USER (daily or occasional smoking) or has QUIT WITHIN THE LAST 6 MONTHS, tick all actions you have taken:**

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**Referred** to HSE QUIT services

**Prescribed or referred** for Stop Smoking medication (NRT/varenicline)

**Patient declined / not interested in quitting at this time**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    **Signature:** \_\_\_\_\_

## ALCOHOL USE (AUDIT-C TOOL)

<b>1. How OFTEN do you have a drink containing alcohol?</b>	<b>Score</b>
Never	0
Monthly or less	1
2-4 times a month	2
2-3 times a week	3
4 or more times a week	4
<b>2. How MANY standard drinks of alcohol do you have on a typical day when drinking?</b>	
1-2	0
3-4	1
5-6	2
7-9	3
10 or more	4
<b>3. How OFTEN have you had six or more standard drinks on a single occasion, in the last year.</b>	
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

## ALCOHOL INTERVENTION

If patient is assessed as **Low Risk 0-4**: AFFIRM them and reinforce positive benefits of remaining at the low risk level.

If patient is assessed as **Increased Risk 5+**: Engage patient in a brief intervention\* to discuss the following:

Discuss risks to health of drinking in short and long term\*

Discuss benefits of cutting down\*

Explore strategies for managing drinking pattern\*

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**1 Standard Drink contains 10g of pure alcohol**

Standard Drink = Half pint of beer / stout / ale = Single measure of spirits = Small glass of wine

and some drinks are more than one standard drink

2SD Pint of Beer Stout Ale    2SD Pint Cider    2SD Large Bottle Alcopop    8SD Bottle of Wine    2SD Large Can of Beer

**ALCOHOL SCORE**  
(Add scores from all three questions) \_\_\_\_\_

**ALCOHOL RISK**  
Total SCORE 0-4 **LOW RISK**   
Total SCORE 5+ **INCREASED RISK**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    **Signature:** \_\_\_\_\_

## PHYSICAL ACTIVITY

In a typical week, how MANY days have you been physically active for a total of 30 mins or more?

0 days (inadequate)

1-4 days \*

5-7 days (adequate)

Unable to be physically active

\*If patient states 1-4 days, ask patient if they engage in 150 minutes moderate activity or 75 minutes vigorous activity in a typical week?

Yes (adequate)

No (Inadequate)

## PHYSICAL ACTIVITY INTERVENTION

If patient/client is assessed as meeting physical activity guidelines, affirm and reinforce positive benefits of physical activity.

If patient/client is assessed as **NOT** meeting physical activity guidelines, tick all actions you have taken:

**Brief Intervention** (emphasising benefits of being active)

**Signposted** to [www.getirelandactive.ie](http://www.getirelandactive.ie), *Get Active Your Way* booklet

**Signposted** to community groups / activities

**Patient declined/not interested in discussion at this time**

**Physical Activity Guidelines** for adults is at least 30 minutes of moderate intensity activity 5 days per week

Physical activity may include: walking/cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

## BODY WEIGHT

**If any patient has had unplanned weight loss in the past 3-6 months or is unable to eat or drink or has a swallowing difficulty, refer to GP/MDT team for MST/MUST nutrition screening.**

Height in metres \_\_\_\_\_

Weight in kilos \_\_\_\_\_

BMI \_\_\_\_\_

Use the BMI chart on inside front cover to calculate

**BMI RISK**

Underweight BMI <18.5 **INCREASED RISK**

Normal weight BMI 18.5 – 24.9 **LOW RISK**

Overweight BMI 25 – 29.9 **INCREASED RISK**

Obese BMI >30 **HIGH RISK**

BMI not done

Information on healthy eating available at [www.hse.ie/healthyeatingactiveliving](http://www.hse.ie/healthyeatingactiveliving)

## NUTRITION INTERVENTION

Tick all actions you have taken:

**BMI < 18.5 INCREASED RISK**

**Referred** to GP/MDT team for MUST/MST nutrition screening as increased nutritional risk

**BMI 18.5 – 24.9 LOW RISK**

**Brief intervention** (emphasising the benefits of healthy eating, increasing fruit & vegetable intake, strategies to prevent weight gain)

**Signposted** to [www.hse.ie/healthyeatingactiveliving](http://www.hse.ie/healthyeatingactiveliving)

**BMI 25 – 30 INCREASED RISK**

**Brief intervention** (emphasising the benefits of healthy eating, increasing fruit & vegetable intake, strategies to prevent weight gain)

**Signposted** to local weight management programmes (HSE or private). [www.hse.ie/selfmanagementsupport](http://www.hse.ie/selfmanagementsupport)

**Referred** to Dietetic service if 2 or more co-morbidities exist

**BMI >30 HIGH RISK**

**Brief intervention** (emphasising the benefits of healthy eating, increasing fruit & vegetable intake, strategies to prevent weight gain)

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Unable to be physically active

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Yes (adequate)

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