

Quality Improvement Poster

Karim Chahid, RN, BSN

Capella University

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Abstract

Primary care providers treating obese patients often fail to address underlying mental health issues, such as anxiety and depression. Non treatment of these comorbidities can lead to further complications and delay recovery from illness (Nigatu et al, 2016). In order to correct these issues, all patients should have access to mental health providers. The proposal for this poster would be to implement Cognitive Behavior Therapy (CBT) as part of the Obesity Treatment Team (OTT) plan of care. Providing training for current staff or requesting new hires with current CBT experience is the suggested course of action. The Plan-Do-Study-Act can be used to monitor and track the implemented strategy. The goal of the proposal is to provide proper treatment for obese patients experiencing anxiety and depression, leading to the development of sustained self care.

Quality Improvement Methods

- The PDSA process offers a simple, standardized system for improving efficiency and requires minimal effort to implement.
- After an area of improvement is identified, it is crucial to establish a quality improvement team and form a strategy for developing higher quality outcomes. Each clinical specialty treating the patient's physical and mental health should participate. Obese patients are often underdiagnosed and not properly treated for mental health issues (Nigatu et al, 2016). These unaddressed issues can lead to further complications in treatment.
- Once the quality team has agreed upon areas of improvement, the next steps would focus on increasing resources for the obese patient population.
- Execution of the improvement strategy is the "Do" phase of the PDSA cycle. Monitoring and recording outcomes is necessary to ensure the plan is providing valuable change.
- The positive or negative impacts from the changes made during this phase are studied and analyzed. Are the changes achieving the intended goals of developing the skills for maintaining self care?
- Negative results need to be reviewed and the cycle repeated with a revised change method. Effective strategies should be standardized and implemented.

Limitations

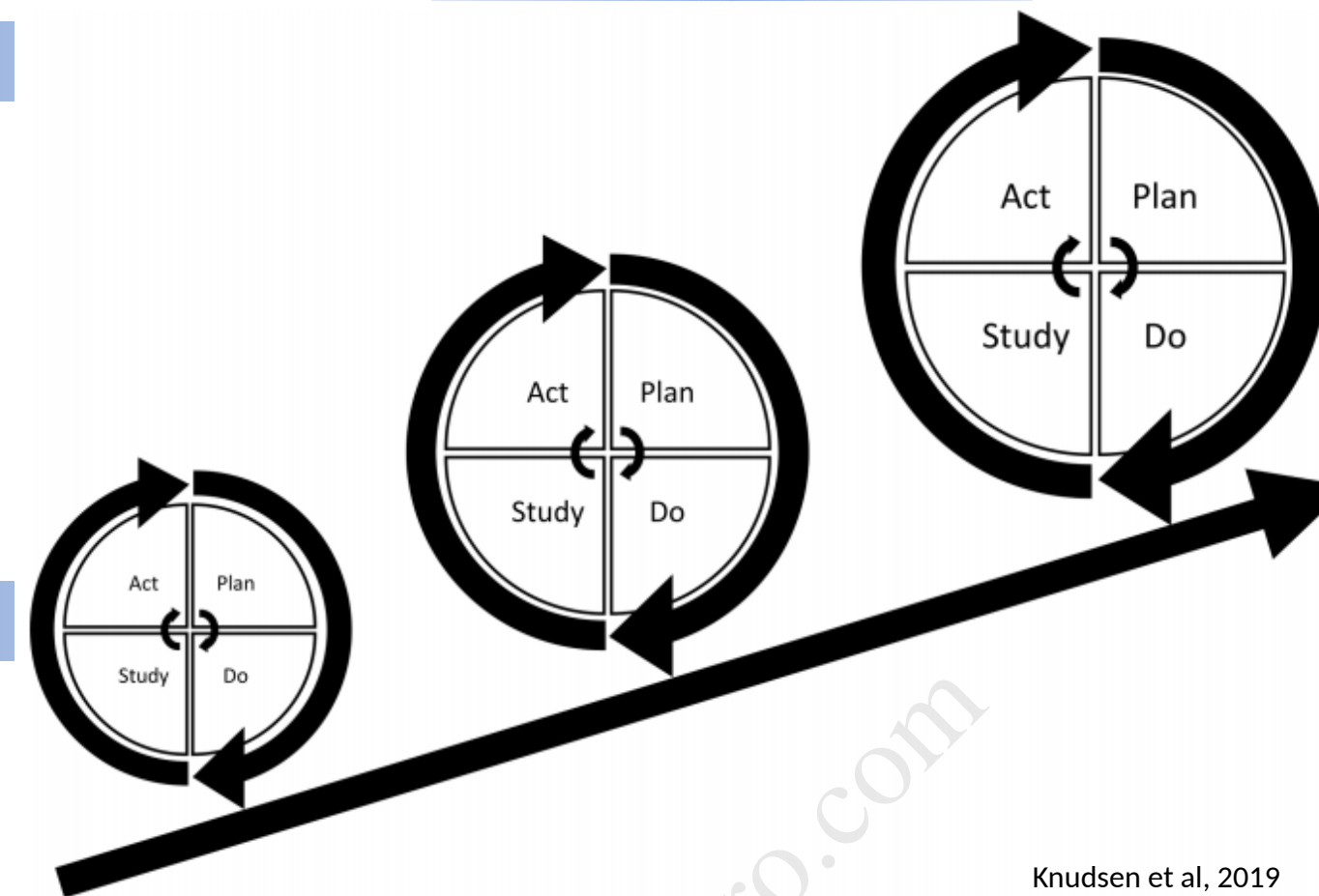
- Multiple repetitions of the PDSA cycle are often needed to attain the desired change and desired outcomes (McNicholas et al, 2017).
- Lack of involvement from key stakeholders can limit the likelihood of success (Leis et al, 2016).
- Failure to define key terms and practices during the planning stage can delay the desired outcomes (Reed & Card, 2015).

Evidence

- The PDSA cycle is a useful tool that assists the improvement process by providing a framework consisting of plan development, change implementation and analysis of data. Systemic review and analysis of data can assist in identifying intentional and unintentional consequences from change (Leis et al, 2016).
- Continuous improvement to ensure better patient care is a combined effort from front line staff, members, practitioners and the organization to utilize proven best practice for high quality patient results (Dawson, 2019).

This study source is https://www.coursehero.com/file/81605200/MSN-FP6021-Assessment3-1pptx/

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Knudsen et al, 2019

Knowledge Gaps

- Improper data interpretation can result in unnecessary implementation of changes that impact outcomes (Reed and Card, 2015).
- Failure to identify the unexpected during the "Do" phase often leads to stagnant cycles and poor results (Reed and Card, 2015).
- Contextual influences during the study phase can increase previously known challenges due to overperceived simplification of the PDSA cycle (Knudsen et al, 2019).

Change Foundation

- Common comorbidities for obese patients include depression and anxiety. This combined diagnosis increases the chances of adverse outcomes, including disability, morbidity and mortality (Avila et al, 2015).
- Improper management of anxiety and depression can disrupt a patient's progress in obesity treatment. Research conducted by van Strien (2018) found patients showing symptoms of anxiety and depression to be more prone to emotional overeating.
- Long term weight loss was maintained at a higher rate for obese patients being managed for psychological complications such as anxiety and depression (Montesi et al, 2016).

Potential Challenges

- Patients seen by the obesity treatment team (OTT) need to be seen by the multidisciplinary team, that includes a certified professional in CBT. Individual sessions could be challenging due to demand; consequently, the OTT needs to train or hire staff with CBT certifications.
- Providing treatment for obese patients and helping them preserve their successful weight loss, while also monitoring proper physical and mental health can be difficult. Patients attending group therapy sessions can discuss mental and physical challenges they are facing and encourage other patients in similar situations. Combining treatments such as CBT, nutritional education and group therapy, provide obese patients with the tools necessary to cope with stressful situations and sustain a high quality of life (Montesi et al, 2016).

Interprofessional Treatment Benefits

- This proposal includes interprofessional collaboration of doctors, nurses and mental health specialists.
- By increasing communication and care transparency, the teams would work towards efficient and effective care coordination.
- Advancing interprofessional collaboration helps identify systemic gaps in treatment by gaining perspective from other specialties (Conway et al, 2017) and develops stronger professional relationships.

Benefits

- Utilizing the PDSA framework, the OTT could analyze outcomes for obese patients enrolled in CBT.
- Cited research shows combining physical and mental treatment programs through interprofessional collaboration will lead to patients developing the skills necessary to maintain their recovery and increase their quality of life.
- Treatment changes identified as less than optimal, will be reviewed and the PDSA cycle will start over. Positive change outcomes may possibly lead to a standardized treatment program throughout the organization.
- Organizations and leadership teams that engage in a continuous quality improvement process, help to provide effective and efficient patient care, as well as develop stronger communication skills among team members (Bursari et al, 2017).

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