Evidence of improved clinical practice and policy change by implementing practice guidelines to improve NP assessment of pediatric overweight and obesity

Purpose: The aim of this project was to apply Healthy Eating and Activity Together (HEAT) clinical practice guidelines at a rural family practice clinic to increase the rate of documentation of height, weight and body mass index (BMI) percentile measurement in order to improve Nurse Practitioner assessment of pediatric overweight and obesity.

Objective 1: The reader will identify the diagnostic criteria for identifying pediatric overweight and obesity.

Objective 2: The reader will evaluate the effect of implementing clinical practice guidelines to improve assessment of the diagnostic criteria for pediatric overweight and obesity which resulted in increased identification and diagnosis.

Objective 3: The reader will identify that diagnosing pediatric overweight and obesity leads to increased opportunities for patient and family teaching on healthy diet and exercise recommendations.

Abstract:

Methods:

The project is designed in three phases.

1. Chart review one: 174 charts for all pediatric patients, ages 3-18, which have had an office visit from October 2009-April 2010. Exclusion criteria are age below 3 or over 18, and duplicate visits.

2. Training- two separate trainings offered to the clinical staff

   a. HEAT guidelines for diagnosing Pediatric Overweight and Obesity: This training was offered to two Family Nurse Practitioners.

   b. The Role of the Licensed Practical Nurses and Medical Office Assistants in Diagnosing Pediatric Overweight and Obesity: This training was offered to four licensed practical nurses and four medical office assistants.

3. Chart review two: The charts for chart review two will be selected in the same manner as chart review one. Chart review two will include approximately 150-175 charts for pediatric patients, ages 3-
18, which have made an office visit from June 2010-October 2010. Exclusion criteria are the same as chart review one.

Results: The outcomes for the project were based on two chart reviews. Each chart review included abstracting the following: height, weight, BMI percentile, and diagnosis of overweight or obesity if applicable. An additional outcome for chart review two was to determine if patient education was initiated for patients diagnosed with overweight or obesity. Percentages of the rate of height, weight and BMI percentile measurements for chart review one and two were compared and revealed increased measurement of height, weight and BMI percentile in chart review two. Percentage of pediatric patients with a BMI above the 85th percentile who are diagnosed with overweight or obesity were compared for chart review one and two and revealed increased rates of diagnosing and teaching.

Discussion & Conclusions:

The prevalence of pediatric overweight or obesity has tripled in the last three decades. Child health organizations responded by creating clinical practice guidelines. Improving NP assessment and identification of pediatric overweight and obesity resulted in increasing the rate of diagnosing this rapidly increasing public health problem. Diagnosing pediatric overweight and obesity is the first step in addressing the long term effects associated with pediatric obesity.