Pediatric Weight Management at Family Medicine Clinic

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Importance

- According to the CDC, pediatric obesity prevalence has been rising since 1999 with a current rate of 18.4% in children age 6-11.
- Prior to this intervention, adherence to AAP obesity management guidelines at our clinic was unknown.

Aim Statement

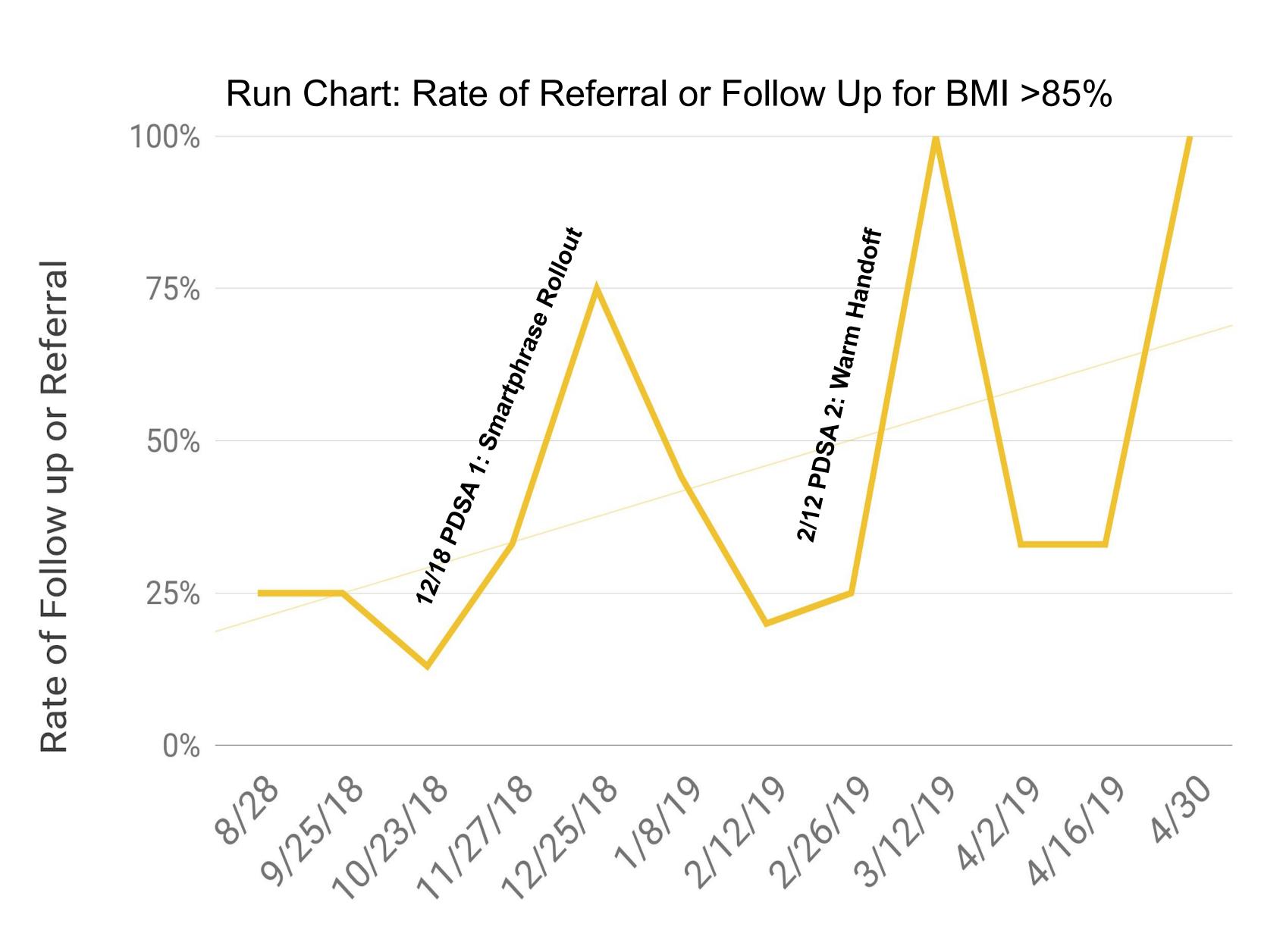
 In children ages 6-11, we aim to increase the follow up/referral rate for BMI above 85 percentile by 75%.

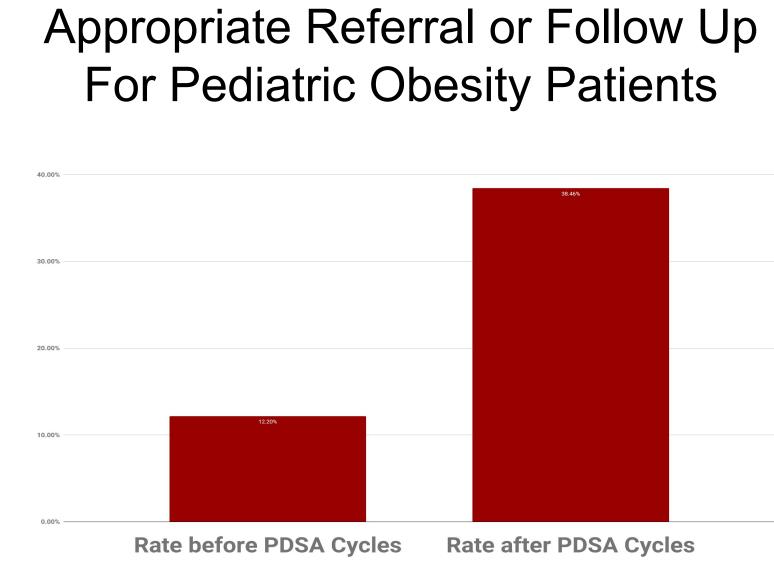
Methods

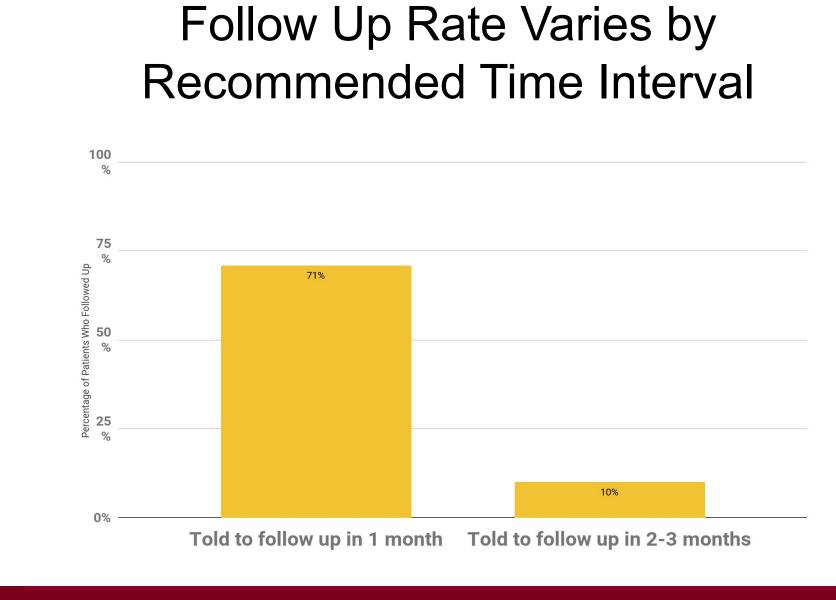
- Baseline data collection, literature
 review and smartphrase development
- Smartphrase: AAP Intervention
 Stages, Table of recommendation for
 BMI Categories, Instructions for
 follow up and reminder of Healthy
 Weight Order Set availability

PDSA Cycles

- PDSA 1: Smartphrase rollout, flyers posted and didactic announcement
- PDSA 2: Warm handoff from PCS to provider if vital sign for BMI >85 percentile.
 Chart review every 2 weeks







Discussion

- Treating BMI percentile >85% as a critical vital sign may improve rates of follow up/referral
- More compliance when shorter follow up was recommended

Next Steps

- Re-emphasize and repeat PDSA with PCS to provider warm handoff
- Expand QI project to other UMP clinics
- Consider focus group with parents of children with obesity
- Explore how terminology affects rates of weight management

References

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