Waist Less

The changing shape of Obesity and Overweight services within The Children's Hospital at Westmead.

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Case for change

25% school-aged children are overweight or have obesity

(2011-12 Australian Health Survey)

80% of adolescents with obesity become adults with obesity[1], and high body mass index in adulthood is the **second highest risk factor** in Australia and NZ for conditions such as cancer, cardiovascular diseases, and diabetes in adults[2].

Reducing Childhood Obesity is 1 of the 12 NSW Premier's Priorities

Example effect of leaving childhood obesity untreated: 3 year old child needed surgery to fix severe bowing of his legs due to obesity.

Goal

To develop evidence based practice within The Children's Hospital at Westmead (CHW), for a standardised approach of all clinicians, in the initiation of treatment of childhood obesity.

Objective

To increase the identification and initiation of treatment of obesity in children aged 2-14 years, from 0.2% to 10% in inpatients and 6% to 12% in outpatients by June 2017.

Targeted departments: Orthopaedics, Endocrinology, General Medicine, Rehabilitation and Outpatients.

Method

The project was carried out using the rigorous clinical redesign methodology provided by the NSW Health Agency for Clinical Innovation:

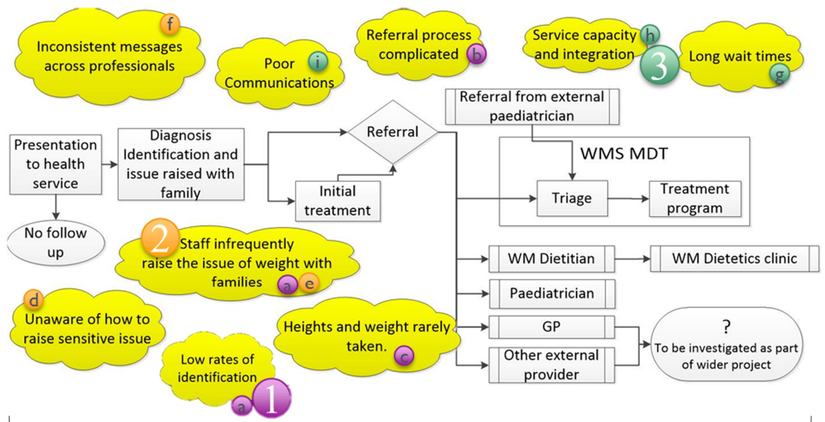
- **Phases:** initiation, diagnostics (assessment of current processes and issues), solution design, implementation and evaluation.
- **Stakeholders:** executives, clinicians and patients at CHW.

Diagnostics

Activities:

Literature review | Staff focus groups | 1:1 patient family interviews | CHW patient flow data analysis | CHW staff training data analysis | Review of existing reports

Results:



Issue/focus area	Root cause analysis
1 Low rates of identification: • Inpatients: <0.2% coded with obesity • Outpatients: 6% recorded with obesity and some action taken	a Low take-up of training in obesity b No universal process to follow c Height and weight rarely taken
2 Staff infrequently raise the issue of weight with families: • 67% of staff raise the issue sometimes, rarely or never	d Unaware of how to raise sensitive issue e Clinical staff have limited time f Inconsistent messages across professionals
3 Service capacity and integration: • Rated as a priority area by staff • 66% of patients report inadequate access to care	g Access to Weight Management Service limited h Referral process complicated i Poor coordination between all care providers

Solutions, implementation and results

Activities:

Frontline staff focus groups | Senior staff focus groups | 1:1 consultation with consumer representatives

Implementation and evaluation of the Waist Less project is ongoing in 2017

Solutions developed:	Results as at March 2017:
Develop a stratified model of care	• Generic, streamlined pathway based on clinical severity in development, in conjunction with the NSW Ministry of Health • Broad consultation continuing
Increase staff completion rates of e-Learning	• Weight4KIDS is now open source, available for free: http://weight4kids.learnupon.com/ • Promotion in planning
Resource packs to give to families	• Collaborative working group with NSW local health districts established, led by the NSW Ministry of Health, to share information and develop resources • Centralised, online resources will be available when website launched.
Accurate heights and weights recorded in eMR	• Ministry of Health supported equipment review for accuracy and accessibility at SCHN and JHH. CEs to receive recommendations • New method of estimating height when standing height unavailable (for accurate weight status estimation) in development. • Automated alerts in eMR pending approval • Feedback reports developed by the Ministry of Health

Sustaining change

- Ongoing partnership and solution development with network led by Ministry of Health for state-wide considerations
- Paediatric obesity model of care will be available for local implementation across NSW.
- SCHN executive commitment to strategic approach to childhood obesity,

Conclusion

Waist Less is a sub-project of the Sustainable Connections for Overweight and Obesity in Paediatrics (SCOOP) project, which aims to improve Childhood Obesity treatment in the wider Western Sydney and Nepean Blue Mountains Community. Waist less concepts are translatable to SCOOP and beyond.

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Abbreviations: ACI: Agency for Clinical Innovation; CHR: Centre for Healthcare Redesign; CHW: Children's Hospitals at Westmead; eMR: electronic medical record; JHH: John Hunter Hospital; MDT: multidisciplinary team; MSAU: Management Support Analysis Unit; SCHN: Sydney Children's Hospitals Network; WMS: Weight Management Service

References: [1] Lifshitz F. Obesity in Children. Journal of Clinical Research in Pediatric Endocrinology 2008; 1: 53-60; [2] Australian Institute of Health and Welfare (AIHW). Australia's Health: The 14th Biennial Health Report of the Australian Institute of Health and Welfare. Canberra: AIHW; 2014.