

Improving Screening and Treatment of Binge Eating Disorders in Pediatric Weight Management Clinic through a Quality Improvement Framework

Authors : Cristina Fernandez, Felix Amparano, John Tumberger, Stephani Stancil, Sarah Hampl, Brooke Sweeney, Amy R. Beck, Helena H Laroche, Jared Tucker, Eileen Chaves, Sara Gould, Matthew Lindquist, Lora Edwards, Renee Arensberg, Meredith Dreyer, Jazmine Ceden, Alleen Cummins, Jennifer Lisondra, Katie Cox, Kelsey Dean, Rachel Perera, Nicholas A. Clark

Abstract : Background: Adolescents with obesity are at higher risk of disordered eating than the general population. Detection of eating disorders (ED) is difficult. Screening questionnaires may aid in early detection of ED. Our team's prior efforts focused on increasing ED screening rates to $\geq 90\%$ using a validated 10-question adolescent binge eating disorder screening questionnaire (ADO-BED). This aim was achieved. We then aimed to improve treatment plan initiation of patients ≥ 12 years of age who screen positive for BED within our WMC from 33% to 70% within 12 months. Methods: Our WMC is within a tertiary-care, free-standing children's hospital. A3, an improvement framework, was used. A multidisciplinary team (physicians, nurses, registered dietitians, psychologists, and exercise physiologists) was created. The outcome measure was documentation of treatment plan initiation of those who screen positive (goal 70%). The process measure was ADO-BED screening rate of WMC patients (goal $\geq 90\%$). Plan-Do-Study-Act (PDSA) cycle 1 included provider education on current literature and treatment plan initiation based upon ADO-BED responses. PDSA 2 involved increasing documentation of treatment plan and retrain process to providers. Pre-defined treatment plans were: 1) repeat screen in 3-6 months, 2) resources provided only, or 3) comprehensive multidisciplinary weight management team evaluation. Run charts monitored impact over time. Results: Within 9 months, 166 patients were seen in WMC. Process measure showed sustained performance above goal (mean 98%). Outcome measure showed special cause improvement from mean of 33% to 100% ($n=31$). Of treatment plans provided, 45% received Plan 1, 4% Plan 2, and 46% Plan 3. Conclusion: Through a multidisciplinary improvement team approach, we maintained sustained ADO-BED screening performance, and, prior to our 12-month timeline, achieved our project aim. Our efforts may serve as a model for other multidisciplinary WMCs. Next steps may include expanding project scope to other WM programs.

Keywords : obesity, pediatrics, clinic, eating disorder

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