Adapting the RNAO Primary Prevention of Childhood Obesity Guideline to Different Clinical Settings

September 8, 2014
Welcome & Introductions

Irmajean Bajnok RN, MScN, PhD
Heather McConnell RN, BScN, MA(Ed)
Liz Helden RN, BSN, MEd
Kim Krog RN, MScN, CRN (c)
Objectives

Provide participants with:

• A brief introduction to guideline adaptation described in RNAO’s Toolkit: Implementation of Best Practice Guidelines, Second Edition

• Examples from two subject matter experts, on how recommendations have been selected and implemented in settings beyond public health e.g. hospital, out-patient clinics, physician offices

• Opportunity for Q and A with expert speakers
Purpose and Scope

- To address the primary prevention of obesity in infants, preschool and elementary-school-aged children
- To provide evidence-based nursing recommendations to all nurses and the interprofessional team, across all practice settings
- To use a population health, socio-environmental, health equity perspective to inform the recommendations
The ‘Toolkit’

Helping those responsible for guideline implementation:

• Understand the phases of the knowledge-to-action cycle
• Identify factors in the organization that influence the adoption process
• Gain the support of key stakeholders and champions
• Assess organizational support and readiness to adopt practice change
Chapter 2a: Adapt Knowledge to Local Context

• Critically appraising relevant guidelines (AGREE II)
• Use of ADAPTE methodology to enable an already developed guideline to be systematically modified to fit the target area
• Developing an infrastructure for implementing best practice
What is guideline adaptation?

“A systematic approach for considering the endorsement or modification of guidelines produced in one setting for application and implementation in another as an alternative to development of locally specific clinical practice guidelines as a first step in the process of implementation, while preserving evidence-based principles.”

(Fervers, Burgers, Vollinger, Brouwers, Browman, & Graham, 2011)
Core Principles of ADAPTE Methodology

- Respect for the evidence
- Reliable and consistent methods
- Participative approach
- Consideration of context
- Transparent reporting
- Flexible format
- Accountability
Learn More About Guideline Implementation

• Attend free RNAO Best Practice Champion workshops (dates on the RNAO website)
• View archived webinars
Implementation of Primary Prevention of Childhood Obesity Guideline at Holland Bloorview Kids Rehabilitation Hospital – First Steps

Kim Krog, BScN, MScN, CRN(c)
Collaborative Practice Leader
Holland Bloorview Kids Rehabilitation Hospital
Adjunct Lecturer Appointment,
Lawrence S. Bloomberg Faculty of Nursing,
University of Toronto

Monday September 8th, 2014
About us

- Holland Bloorview Kids Rehabilitation Hospital (formerly Bloorview Kids Rehab) is Canada’s largest children’s rehabilitation hospital.

- Our vision is to create a world of possibility for kids with disability.

- 7,000 children each year, with about 600 inpatient admissions and 58,000 outpatient visits.

- 70 inpatient beds.
Best Practice Spotlight Organization

- BPSO designate since 2012
- Previous guideline implementation includes:
  - Assessment and Management of Pain
  - Supporting and Strengthening Families through Expected and Unexpected Life Events
  - Client Centred Care
  - Collaborative Practice Among Nursing Teams
Primary Prevention of Childhood Obesity

- 1st edition of guideline
- Nursing Practice Council
- Interprofessional Working Group
  - Research, Teaching & Clinical Partners
- BPSO Plan
- Current research activities
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.0 “Nurses assess physical growth and development of children and adolescents which includes...accurately measuring and recording height and weight…” (RNAO, 2005)</td>
<td>Height and Weight Documentation screens</td>
</tr>
<tr>
<td>8.0 “Nurses promote increased physical activity based on Canada’s Physical Activity Guides for Children and Youth…” (RNAO, 2005)</td>
<td>• Internal scan of healthy lifestyle programs</td>
</tr>
</tbody>
</table>

RNAO (2005). *Primary Prevention of Childhood Obesity*, RNAO
Height and Weight/BMI

- Standard of Care
- Education
- Electronic screen to support best practices
- Automatic calculation of BMI
- Built in referral system
- Growth Charts
• Partnership between Food Services, Inpatient Rehabilitation and Complex Continuing Care and Dietitians

• Menu Nutrient Analysis of our inpatient menus, looking at Canada’s Food Guide, calorie counts.
<table>
<thead>
<tr>
<th>Program</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aquatics</td>
<td>Teen Strokes</td>
<td>Actively promotes healthy lifestyle choices.</td>
</tr>
<tr>
<td>BIRT</td>
<td>Lunch Program</td>
<td>Promotes vegetables and salads to accompany meals.</td>
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<tr>
<td>CDP</td>
<td>Fit n’ Flex</td>
<td>Group activity</td>
</tr>
<tr>
<td>Music and Arts</td>
<td>Multiple</td>
<td>Dance Theatre, dance camp, drum circle, spiral gardens, music therapy, music education, weekend respite.</td>
</tr>
<tr>
<td>CDP, Rehab &amp; CCC</td>
<td>Busy Bodies</td>
<td>Group activity</td>
</tr>
</tbody>
</table>
Next Steps

- Set regular meetings for working group
- Engage families and stakeholders
- Review recommendations from 2nd Edition
- Plan consensus building meeting with internal stakeholders
- Develop an implementation plan based on results of meeting
- Adapt recommendations to local context
Stakeholder Engagement Meeting

Impact
Low
High
Implementation
Easy
Hard

How the recommendation(s) will come to life at Holland Bloorview.

Who?
Clients & Families
Physiotherapists
Dietitians
Occupational Therapists
Nurses
Early Childhood Educators
Managers/Leaders
Food Services

Therapeutic Recreationists
Physiotherapists
Educators
Occupational Therapists

Teaching and Learning Institute
Collaborative Practice
RNAO BPG Primary Prevention of Childhood Obesity

Liz Helden RN, BSN, MEd
Nurse Co-ordinator
Pediatric Lipid Clinic
Growing Healthy Pediatric Weight Management Program
McMaster Children’s Hospital
Objectives

• Review assessment recommendations
• Discuss implementations of a healthy lifestyle from a practical perspective in clinic settings
Health Problems

Complications of Childhood Obesity

Psychosocial
- Poor self esteem
- Depression
- Quality of life

Risk for stroke

Cardiovascular
- Dyslipidemia
- Hypertension
- Left ventricular hypertrophy
- Chronic inflammation
- Endothelial dysfunction

Risk of coronary disease

Pulmonary
- Asthma
- Sleep apnea
- Exercise intolerance

Renal
- Glomerulosclerosis
- Proteinuria

Endocrine
- Type 2 diabetes
- Precocious puberty
- Polycystic ovary syndrome (girls)
- Hypogonadism (boys)

Musculoskeletal
- Forearm fracture
- Blount's disease
- Slipped capital femoral epiphysis
- Flat feet

Risk for degenerative joint disease

Neurological
- Pseudotumor cerebri

Gastrointestinal
- Pancreatitis
- Steatohepatitis
- Liver fibrosis
- Gallstones

Risk for cirrhosis
Risk for colon cancer

Stress incontinence
Risk of GYN malignancy

DVT/PE

Hernia
Assessment

Recommendation 1.1

• Routinely assess children’s nutrition, physical activity, sedentary behaviour and growth according to established guidelines, beginning as early as possible in a child’s lifespan
Practical Tips

• Promote breast feeding
• Plot height, weight and BMI
• Recommend WHO growth charts (2014)
• www.whogrowthcharts.ca
• Collaboration with physician groups, Community Health Nurses and Dietitians of Canada
WHO Growth Charts for Canada

(Dietitians of Canada and Canadian Paediatric Society, 2014)

BOYS (scroll down for the section on boys):

WHO Growth Charts for Canada

(Dietitians of Canada and Canadian Paediatric Society, 2014)

GIRLS (scroll down for the section on girls):

Canada’s Food Guide

- Eating Well with Canada’s Food guide
- Eating Well with Canada’s Food Guide First Nations, Inuit and Metis
- www.healthcanada.gc.ca/foodguide
- Samples in clinic settings
Assessment

• Collect baseline & F/U Nutrition data—Juice, milk, Fruits, Vegetables, Pop

• Dietitian
Canadian Sedentary Behaviour Guidelines

www.csep.ca/guidelines

• Screen time not recommended for children under 2yrs

• Children 2 to 4 yrs up to 1 hr of screen time

• Children 5 to 11 yrs up to 2 hrs of screen time

• Knowledge and setting limits

(Canadian Society for Exercise Physiology, 2014)
Canadian Physical Activity Guidelines

www.csep.ca/guidelines

• Recommend children from birth to 4 yrs engage in 180 min. of physical activity

• By age 5, energetic play 60min

• Children 5 to 11 yrs 60 min of moderate to vigorous physical activity every day

(Canadian Society for Exercise Physiology, 2014)
How to Increase Physical Activity

• Suggestions:
  – PLAY!
  – Go for walks or bike rides as a family after supper
  – Buy a swimming or skating pass
  – Hiking
  – Basketball, frisbee, soccer, skipping, dancing, rake leaves, shovel snow, baseball, hide and seek
  – Walk to school
How to Keep Active

• Choose activities you enjoy
• Parents are role models
Assessment

Recommendation 1.2

• Access the family environment for factors (e.g. parenting/primary caregiver influences and socio-cultural factors) that may increase children’s risk of obesity
5-2-1-0 Framework

Well child visits (2-8 years):

5-2-1-0 Framework

Well child visits(9-18 years):

Countdown to a Healthy Future

5—3—2—1—Almost None!

5. 5 or more servings of fruits and vegetables daily

3. 3 structured meals daily—eat breakfast, less fast food, and more meals prepared at home

2. 2 hours or less of TV or video games daily

1. 1 hour or more of moderate to vigorous physical activity daily

Almost None. Limit sugar sweetened drinks to ‘almost none’
Take Home Messages

- Review family history
- If possible measure height and weight
- Review intake of fruits and vegetables, sweet drinks, and eating breakfast
- Review screen time and physical activity
- Small measurable goals
Any questions?
To Access the Guideline

Available for free download at:
www.rn ao.ca/bpg/guidelines

Hard copy available for order by contacting RNAO:
www.rn ao.ca/contact
Next Webinar:
“In the Know with RNAO”

Monday, October 27, 2014
12:00-1:00pm (EST)
For more information, please contact:
Laura Sykes
RNAO Project Coordinator
lsykes@rnao.ca

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Thank you!