**BACKGROUND**

- Obesity affects over 40% of American adults¹
- Greater risk for other conditions such as heart disease, type 2 diabetes, stroke, hypertension, sleep apnea, arthritis, gout, nephropathy, dyslipidemia, and other conditions²
- Estimated annual medical cost of obesity in the United States is $173 billion dollars³

Local

A retrospective institutional review board (IRB) approved review indicated:

- 82% (n=29 of 35) did not receive nutritional consultations
- 98% (n=3 of 31) did not have STOP-BANG screening for sleep apnea

**Available Knowledge**

- People with obesity are at higher risk for type 2 diabetes, hypertension, depression, cardiovascular disease, dyslipidemia, and sleep apnea. To reduce poor outcomes, screening is recommended⁴.
- Best practice standards for patients with obesity include⁵:
  - Documenting an accurate height and weight
  - Documenting and discussing the patient’s BMI with them
  - Using the 2-Item Patient Health Questionnaire-2 (PHQ-2) or 9-Item Patient Health Questionnaire-9 (PHQ-9) to screen for depression
  - Using the STOP-BANG questionnaire to screen for sleep apnea
  - Documenting an accurate blood pressure, and if blood pressure is elevated, documenting an atherosclerotic cardiovascular disease score
  - Placing a nutrition consultation
  - Documenting a follow-up plan for any positive screenings

**PROJECT AIM**

The aim of this quality improvement (QI) project was to implement a standardized process including obesity screening tool, staff introduction to the tool and a provider tip sheet to improve effective care for patients with a BMI > 30 at a rural family practice clinic to 80% in an 8-week period.

**IMPLEMENTATION**

**Staff Quality Improvement Process:**

- Interdisciplinary collaboration
- Screening tool and checklist created

**October 2022**

- Staff education and introduction of tools
- Rapid Plan-Do-Study-Act (PDCA) cycles over 8-weeks with test of change every 2 weeks

**Post-Implementation Staff Process Evaluation**

- Process used to calculate staff completion rate of the obesity screening and checklist tool

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
<th>Operational Definition</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity Screening</td>
<td>Number of obesity screening tool used/No. of patients with a BMI &gt; 30 seen</td>
</tr>
<tr>
<td>2</td>
<td>Obesity Checklist</td>
<td>Number of checklists used/No. of patients seen</td>
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</tbody>
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**IMPLICATIONS**

- Standardization of completion of the OCCC but further staff engagement in the process is needed
- Checklist implementation assisted with identifying areas for improvement in the ordering and referral process
- Effective care for adult patients with obesity was defined as care meeting best practice standards per JOM
- Goal of 60% was not met, but an increase was noted (33.5%)

**REFERENCES & ACKNOWLEDGEMENTS**