

QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

Prevention

Childhood obesity
MODULE

Version 2
March 2022



CHILDHOOD OBESITY

Introduction

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients.** The toolkit will help your practice complete QI activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply
- Reduced risk by starting small

- It can be used to help plan, develop and implement change that is highly effective.

The MFI helps you break down your change improvement into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted. There is an example using the MFI on how to increase the number of patients with height and weight recorded for you to complete at the end of this module.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please [contact](#) Brisbane South PHN if you have any feedback regarding the content of this document.

This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.



Aim of this QI toolkit

Toolkit aim - to increase the understanding of your childhood population who may be overweight or obese and review your practice's systems to ensure patients are managed by the right person at the right time.

How to use this toolkit

There are checklists included below that will guide you and your practice to:

- identify a sample group of patients (between 50-100 patients) by reviewing data measures from your practice population
- use this toolkit to guide you along the journey
- set yourselves timelines to achieve your goals
- consider potential internal or external factors that could impact the activity and factor these into your planning e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season
- review your progress regularly
- if you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support



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CHILDHOOD OBESITY

Overweight and obesity is mainly caused by an energy imbalance (where too much energy is taken in through food and drink, and not enough energy is expended through physical activity). But many different interconnected factors drive this energy imbalance, making overweight and obesity complex to address.

Definition of a child

For the purposes of this toolkit, children and young people are those under the age of 18.

Childhood obesity statistics

Childhood overweight and obesity is a major public health issue in Australia. In 2017–18, one in 4 (25%) children and adolescents aged 12–17 were overweight or obese, and about one in 12 (8.2%) were obese. Overweight and obesity in children is associated with a significant risk of developing chronic diseases, as well as remaining overweight or obese as an adult, which further adds to the risk of disease.¹

Rates of obesity have risen considerably between 1995 and 2017–18 for 5–17-year-olds, from 4.9% to 8.1%. As children enter adolescence, the prevalence of overweight and obesity increases.

In 2015, compared with children with a body mass index (BMI) in the normal range, the annual (non-hospital) Medicare cost was:

- \$63 (28%) higher for each child who was overweight
- \$103 (45%) higher for each child who was obese (Black et al. 2018).

This was mainly due to a higher number of general practitioner and specialist visits. This represents an estimated additional annual cost of \$43.2 million (in 2015 Australian dollars) to the Australian Government in Medicare costs due to childhood overweight and obesity (Black et al. 2018).

Inequities and unhealthy growth in children

Significant health inequities exist across the Queensland population. Certain vulnerable groups, including those of low socioeconomic background or education level, First Nations people, Māori and Pacific Islander people, and some culturally and linguistically diverse (CALD) communities, have higher risk of overweight or obesity than the general Queensland population.

Rates of obesity in socioeconomically disadvantaged areas are about 80 per cent higher than advantaged areas. Rates of obesity are 20–40 per cent higher in regional and remote areas, compared to cities; and Indigenous Queenslanders are 39 per cent more likely to live with obesity than non-Indigenous Queenslanders.²

What is the cause of childhood obesity?

While many factors may influence weight, overweight and obesity occur mainly because of an imbalance between the amount of energy intake from the diet and the amount of energy expended (through physical activities and bodily functions). Genetic and environmental factors also play a role. Attention to diet and physical activity is important to help ensure a healthy body weight.³

An individual's estimated energy requirements varies depending on many factors including age, sex, body size and physical activity level. The body converts the macronutrients in food (protein, fat and carbohydrates) into usable energy (kilojoules). Each of these macronutrients hold a differing energy value/energy contribution with fat being the most concentrated source of kilojoules out of the three main macronutrients. Visit [Eat for Health](#) to calculate an individual's energy requirements.

¹ <https://www.aihw.gov.au/reports/overweight-obesity/childhood-overweight-and-obesity-impact-of-home/summary>

² Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018

³ <https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/overweight-and-obesity/causes-of-overweight-and-obesity>

What are the biggest health issues for children?

The first Australian Child Health Poll in 2015 found that Australians considered the top 4 biggest health issues to be:

- excessive screen time—58% rated excessive screen time as a big health problem for Australian children and young people
- obesity (55%)
- not enough physical activity (54%)
- unhealthy diet (54%) (Rhodes 2015).⁴

Top ten child health problems

1. Excess screen time
2. Obesity
3. Not enough physical activity
4. Unhealthy diet
5. Bullying
6. Illegal drug use
7. Family and domestic violence
8. Internet safety
9. Child abuse and neglect
10. Suicide

Prevention of overweight and obesity in children

Obesity prevention strategies need to start before the age of 5; one in 5 Australian children are already affected by overweight or obesity at this age. Primary Health Care providers can provide anticipatory guidance to prospective parents, families and children to support healthy weight and weight-related behaviours.

Parents are the primary influence on the development of child eating, physical activity and sedentary behaviours with parenting styles playing a role in developing healthy lifestyles. However, the ability of families to make healthy food choices can be challenging in Australia’s obesogenic environment.

Prevention of overweight and obesity needs to occur across ‘critical time periods’ in the life course: pre-conception and pregnancy; infancy and early childhood; and older childhood and adolescence.⁵

Classification of Overweight and Obesity

Class	Age Group	Description
Overweight	0 – 2 yrs (WHO)	Weight-for-height > 2 standard deviation above WHO Child Growth Standards Median
	2 – 18yrs (CDC)	BMI between 85th to 95th percentile
Obese	0 – 2 yrs (WHO)	Weight-for-height > 3 standard deviation above WHO Child Growth Standards Median.
	2 – 18yrs (CDC)	BMI ≥ 95th percentile *There is no consensus on the definition of severity of obesity, the most recent International Obesity Taskforce (IOTF) recommendations suggested these definitions: <ul style="list-style-type: none"> • Class 2 obesity: BMI ≥120% of the 95th percentile of ≥35 kg/m² (CDC BMI charts) • Class 3 obesity: BMI ≥140% of the 95th percentile or ≥40 kg/m² (CDC BMI charts), or BMI Z score > 3.5

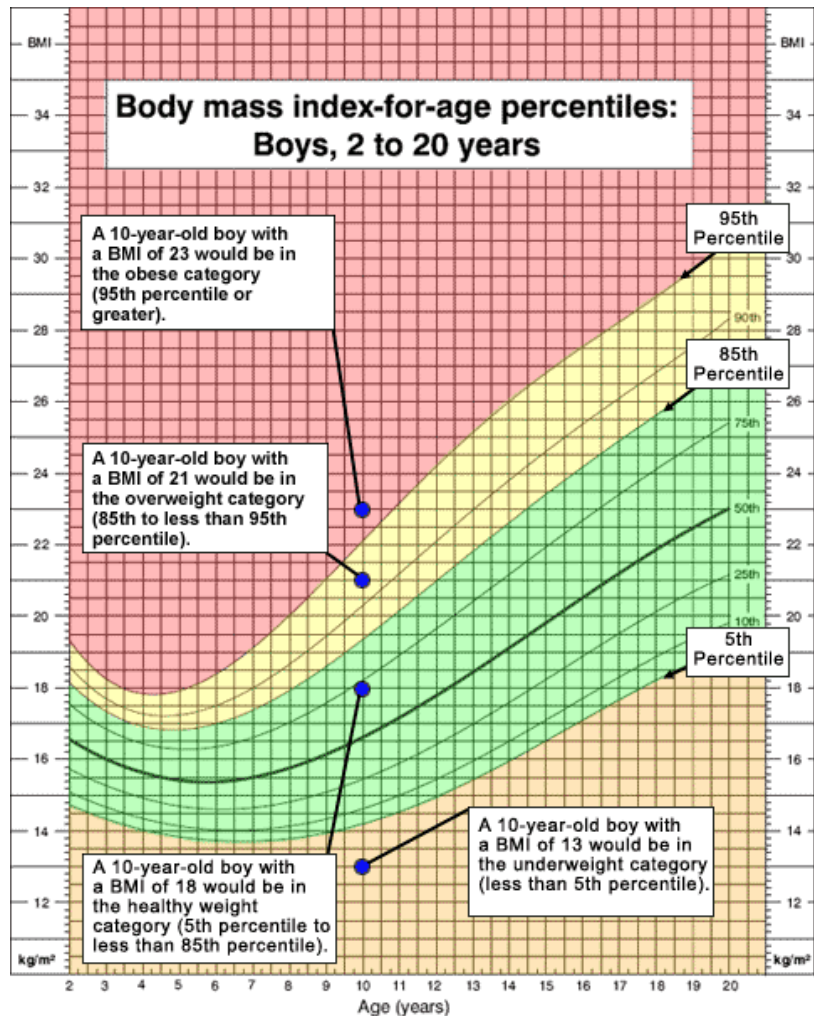
⁶

⁴ <https://www.rchpoll.org.au/polls/top-10-child-health-problems/>

⁵ <https://hw.qld.gov.au/hub/model-of-care/#primary>

⁶ <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

Body mass index (BMI) is commonly used to determine childhood weight status. For children and teens, BMI is age and sex-specific and is often referred to as BMI-for-age. A child’s weight status is different from adult BMI categories. Children’s body composition varies as they age and varies between boys and girls. Therefore, BMI levels among children and teens need to be expressed relative to other children of the same age and sex.



Lifestyle risk factors

Many factors in the home environment influence overweight and obesity, including:

- breastfeeding
- eating a healthy diet with age-appropriate meal sizes
- activities children do throughout the day—getting the right balance of sleep, physical activity and sedentary behaviour in a 24-hour period
- whether a child has a disability
- the amount of screen/sedentary time
- mental health.⁸

⁷ <https://www.cdc.gov/obesity/childhood/defining.html>

⁸ <https://www.aihw.gov.au/reports/overweight-obesity/childhood-overweight-and-obesity-impact-of-home/summary>

Family and community factors

Family and community factors are those that all children in a household experience. Most children, particularly pre-adolescents, depend on their parents and carers for food, transport and care. Therefore, factors affecting parents and carers (such as local amenities, food costs, stress, packaging and marketing of foods) will affect how parents and carers provide food and activities.

Family habits play an important role in overweight and obesity. The environment where a home is situated can affect the types of foods and activities available to children. Having access to healthy food options, as well as a local area where people can use active transport and easily get to parks and amenities, all support a healthy lifestyle for children and their families and reduce the risk of overweight and obesity.^{9,10}



What is a healthy diet for children?

The [Australian Dietary Guidelines](#) provide advice on eating to promote overall health and wellbeing, reduce the risk of diet related disease and protect against chronic conditions.

Guideline 1 is to achieve and maintain a healthy weight, ensuring nutrient requirements are met, but total energy intake does not exceed energy expenditure.

Guideline 2 follows on with recommendations to drink plenty of water and enjoy a wide variety of nutritious foods from these 5 groups every day:

- plenty of vegetables, including different types and colours, and legumes/beans
- fruit
- grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as bread, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (noting that reduced fat milks are not suitable for children aged under 2).



For healthy development, your child needs to eat different amounts of these foods at different ages:

- [2-3 years: illustrated dietary guidelines](#)
- [4-8 years: illustrated dietary guidelines](#)
- [9-11 years: illustrated dietary guidelines](#)
- [12-13 years: illustrated dietary guidelines](#)
- [14-18 years: illustrated dietary guidelines](#)

Eat For Health have a healthy eating for children [resource](#) brochure that can be ordered online for free.

⁹ <https://www.aihw.gov.au/reports/overweight-obesity/childhood-overweight-and-obesity-impact-of-home/summary>

¹⁰ <https://www.rchpoll.org.au/polls/top-10-child-health-problems/>

Physical activity

Being physically active is important across all ages, and contributes to healthy growth and development in children and adolescents.¹¹ Physical activity increases the body’s energy expenditure, and balancing this energy expenditure with a healthy diet is particularly important for preventing overweight and obesity.

The Australian 24-hour Movement Guidelines ([the Guidelines](#)) outline the recommended amount and types of physical activity required for health benefits. The Guidelines also provide advice for limiting sedentary behaviour and getting adequate sleep. The evidence behind the Guidelines suggest that children gain the greatest health benefits when each day they participate in at least:

- 30 minutes of tummy time during awake periods from birth to 1 year, including reaching and grasping, pushing and pulling, and crawling spread throughout the day
- 180 minutes of physical activity for toddlers aged 1–2, including energetic play spread throughout the day
- 180 minutes of physical activity for children aged 3–5, including 60 minutes of energetic play spread throughout the day (noting that this only includes those up to pre-school age)
- 60 minutes of moderate to vigorous intensity physical activity for school age children, aged 5–17.

Children should also participate in various types of physical activity in different environments (for example, home, school, community) and contexts (for example, play, recreation, hobbies, sport).

Adhering to the Guidelines has been associated with a number of health improvements in children and young people including:

- | | |
|---|--|
| • weight and fat distribution | • mental health |
| • cardiorespiratory and musculoskeletal fitness | • motor development |
| • cardiovascular and metabolic health | • emotional regulation |
| • academic achievement | • overall quality of life. ¹² |

How does screen media exposure lead to obesity?

A number of possible mechanisms are thought to explain the effects of screen media exposure on obesity. These include displacing physical activity, increasing energy intake from eating while viewing and/or the effects of advertising, and reducing sleep.

Eating while viewing is one important way that screen media exposure increases children’s energy intake. Studies have revealed that children consume a large proportion of their daily calories and meals while watching screen media. In one study, up to a third of daily energy intake and half of children’s meals were consumed in front of a screen. Some of this effect may be because of the large amount of time spent with screens, and the types of high-energy foods and beverages that are being consumed while viewing.¹³

Sorting out bedtime battles can be linked to healthy weight

Researchers say that healthy sleep patterns are linked to hormones that regulate hunger. Sleep schedules [play an important role](#) in the fight against childhood obesity and weight problems.

The Australian 24-hour Movement Guidelines ([the Guidelines](#)) outline the recommended amount of sleep as:

- an uninterrupted 9 to 11 hours of sleep per night for those aged 5–13 years
- 8 to 10 hours per night for those aged 14–17 years; and
- consistent bed and wake-up times.

¹¹ <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

¹² <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-publth-strateg-phys-act-guidelines>

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5769928/>

Activity 1 – Understanding your childhood population

Activity 1.1 – Data collection from CAT4



Complete the below table by collecting data from your CAT4 Data Extraction Tool. Instructions on how to extract the data is available from the CAT4 website: [Demographics](#) OR [Ethnicity](#).

The aim of this activity is to collect data to determine the demographics of your practice and review active childhood patient population.

	Description	Total number	Number of active patients (3 visits in 2 years)
1.1a	Total practice population		
1.1b	Number of active patients (i.e. 3 visits in 2 years)		
1.1c	Number of patients aged 0 to 4 years		
1.1d	Number of male patients aged 0 to 4 years		
1.1e	Number of female patients aged 0 to 4 years		
1.1f	Number of patients aged 5 to 9 years		
1.1g	Number of male patients aged 5 to 9 years		
1.1h	Number of female patients aged 5 to 9 years		
1.1i	Number of patients aged 10 to 14 years		
1.1j	Number of male patients aged 10 to 14 years		
1.1k	Number of female patients aged 10 to 14 years		
1.1l	Number of patients aged 15 to 18 years		
1.1m	Number of male patients aged 15 to 18 years		
1.1n	Number of female patients aged 15 to 18 years		
1.1o	Number of patients aged 0 to 18 years who identify as Aboriginal or Torres Strait Islander		
1.1p	Number of patients aged 0 to 18 years with their ethnicity recorded		


Please note: Active patients will identify people who have visited your practice 3 times in the past 2 years. If you have a child who only attends the practice once a year, they will not appear in the active patients report. You may also wish to identify patients seen by an [individual provider](#).

Activity 1.2 – Understanding your practice childhood population

The aim of this activity is to increase your understanding of the active childhood patient population.



Description	Status	Action to be taken
<p>After completing activity 1.1 are there any unexpected results with your practice’s childhood patient demographics?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (e.g. higher population of patients aged 0 to 4 than expected, practice has a low population of people between 5 and 9 years).</p> <p>How will this information be communicated to the practice team?</p>
<p>After reviewing your age profile on CAT4 are there any unexpected results?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (e.g. drop in patient numbers for the 14 to 18 year population).</p> <p>How will this information be communicated to the practice team?</p>
<p>What percentage of your total practice population is 0 to 18 years old? (To calculate this, divide the total 0 to 18 population by the total practice population, e.g. total 0 to 18 population - 2238 and total practice population – 12143 = 2238 divide by 12143 is 18%).</p>	<p><input type="checkbox"/> Less than 5%</p> <p><input type="checkbox"/> Between 6% and 15%</p> <p><input type="checkbox"/> Between 16% and 24%</p> <p><input type="checkbox"/> More than 25%</p>	

Description	Status	Action to be taken
Are there GPs in your practice who have a special interest in paediatrics? If so, is this reflected in the individual provider report?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Outline the findings. (e.g. <i>Dr Brown has special interest in paediatrics, but only saw 237 children, however Dr Jones saw 1476 of the children.</i>) How will this information be communicated to the practice team?
After completing activity 1.1o and 1.1p do you have any patients who may have high risk of childhood obesity due to their ethnicity?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Review First Nations people, Māori and Pacific Islander people and discuss as a team how you will support these patients.
 After reviewing your patient childhood demographics, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 1.3 – Data collection from benchmark report

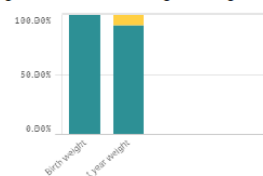
The aim of this activity is to collect data to identify patients with height and weight recorded.



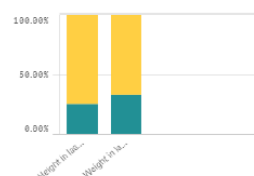
Complete the below table by collecting data from your practice’s monthly benchmark report supplied by Brisbane South PHN. Refer to [instructions](#) on how to access your practices reports.

Childhood Obesity - Data Quality

Figure CO2. Children with weight and height recorded



Childhood Obesity



Recorded Not recorded

Table CO2. Children with weight and height recorded


Risk factors recorded	Recorded total	Recorded %	Not recorded total	Not recorded %
Weight of child at birth	75357	99.90%	76	0.10%
Weight of child at 1 year old	3440	90.98%	341	9.02%
Weight of child recorded in last 12 months	75500	32.34%	157960	67.66%
Height of child recorded in last 12 months	57852	24.78%	175608	75.22%

	Description	Total number of active patients
1.3a	Number of active children with their birth weight recorded	
1.3b	Number of active children with their weight recorded at 1 year old	
1.3c	Number of active children with their weight recorded in the last 12 months	
1.3d	Number of active children with their height recorded in the last 12 months	

Activity 1.4 - Reviewing your patient’s height and weight results



Complete the checklist below which reviews your recording of patients’ height and weight.

Description	Status	Action to be taken
After completing activity 1.3 , are there any unexpected results with recording your patients’ height and weight measures?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. we have a high percentage of children who have not had their weight recorded in the last 12 months). How will this information be communicated to the practice team?
 After reviewing the number of children with height and weight recorded, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No: you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Predicting childhood obesity from a child’s first 1000 days


The first 1000 days (conception to age 2 years) are a critical period for the development of future obesity and present an ideal window for targeted preventive intervention.¹⁴

¹⁴ Canfell, O.J., Littlewood, R., Wright, O.R.L. and Walker, J.L. (2021), i-PATHWAY: Development and validation of a prediction model for childhood obesity in an Australian prospective birth cohort. J Paediatr Child Health. <https://doi.org/10.1111/jpc.15436>

Activity 1.5 – Reviewing the number of patients with birth weight recorded



The aim of this activity is to review the number of children with their birth weight recorded.

Description	Status	Action to be taken
After completing activity 1.3a are there any unexpected results with the number of children with their birth weight recorded?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. only 24 percent of patients have their birth weight recorded). How will this information be communicated to the practice team?
 After reviewing the number of children with their birth weight recorded, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set you goals. <input type="checkbox"/> No, continue with activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 1.6 – Review children’s height and weight recorded over the past 24 months

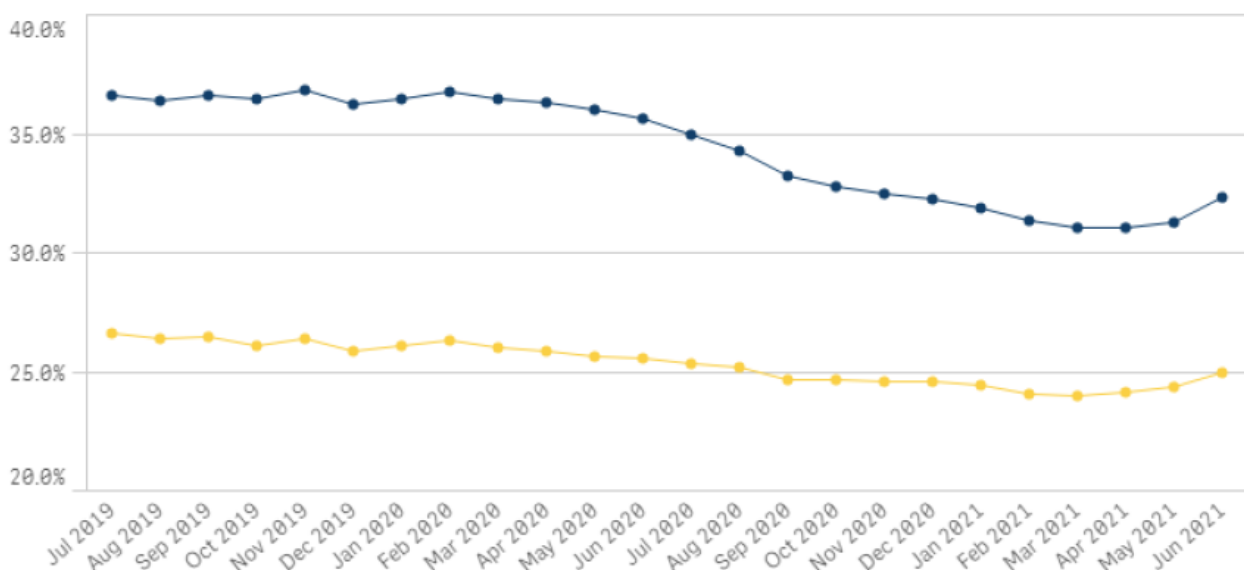



The aim of this activity is to review your practice’s height and weight recorded measures for children over the past 24 months.

You will need your practice’s trend report provided by Brisbane South PHN to complete this information.

Childhood Obesity

Figure CO2. Children with weight and height recorded in last year

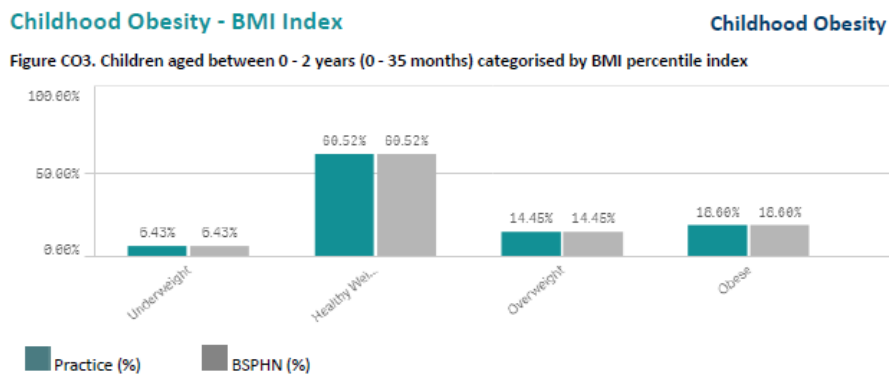


Description	Status	Action to be taken
<p>After reviewing your practice's trend line for height recorded, are there any unexpected results?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (e.g. <i>trend line is decreasing on the number of children with their height recorded</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>After reviewing your practice's trend line for weight recorded, are there any unexpected results?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (e.g. <i>trend line has been decreasing, but now we are seeing a slight increase</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p> After reviewing your practice's trend line for height and weight recorded in children, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see actions to be taken to help set you goals.</p> <p><input type="checkbox"/> No: you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 1.7 – Data collection from benchmark report



Complete the below table by collecting data from your practice’s benchmark report provided by Brisbane South PHN. Note –there are 4 separate graphs for various age groups you will need to refer to.



BMI percentile	-	- %	BSPHN	BSPHN %
Underweight	1780	6.43%	1780	6.43%
Healthy	16745	60.52%	16745	60.52%
Overweight	3998	14.45%	3998	14.45%
Obese	5147	18.60%	5147	18.60%

The aim of this activity is to review data to determine the number of children who are overweight or obese.


	Description	Total number
1.7a	Number of children aged 0 to 2 years with a BMI classified as overweight or obese	
1.7b	Number of children aged 3 to 7 years with a BMI classified as overweight or obese	
1.7c	Number of children aged 8 to 14 years with a BMI classified as overweight or obese	
1.7d	Number of children aged 15 to 18 years with a BMI classified as overweight or obese	

Please note: Data measures between the benchmark report, CAT4, MD & BP are all different. This is due to the fact that some platforms collect age in years, others collect age in months. Therefore, when conducting data searches around BMI data, results will vary depending on the platform the data is extracted from. Practices will be unable to obtain the same results by doing the same search on the various platforms. It is suggested that the practice choose one data report to refer to and maintain this platform while monitoring any improvements and changes.

Activity 1.8 – Reviewing the number of children classified as overweight or obese



The aim of this activity is to review the number of children classified as overweight or obese.

Description	Status	Action to be taken
<p>After completing activity 1.7 are there any unexpected results with the number of children classified as overweight or obese?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Please explain: (e.g. more children aged 3 to 7 years classified as obese than expected).</p> <p>How will this information be communicated to the practice team?</p>
<p>Is your practice similar to other practices in the Brisbane south region (<i>compare information from benchmark report</i>)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline the differences – is it different age group variation?</p> <p>How will this information be communicated to the practice team?</p>
<p> After reviewing the number of children classified as overweight or obese, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set you goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 2 – Quality patient records

You may have identified that there are multiple ways clinical staff may enter a patient’s diagnosis or patient measures in the practice software. Some will type this information directly into the patient progress notes or enter this information as free text in the ‘reason for encounter’ or ‘diagnosis field’. This process is called free texting or un-coded diagnosis. Free text is not easily searchable in any database by the clinical software or third-party software (e.g. extraction tools) and is therefore not the preferred process.

The recommended process is to use a calculator and diagnosis from the drop-down boxes provided in the clinical software. If all clinical staff within the practice use the same calculators and codes to identify a diagnosis then it is easier to search for particular measure or condition. It also allows the practice software to create automatic prompts e.g. reminders and warnings.

It is important to ensure your coding is consistent and agreed upon by all clinical staff in the practice, and diagnostic criteria for childhood obesity are uniform. This activity will review children:

- missing date of birth (DOB)
- with no ethnicity recorded
- with no height and/or weight recorded
- determine terms of consistent coding
- how to clean up un-coded diagnosis.

Activity 2.1 – Children’s records missing DOB



The aim of this activity is to reduce the number of children’s records missing DOB.

A patient’s DOB is an approved patient identifier and vital to ensure patient safety and confidentiality.

It is an accreditation standard that your practice has a patient identification process which can include a patient’s DOB. It is therefore important that this information is recorded accurately.

Identify: Follow the [instructions](#) to identify patient records missing DOB.

Date data collected	Number of children missing DOB

Action: Review the generated list of patient records missing DOB.

Some steps you could take to action this list include:

- Identify patients who have not been seen by a clinician and make inactive.
- If new patient forms are kept, review to find their DOB.
- Use [Topbar](#) to alert staff of this missing information when the patient is in next.

What is a reasonable timeframe to complete this activity? _____

Who will be completing this activity? _____

Results: After you have actioned any children missing DOB, perform a data collect in CAT4 and record the number of patients missing DOB to track your results.

Date Completed	Number of children missing DOB

Activity 2.2 – Children’s records missing ethnicity



The aim of this activity is to reduce the number of children’s records missing ethnicity.

There are a number of considerations that should be taken into account when asking about a person’s cultural background or ethnicity. As a person’s ethnicity is self-identified, a person should be able to disclose any ethnicity regardless of their country of birth. The cultural background or ethnicity that a person identifies with can change over time. It should be possible to update a person’s response to this question and maintain a historical record of changes where IT infrastructure allows.

It should also be noted that there are some sensitivities in asking this question and that people may be hesitant or fearful to disclose their cultural background if they believe it may negatively affect them in some way. It is recommended that each person is given the option to not disclose their cultural background and ethnicity in the form of the ‘prefer not to say’ response.¹⁵

Identify: Follow the [instructions](#) to identify patient records missing ethnicity.

Date data collected	Number of patients missing ethnicity

Action: Review the generated list of patient records missing ethnicity.

- Some steps you could take to action this list include:
 - identify patients who have not been seen by a clinician and make inactive
 - if new patient forms are kept, review to find their ethnicity.

What is a reasonable timeframe to complete this activity? _____

Who will be completing this activity? _____

Results:

After you have actioned any patients missing their ethnicity status, perform another data collection in CAT4 and record the number of patients missing ethnicity to track your results.

Date data collected	Number of patients missing ethnicity

Raising the topic of a child’s weight

The monitoring of children’s growth (and weight in particular) is an important role of all health professionals. At every consultation (or at least yearly), health professionals need to have a conversation with families and carers around children achieving a healthy weight. More information on growth monitoring can be found at [An integrated approach for tackling childhood overweight and obesity in Queensland](#) - Model Of Care (p13).

Talking about weight with a family should be a **positive** experience and be approached in an empathetic, non-judgemental and supportive way. Tips on how to raise the topic of a child’s weight is available from [Growing Good Habits](#).

¹⁵¹⁵ <https://www.vic.gov.au/victorian-family-violence-data-collection-framework/data-collection-standards-culturally-and>

Activity 2.3 – Children missing height and/or weight



The aim of this activity is to reduce the number of children’s records missing height and/or weight.

Follow the instructions [BMI](#) or [Percentiles](#) to identify patient records missing height and/or weight. (Ensure to include end age as 18 and select recalculate). Please note: height and weight measures are required to be recorded within 12 months of each other.

	Description	Number of active patients (3 visits in 2 years)
2.3a	Number of children missing height	
2.3b	Number of children missing weight	
2.3c	Number of children missing height and weight	

Please note: for this activity we want you to focus on active patients (3 visits in 2 years), however, you may wish to search for all patients <=18 years who may be missing height and/or weight.

Action

- Review the generated list of patient records missing height and/or weight.
- Some steps you could take to action this list include:
 - identify patients who have not been seen by a clinician and make inactive
 - ask nurse to opportunistically complete measures on all children when they attend for their appointments
 - use [Topbar](#) to alert staff of this missing information when the patient is in next.

What is a reasonable timeframe to complete this activity? _____

Who will be completing this activity? _____

Results:

After you have actioned any patients missing height and/or weight, perform another data collect in CAT4 and record the number of patients missing height and/or weight to track your results.

	Description	Number of active patients (3 visits in 2 years)
2.3a	Number of patients missing height	
2.3b	Number of patients missing weight	
2.3c	Number of patients missing height and weight	

Tips to assist to improve measures

When you meet with your practice team, it is suggested that you discuss how your practice can improve patient measures. You may consider the following strategies:

- Ask the practice nurse to opportunistically see patients prior to their GP appointment to obtain height, weight, and ethnicity.
- Ask patients or carers/parents to complete a summarised new patient form with their DOB, height, weight, ethnicity and also review their address, contact details, next of kin (NOK) and emergency contact details.
- Ensure all children who attend the practice for immunisations have their measures completed.
- Ensure [Topbar](#) is installed on every workstation and fully operational.
- Create Topbar prompts for patients identified whilst conducting searches.
- Regularly check the [data cleansing](#) reports in CAT4 to identify any patients with missing data (allocate this to a team member and set an ongoing reminder).
- use the practice reminder system by ensuring all reminders for the year are entered for each patient.


Activity 2.4 – Reviewing your children’s records with missing data

The aim of this activity is to increase your understanding of the active childhood patient population.



Description	Status	Action to be taken
After completing activity 2.1 are there any unexpected results with the number of patient’s missing their DOB?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. we had 73 patients missing their DOB. We need to review our system to understand why this has happened). How will this information be communicated to the practice team?
After completing activity 2.2 are there any unexpected results with the number of children with their ethnicity recorded?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. the number of children missing their ethnicity status was high. We identified that our new patient form did not ask for ethnicity or country of birth). How will this information be communicated to the practice team?

Description	Status	Action to be taken
Are all team members aware of how to enter ethnicity status in your practice's clinical software?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	See instructions for Best Practice , Pracsoft or MedicalDirector .
After completing activity 2.3 are there any unexpected results with the number of children missing height and/or weight?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (<i>e.g. our practice only had 15 children who did not have their height and/or weight recorded</i>). How will this information be communicated to the practice team?
Are relevant team members aware of how to enter height and weight in your practice's clinical software?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	See instructions for Best Practice or MedicalDirector .
Do practice team members know how to use CAT4 to improve the quality of the practice data?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to one of the following training/information resources: <ul style="list-style-type: none"> • How to improve your practice data using CAT 4 please refer to CAT4 Data Cleansing with CAT. • Refer to training videos available on 'DiscoverPHN QI via medical software' (modules 3 & 4) and 'Improving quality and revenue in General Practice using data extraction tools including Pen CAT4 and Topbar' (module 9). To access modules contact education team education@bsphn.org.au. • Refer to BSPHN CAT4 guide.
Is Topbar installed and fully operational on all computers?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to the Running Topbar resource, or Topbar Installation Guide .

Description	Status	Action to be taken
 <p>After reviewing your children who are missing data measures, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?</p>	<input type="checkbox"/> Yes, see actions to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Advantages and disadvantages of labelling patients with conditions

If someone is classified as overweight or obese, it is important it is recorded correctly in the practice’s clinical software. This is so that the treating team are aware and can allow for correct treatment. Any diagnosis should be discussed with the patient and their parent/carer. Just as we would record other diagnoses, weight issues should be recorded if it has been identified. If preferred, it may be marked as confidential, or inactive if no longer of concern, and the patient may choose not to upload it to My Health Record if desired.

Activity 2.5 – Marking condition as active/inactive




It is important when completing each patient’s progress notes, to mark the consult with an appropriate condition.


Please note: if condition/diagnosis is marked as ‘active’ the patient will be included in any appropriate reports produced on CAT4. If the condition is marked ‘inactive’, they may not be included in CAT4 reports. The clinical team should understand the importance of marking conditions as active or inactive.


The aim of this activity is to ensure all the clinical team within the practice understand the importance of marking conditions as active or inactive.

Description	Status	Action to be taken
Are relevant practice team members aware of the importance of marking conditions or reason for visits as active or inactive?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Include in the next clinical team meeting/s the importance of marking patient’s history and/or reason for visit as active or inactive.
Are relevant practice team members aware that they can mark sensitive information as confidential?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Include in the next clinical team meeting/s some information on marking patient’s history and/or reason for visit as confidential. This is generally only done for very sensitive information.
Does your practice policy and procedure manual include a section on marking patient past history and/or conditions as active or inactive?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Update policy and procedure manual.

Description	Status	Action to be taken
Are practice team members aware of what conditions, if marked inactive, are not included in CAT4 searches?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to information from CAT4.
 After reviewing your practice’s active/inactive conditions processes, are there any changes you would like to implement in the practice, to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see actions to be taken to help set your goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 2.6 – Determine terms of consistent coding

 *The aim of this activity is for the clinical team to agree on consistent childhood obesity coding to be used within the practice.*

Description	Status	Action to be taken
Are relevant practice team members aware of the importance of quality data including using consistent coding (avoiding free text)?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Organise a practice team meeting to discuss how to develop a clinical coding policy for your practice.
Have you agreed on accepted terminology of childhood obesity codes from the drop-down lists in your practice software?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No, see action to be taken.	Source list of clinical codes already available in current clinical software. Source list of clinical codes from CAT4 clinical audit tool . From these two lists agree on clinical codes for childhood obesity to be used within practice. <hr/> <hr/> <hr/> <hr/>
 After reviewing your practice’s clinical coding guidelines, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 3 – Children and co-morbidities

Children living with obesity have a higher risk of experiencing breathing difficulties, bone fractures, hypertension, insulin resistance and early markers of cardiovascular disease.

Children who are classified as overweight and obese are also more likely to become obese adults, and to develop chronic conditions such as type 2 diabetes and cardiovascular disease at younger ages. Childhood obesity is also associated with an increased incidence of diabetes, coronary heart disease and some cancers in adulthood.

In addition to physical health problems, children who are classified as overweight and obese can often experience weight-based teasing and bullying which can have an impact on their:

- psychological wellbeing
- peer relationships
- school experiences
- self-confidence in being physically active.

Australian research also suggests that overweight and obesity in childhood is associated with depression, poorer health-related quality of life, and low self-esteem.¹⁶

Activity 3.1 – Data collection from CAT4



Complete the below table by collecting data from your CAT4 Data Extraction Tool. Instructions on how to extract the data is available from the CAT4 website: [Conditions](#) OR [BMI](#).

The aim of this activity is to collect data to determine the number of children who have a chronic disease diagnosis and the number of children with a chronic disease who are overweight or obese.

	Description	Total number
3.1a	Number of children aged ≤ 18 years with type II diabetes (<i>you will need to filter by age – maximum 18 and select type II diabetes under conditions</i>)	
3.1b	Number of patients aged ≤ 18 years with a mental health diagnosis (<i>you will need to filter by age – maximum 18 and select mental health under conditions</i>)	
3.1c	Number of children aged ≤ 18 years with type II diabetes who are overweight or obese (<i>you will need to filter by age – maximum 18, select type II diabetes under conditions and review BMI under measures</i>)	
3.1d	Number of patients aged ≤ 18 years with a mental health diagnosis who are overweight or obese (<i>you will need to filter by age – maximum 18, select mental health under conditions and review BMI under measures</i>)	

¹⁶ <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-and-obesity>

Activity 3.2 – Data collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool.



Note - Instructions on how to extract the data is available from the CAT4 website: [Medications](#) (select the other tab) and [BMI](#).

The aim of this activity is to collect data to determine the number of children aged ≤ 18 years who are prescribed high risk medications. Medications may be contributing to obesity or may be prescribed due to conditions linked to obesity (children with obesity are more likely in general to require medication), i.e. the association is bidirectional. Some examples include antiepileptic medications, psychotropic medications and prednisone (oral).¹⁷

	Description	Total number	Number of active patients (3 visits in 2 years)
3.2a	Number of patients aged ≤ 18 years who are prescribed steroids		
3.2b	Number of patients aged ≤ 18 years who are prescribed psychotropic medications		

Please note: It is suggested that you generate lists for [individual providers](#) so they can review each patient.


Activity 3.3 – Understanding your practice’s children living with obesity and co-morbidities



The aim of this activity is to increase your understanding of the number of children living with co-morbidities and also those with co-morbidities and overweight.

Description	Status	Action to be taken
After completing activity 3.1 are there any unexpected results with your practice’s children with co-morbidities?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. higher number of children with a mental health condition than expected). How will this information be communicated to the practice team?

¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458578/>

Description	Status	Action to be taken
After completing activity 3.1 are there any unexpected results with your practice's children with obesity and co-morbidities?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. <i>higher number of children who are obese with diabetes than expected</i>). How will this information be communicated to the practice team?
What proportion of children identified in activity 3.1 would be managed by a multi-disciplinary team? (<i>This will require an individual patient file review</i>).	<input type="checkbox"/> A very small number of patients. <input type="checkbox"/> Half of the patients. <input type="checkbox"/> Most of the patients. <input type="checkbox"/> All of the patients.	Explain the reason for this result. (e.g. <i>our practice has a visiting dietician or allied health services are limited in our area</i>). How will this information be communicated to the practice team?
After completing activity 3.2 are there any unexpected results with your practice's children who are prescribed steroids or mental health medications?	<input type="checkbox"/> Yes: see action to be taken. <input type="checkbox"/> No: continue with activity.	Please explain: (e.g. <i>higher number of children prescribed steroids than expected</i>). How will this information be communicated to the practice team?
 After reviewing your practice's children with obesity and co-morbidities, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set you goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 4 – Medicare Benefit Schedule (MBS) item numbers


Patients *may be* eligible to access health assessment and chronic disease item numbers within the MBS. These are dependent on patient age, ethnicity and co-morbidities. Conditions apply to each item number. Please ensure the GP understands these prior to claiming the item number/s.

Please note: Brisbane South PHN has a comprehensive toolkit looking at [MBS items](#).

The item numbers that patients *may be* eligible for include:

MBS items

- [GP Management Plans \(GPMP\)](#)
- [Team Care Arrangements \(TCA\)](#)
- [GPMP/TCA review](#)
- [Nurse chronic disease item number](#)
- [Health assessment](#)
- [Aboriginal and Torres Strait Islander health assessment](#)
- [Mental health treatment plan \(MHTP\)](#)



TIP: GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.

Can you claim a GPMP on a patient with obesity?

The Department of Health has received queries about whether the following are chronic medical conditions for the purposes of the items: alcohol or other substance abuse; smoking; obesity; unspecified chronic pain; hypertension, hypercholesterolemia, or syndrome X; impaired fasting glucose tolerance or impaired glucose tolerance; pregnancy. In some cases, these would not be commonly regarded as chronic medical conditions in themselves.

The Department of Health recognises, however, that conditions such as these can occur across a wide spectrum of severity and in a broad range of circumstances. For example, some patients with one (or more) of the above conditions being unable to self-manage or comply with care and treatment, being functionally disabled by their condition etc. In many cases a patient may have complications or comorbidities that may be a result of or exacerbated by such conditions or risk factors and would make them eligible for chronic disease management (CDM) services.

In these cases, the GP should satisfy themselves that their peers would regard the provision of a CDM service as appropriate for that patient, given the patient’s needs and circumstances.¹⁸

¹⁸ <http://www.mbsonline.gov.au/>

Activity 5 – Practice team roles in the management of childhood obesity

Successful Teams

Engaged and effective practice teams are the absolute foundation for achieving sustainable improvements.

Consider how your team currently operates. Is your team working together effectively and efficiently? To achieve sustainable improvement, you will likely need to do some work on achieving a whole of team approach to improving PIP QI measures.

Documented role clarity is of high importance to ensure efficiency and accountability. Below is an example of how responsibilities could be shared across the team. As there is a great deal of diversity between practices, consider what will work best for your team.

General Practitioners (GP)

- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients.
- Perform a clinical review on each patient.
- Arrange any relevant tests or investigations if appropriate.
- Support eligible patients and their parents/caregivers to participate in height and weight checks, including addressing potential barriers (e.g. fear, embarrassment, lack of knowledge, access etc).
- Perform measurements and/or work with practice nurses to do so.



Practice nurses

- Work with reception staff to promote the importance of childhood obesity.
- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients.
- Perform data measures on patients including height, weight, waist circumference, blood pressure or physical activity.
- Provide education materials on healthy eating, physical exercise.



Practice manager

- Maintain up to date patient registers.
- Undertake audits of practice records to identify eligible patients with no weight and/or height recorded.
- Establish and oversee recall/reminder systems.
- Support GPs with the flow of information in relation to PIP QI.
- Support/manage reception staff responsibilities.
- Document policy and procedures.
- Monitor progress against PIP QI improvement measures.



Reception staff

- Order and maintain supplies of resources.
- Display brochures, flyers and posters.
- Respond to recall/reminders opportunistically when a patient phones for an appointment and/or by handing relevant resources to patients in the waiting area.
- Provide resources and support information in alternative languages as needed.







Medical and nursing students (if relevant)

- Consider any of the above tasks that medical and nursing students may be able to complete and delegate. Ensure training is provided.

Activity 5.1 – Practice team roles in childhood obesity



Based on the example above, identify the person responsible for each part of the process required to improve practice and patient measures. Document each person’s responsibilities in the table below.


Tasks for managing children’s height and weight measures		
	Name	Responsibilities
<p>GP</p> 		
<p>Practice nurse</p> 		
<p>Practice manager</p> 		
<p>Receptionist</p> 		

Activity 5.2 – Review task allocation



The aim of this activity is to review task allocation for team members in your practice

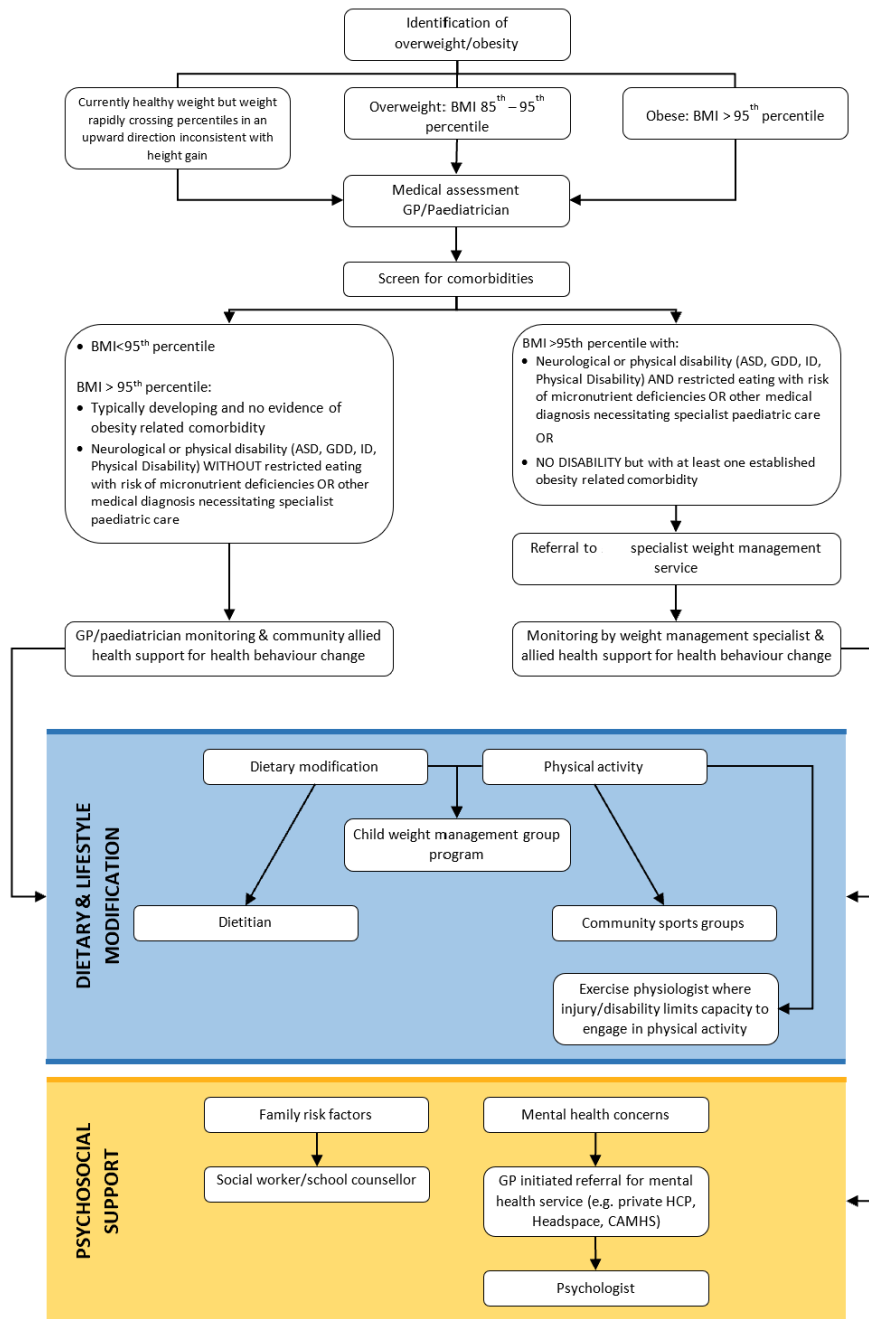
Description	Status	Action to be taken
<p>After completing activity 5.1 have you considered how the practice will identify in the appointment book if a patient is attending for an obesity management or prevention appointment?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Please explain: (<i>e.g. the receptionist will use the height/weight icon in the appointment book and also mark in the comments what the patient is attending for (if known)</i>).</p> <p>How will this information be communicated to the practice team?</p>
<p>Have you considered how long to allocate for each appointment (for GP and nurse time)?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Consider holding a team meeting to decide on the length of time for each clinician – will this be on the same day or separate days?</p> <p>How will this information be communicated to the practice team?</p>
<p>Have you included how all the practice team (admin, nurse and GP) will be able to identify the nature of the appointment in the appointment book?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Please explain: (<i>e.g. our practice will use appointment icons to identify patient attending for a reminder or we will type in the appointment comments what the appointment is for</i>).</p> <p>How will this information be communicated to the practice team?</p>

Description	Status	Action to be taken
<p>Have you included who will update the patient reminder system to ensure continuity of care for the patient?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline who has the responsibility to update reminder system – is it GP, practice nurse, manager or receptionist.</p> <p>How will this information be communicated to the practice team?</p>
<p>Do all team members understand their roles and responsibilities?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Provide training to individuals or groups within your practice.</p>
<p> After reviewing your practice roles and responsibilities for managing childhood obesity at your practice, are there any changes you would like to implement over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set you goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 6 – Management/intervention

Primary care is generally the first point of contact for people seeking medical advice. It is also a well-supported environment for families seeking advice for overweight and obesity.

As overweight and obesity is often the result of exogenous dietary and lifestyle factors it is important to create a support network of allied health practitioners to assist the family in addressing these contributors to excess weight gain. This may include a nurse, dietitian, social worker, counsellor/psychologist and/or exercise physiologist.



¹⁹ <https://www.rch.org.au/weight-management/management/#healthcare-professionals>

For a general practitioner or paediatrician performing an initial consult and examination for childhood obesity the following is recommended as a baseline:

- Use the appropriate growth charts as a reference for assessing a child’s weight. This will reassure the child/parent that you are making a standardised assessment rather than giving your own opinion of their child’s weight.
- Focus on:
 - health - the aim of weight management is to diminish risk of morbidity and mortality with an emphasis on improving health and fitness
 - improving social functioning rather than aesthetic ideals.
- Use an encouraging and empowering approach that is age appropriate. Avoid using negative language such as ‘fat’, ‘chunky’ or ‘obese’. Use phrases like ‘above his/her healthiest weight’ or ‘the healthiest weight for your child is...’
- Explore the family’s:
 - motivation for making healthy lifestyle changes
 - barriers to being able to make changes – consider referrals to other healthcare professionals, e.g. social work or psychologist, to assist with overcoming these hurdles.
- Get the whole family involved in the conversation – what is good for one child is good for the entire family.
- Try not to label food/activities as ‘good’ and ‘bad’, uses words like ‘healthy’, ‘healthier option/choice’, ‘sometimes/occasional food’.
- NO DIETS! Diets often encourage unhealthy and, at times, unsafe eating behaviours. When considering suggesting a dietary change you should consider whether the child/family will be able to incorporate this change into their regular meal pattern for the rest of their life. If you are unsure you can seek advice from a healthcare professional, e.g. dietitian.²⁰


Activity 6.1 – Review management/intervention strategies



The aim of this activity is to review management/intervention options for children classified as overweight or obese.

Description	Status	Action to be taken
Do all relevant team members have access to a suggested management pathway for children classified as overweight or obese?	<input type="checkbox"/> Yes: continue with activity. <input type="checkbox"/> No: see action to be taken.	Refer to the management pathway overweight and obesity in children on SpotOnHealth HealthPathways. How will this information be communicated to the practice team?

²⁰ <https://www.rch.org.au/weight-management/management/#healthcare-professionals>

Description	Status	Action to be taken
<p>Have any relevant team members identified they would like more training/information on management strategies for children classified as overweight or obese?</p>	<p><input type="checkbox"/> Yes: see action to be taken.</p> <p><input type="checkbox"/> No: continue with activity.</p>	<p>Refer to training opportunities.</p>
<p> After reviewing your practice team's understanding of management/intervention pathways for children who are overweight or obese, are there any changes you would like to implement over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set you goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Complete the MFI template for your practice.</p> <p>Refer to the example MFI at the end of this document.</p>

Activity 7 – Referral pathways

SpotOnHealth HealthPathways

Refer to the Overweight and Obesity in Children and Youth health pathways, on [SpotOnHealth HealthPathways](#).

The screenshot shows the SpotOnHealth HealthPathways interface. On the left is a navigation menu for 'SpotOnHealth (Brisbane South)' with various health topics. The main content area is titled 'Overweight and Obesity in Children and Youth' and includes a 'Red flags' section with three items: 'Short stature or dropping down height centiles', 'Significant weight-related co-morbidities', and 'Developmental delay or syndromic features'. Below this is a 'Background' section.

GP Smart Referral

Smart Referrals are digital referrals integrated with Best Practice and MedicalDirector software to enable faster, streamlined management of referrals to Queensland public hospitals. Register [here](#) for Smart Referrals. A number of templates are available on the Brisbane South PHN [website](#).

Minimum referral criteria for childhood obesity

Essential referral information for Paediatric obesity referrals

- ▶ Current height and weight, and include date of measurement
- ▶ Blood pressure
- ▶ Fasting glucose insulin, U&E, LFT, FBC, iron studies, CRP, TFT results
- ▶ Report presence or absence of concerning features:
 - ▶ Significant obstruction in sleep with repeated arousals and distress
 - ▶ Type 2 diabetes (random glucose > 11 or fasting >7.0) use diabetes CPC referral guide
 - ▶ Recent rapid change in weight (gain or loss)
 - ▶ Hypertension >95 centile for age with appropriate size cuff ([BP centile by age and height](#))

If a specific test result is unable to be obtained due to access, financial, religious, cultural or consent reasons a Clinical Override may be requested. This reason must be clearly articulated in the body of the referral.

Additional referral information for Paediatric obesity referrals

Highly desirable information – may change triage category

- ▶ History of obesity-related burden of disease – sleep disturbance, exercise limitation, orthopaedic pain, psychological disturbance
- ▶ Height/weight/head circumference and growth charts with prior measurements if available
- ▶ Diet history including if:
 - ▶ the child has a very restricted diet, or specific dietary restrictions (refer to a dietitian)
 - ▶ extreme weight loss behaviours, signs of eating disorders, high level of negative body image and/or negative social experiences are evident (refer to psychological services)

Desirable information – will assist at consultation

- ▶ Assessment of parental obesity and other family history
- ▶ Other past medical history
- ▶ Pregnancy and birth history
- ▶ Immunisation history
- ▶ Developmental history
- ▶ Medication history
- ▶ Allergies
- ▶ Significant psychosocial risk factors (especially parents mental health, family violence, housing and financial stress, department of child safety involvement)
- ▶ Other physical examination findings inclusive of CNS, birth marks or dysmorphism
- ▶ Any other relevant laboratory results or medical imaging reports

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Refer your patient

Metro South Health is the major provider of public health services, and health education and research in the Brisbane south side, Logan, Redlands and Scenic Rim regions. The [refer your patient](#) website assists health professionals with accessing public health services for patients. It provides a single point of entry for all new referrals.

The website outlines available health professionals, criteria to access appointments with the health professionals and expected wait times as well as all the information required in the referral.

Access My Healthcare

[Access My Healthcare](#) provides a common platform for health and community services organisations to list their services online, and provide a source of up to date data for planning, referral and research.

My Community Directory

[My Community Directory](#) lists organisations that provide services that are free or subsidised to the public in thousands of locations across Australia. These services are organised into various Community Directories.

²¹ <https://metrosouth.health.qld.gov.au/referrals/general-paediatrics/paediatric-obesity>

Allied health professionals


Allied Health Profession	Contact Details
Dietitian	Find an accredited practicing dietitian (APD)
Exercise Physiologist	Find an exercise physiologist .
Psychologist	Find a psychologist .
Social worker	Find a social worker .
Occupational therapist	Find an occupational therapist .

Activity 7.1 – Referral pathways



Complete the checklist below in relation to referral pathways.

This activity is designed to raise your awareness of local referral options available for you and your patients to facilitate co-ordinated and therefore optimal care.

Description	Status	Action to be taken
Do all GPs and nurses have login details for SpotOnHealth HealthPathways?	<input type="checkbox"/> Yes, continue with the activity. <input type="checkbox"/> No, see action to be taken .	Register on the login page to request access.
Are all the GPs in your practice registered for Smart Referrals?	<input type="checkbox"/> Yes, continue with the activity. <input type="checkbox"/> No, see action to be taken .	Register here for Smart Referrals.
Do you know who to contact if you have any issues with Smart Referrals?	<input type="checkbox"/> Yes, continue with the activity. <input type="checkbox"/> No, see action to be taken .	The Metro South Health GP Liaison Officer (GPLO) Team are able to assist and support you through the Smart Referral process. Please call 1300 364 155 - Option 2 or email: GPLO_Programs2@health.qld.gov.au .
How will you communicate information so clinicians know where to access details on referring a patient to specialist services?	What is the practice plan for communicating referral information?	
 After reviewing your practice referral pathways, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set you goals . <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 8 – Reminder systems

As part of the RACGP accreditation standards, it is a requirement that practices provide health promotion, illness prevention, preventive care and a reminder system based on patient need and best available evidence. Brisbane South PHN have a comprehensive [toolkit](#) to assist you to review your practice recall and reminder systems. However, the aim of this activity is to assist with obesity specific recall and reminders. You can also access other QI tools via medical software modules that will assist your practice to merge duplicate recall/reminder lists in your practice’s clinical software. These modules are:


- Module 7 – Recalls, Reminders and Screening using MedicalDirector
- Module 8 – Recalls, Reminders and Screening using Best Practice.

You can access these modules via [DiscoverPHN](#).

Activity 8.1 – Reminder system



The aim of this activity is to review the practice’s reminder system.

Question to consider	Status	Action to be taken
Does your practice have a routine reminder for height, weight and BMI?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to instructions from Best Practice or MedicalDirector .
Do clinicians know how to initiate a patient reminder within clinical software?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Clinician education on setting up patient reminders
Is there a system for ensuring patients recently diagnosed with obesity are incorporated into the reminder system	<input type="checkbox"/> Yes, policy is working. <input type="checkbox"/> Yes, policy is not working, see action to be taken. <input type="checkbox"/> No policy, see action to be taken.	Revise practice policy on reminders to be implemented
Does the recall and reminder system take into consideration patients with low English proficiency?	<input type="checkbox"/> Yes, policy is working. <input type="checkbox"/> Yes, policy is not working, see action to be taken. <input type="checkbox"/> No policy, see action to be taken.	Revise or implement practice policy. Letters and voice phone messages can be confusing for patients with limited or no English. Using the Translating and Interpreting Service to call the patient or sending text messages can be more effective. Consider using the online Appointment Reminder Translation Tool .
 After reviewing your practice recall and reminder system, are there any changes you would like to implement in the practice, to help manage patients, over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals. <input type="checkbox"/> No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 9 - Resources

Clinical guidelines

- [Clinical practice guidelines for the management of overweight and obesity – NHMRC](#)
- [Putting prevention into practice](#) – RACGP green book
- [Australian Dietary guidelines](#)
- [Australia's Physical Activity and Sedentary Behaviour Guidelines for Children \(0-5 years\)](#)
- [Towards Healthy Growth and Weight in Queensland Children Model of Care](#) – ‘how to guide’ for health professionals that covers prevention, early intervention, treatment and management.

Motivational interviewing

- [Motivational interviewing for diet, exercise and weight](#) – UCONN Rudd Centre for food policy & obesity.
- [Motivational interviewing techniques](#) – RACGP
- [Motivational interviewing](#) – Insight (Queensland Health).

Training opportunities

- [Brief interventions for a healthy lifestyle: Maternity and Child Health](#) – Clinical Skills Development Service
- [Weight4KIDS](#) – online learning program – Healthy Kids for Professionals (NSW Government)
- [Childhood obesity in primary care: education modules](#) – American Academy of Paediatrics Institute for Healthy Childhood Weight
- [Project ECHO®](#) – The [Childhood Overweight and Obesity ECHO® series](#) is hosted regularly by Health and Wellbeing Queensland in partnership with Children’s Health Queensland and the University of Queensland. Project ECHO® is an interactive hub and spoke knowledge sharing model with a focus on peer-to-peer learning, co-management of cases and collaborative problem solving.

Patient resources

- [Healthy eating for children](#) – Eat For Health
- [Making changes as a family](#) - Growing Good Habits
- [Teaching kids to cook](#) - Growing Good Habits
- [Feeding fussy eaters](#) - Growing Good Habits
- [Meal planning](#) - Growing Good Habits
- [Reading food labels](#) - Growing Good Habits
- [Good Start to Life, First year of Life, Birth to 12 months](#) – Children’s Health Queensland - culturally tailored for Māori and Pacific Islander families and communities
- [Good Start to Life, Healthy Kids, 1 to 4 years of age](#) – Children’s Health Queensland - culturally tailored for Māori and Pacific Islander families and communities
- [Good Start Kai cook book](#) is full of healthy recipes for healthy Māori and Pacific Islander families.
- [Pepe food](#) - tips for starting pepe (baby) on solid food - tips and healthy recipes for healthy Māori and Pacific Islander families.
- [Tumeke Toddlers](#) - tips and healthy recipes for healthy Māori and Pacific Islander families.
- [Healthy drinks for Baby Growing Strong](#) - Queensland Health
- [Starting solids](#) - Queensland Health
- [Healthy food and drinks for your grandkids](#) - Queensland Health.

Links to other QI toolkits

Brisbane South PHN have a suite of QI toolkits available for general practice. The toolkits are designed to:

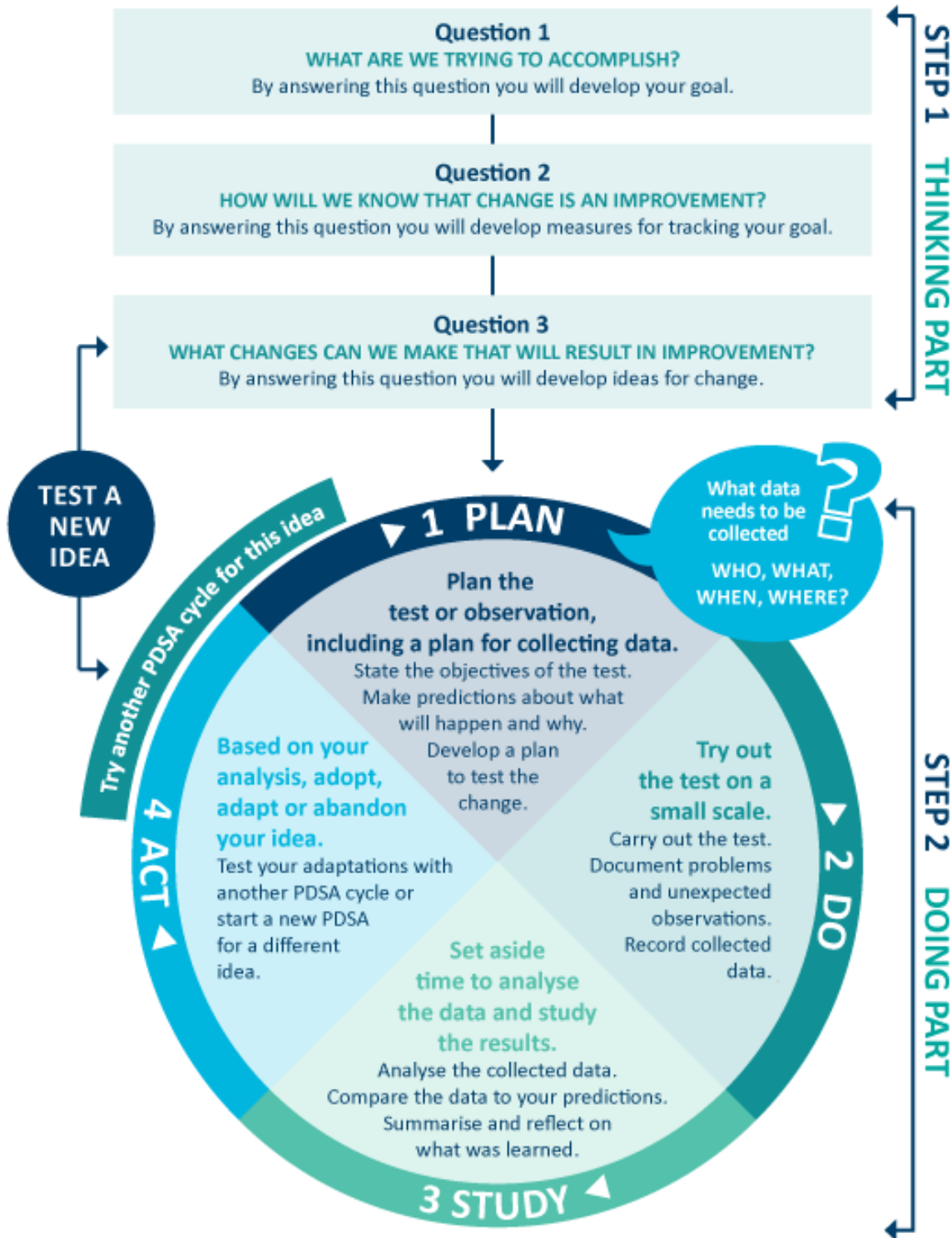
- improve patient care and outcomes
- help practices fulfil their quality improvement requirements under the Practice Incentive Program Quality Improvement Incentive (PIP QI)
- to be completed at your own pace
- be available so that you choose your own adventure – you choose which topic/toolkit you would like to work on.

After completing this toolkit, you may benefit from choosing one of the following:

- Quality patient records QI toolkit – this toolkit assists you to review your practice data to ensure your patient records are maintained at the highest quality. It also includes activities to ensure your practice is meeting the e-health PIP criteria and another activity on PRODA.
- MBS items – this toolkit assists you to review your practice's use of a number of MBS item numbers. You can also generate reports to identify the number of eligible patient's vs the number of MBS item numbers claimed.

The full [suite of toolkits](#) are available on Brisbane South PHN's website.

Model for Improvement diagram



Source: <http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

MFI and PDSA template

Step 1: The thinking part - The 3 fundamental questions

Practice name:	Date:
Team members:	
Q1. What are we trying to accomplish? (Goal)	
By answering this question, you will develop your GOAL for improvement. Record this as a S.M.A.R.T. goal (S pecific, M easurable, A chievable, R elevant, T ime bound).	
<p><i>Our goal is to:</i> Increase the recording of height and weight for children of the practice. This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit. So, for this example, a better goal statement would be: <i>Our S.M.A.R.T. goal is to:</i> Increase the proportion of children aged up to 18 years to have height and weight recorded in the last 12 months by 15% by 31 December.</p>	
Q2. How will I know that a change is an improvement? (Measure)	
By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. CAT4 reports, patient surveys etc). Record and track your baseline measurement to allow for later comparison.	
<p>We will measure the percentage of active patients aged up to 18 years with height and weight recorded. To do this we will:</p> <p>A) Identify the number of active patients aged up to 18 years. B) Identify the number of active patients aged up to 18 years with height and weight recorded. B divided by A x 100 produces the percentage of patients aged up to 18 years with height and weight recorded.</p> <p>BASELINE MEASUREMENT: 27% of our patients aged up to 18 years have a height and weight recorded DATE:</p>	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.M.A.R.T. goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.	
<ul style="list-style-type: none"> Identify patients aged up to 18 years by completing a search on CAT4. Create a Topbar prompt for those patients who have not yet had their height and/or weight recorded. Clinical team discuss how they can encourage opportunistic measuring. Ask the practice nurse to see every child prior to their appointment at the practice to record height and weight measures. Ensure all practice team members are aware of how to enter data measures in the appropriate fields in the clinical software. 	

Note: Each new GOAL (1st Fundamental Question) will require a new Model for Improvement plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

STUDY	Analyse the data and your observations
Analyse the results and compare them to your predictions	Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn't work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.
<p>At the end of the focus on recording children's height and weight, 44% of patients aged up to 18 years have had their height and weight recorded. This has resulted in a 17% increase in results which is 2% higher than our goal.</p> <p>Results have been shared with the whole practice team. The practice team was complimented for their efforts.</p>	
ACT	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. <i>ADOPT: record what you will do next to support making this change business as usual; ADAPT: record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.</i>
<p>ADOPT: The practice has decided that this is something that they would like to continue to do. A Topbar prompt will be created for all children aged up to 18 years who are missing height and/or weight.</p> <p>ADAPT:</p> <p>ABANDON:</p>	

Repeat step 2 to re-test your adapted plan or to test a new change idea

Acknowledgements

We would like to acknowledge that some material contained in this toolkit has been extracted from organisations including the Institute for Healthcare Improvement; the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; MedicalDirector, CAT4 and Train IT. These organisations retain copyright over their original work and we have abided by licence terms. Referencing of material is provided throughout.

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Brisbane South PHN, 2022

