

BMI DOCUMENTATION PDSA'S

QTIP SUMMER LEARNING COLLABORATIVE

JULY 30-31, 2022

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Open since 2008

4,814 active patients 0-21

Four providers

1.3 clinical personnel per provider

4 administrative staff

30-35% Medicaid



Students

16,780

Gender

Female	49%
Male	51%

Student Diversity

White	55.8%
African American	28.3%
Multiracial	6.2%
Hispanic	6.1%
Asian	3%
Pacific Islander	0.3%
Native American	0.2%
International	0%
Unknown	0%



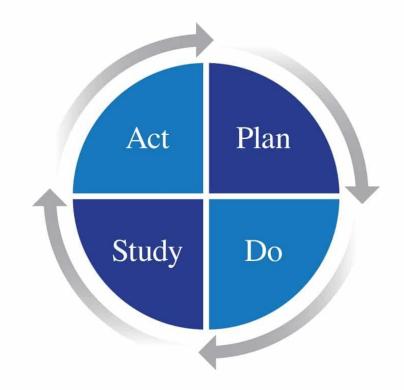
★ Designed by TownMapsUSA.com

Fall 2021 assessment:

Lacking in obesity dx documentation – 10-20%

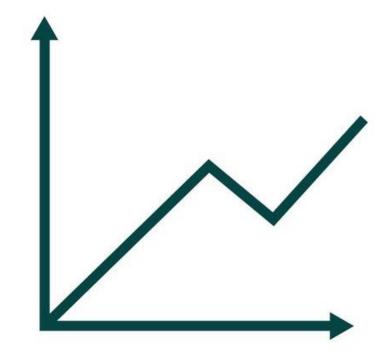
Objective:

- Immediate: improve documentation of obesity diagnoses in WCC of ages 3-18 y/o by use of correct BMI z-codes
- Long-term: implement effective obesity intervention



Data: chart reviews from early 2021

- rate of diagnosis of obesity z-codes in
 WCC documentation 10-20%
- Z68.5 codes
- Z68.51 less than 5% percentile
- \circ Z68.52 5th-85th
- ° Z68.53 85th-95th
- ∘ Z68.54 >95th



PDSA cycle 1 (Sept '21-Oct '21)

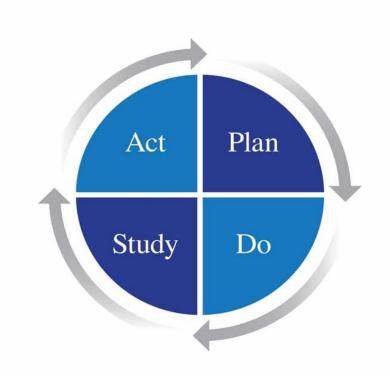
Plan: increase documentation of obesity z-code

in WCC ages 3-18 y/o

How: Providers add in obesity z-code when

appropriate

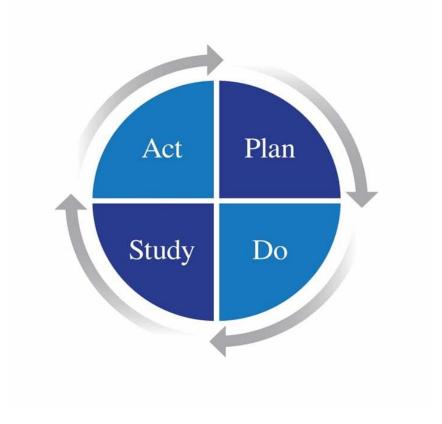
Challenges: time consumption, remembering to do it



Cycle 1

Do:

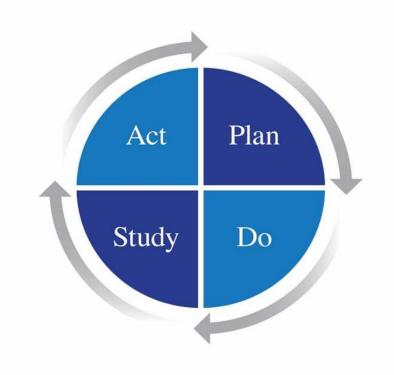
- Provider to manually add obesity
 BMI code when applicable
- Problems: remembering to add the correct z-code



Cycle 1

Study:

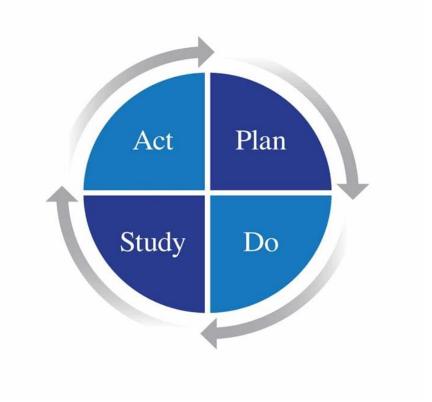
- Improvement of documentation: 30%
- Too time consuming looking up codes/trying to remember the codes, trying to remember to document it at all



Cycle 1

Act:

- Next cycle, will build all BMI diagnoses into
 WCC templates under Z00.129/121
- Z-codes:
 - ° Z68.51, Z68.52, Z68.53, Z68.54



Cycle 2 (Oct '21-Dec '21)

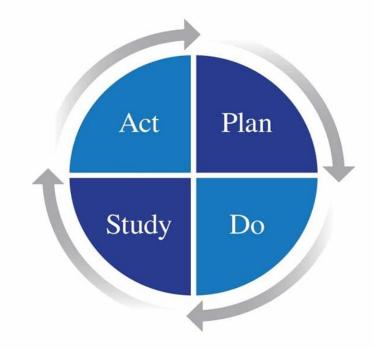
P: Increase documentation of BMI z-codes in WCC

D: Built in BMI diagnoses into WCC template

S: Another 20% increase

Templates too busy

A: Add only one most common BMI code, Z68.52



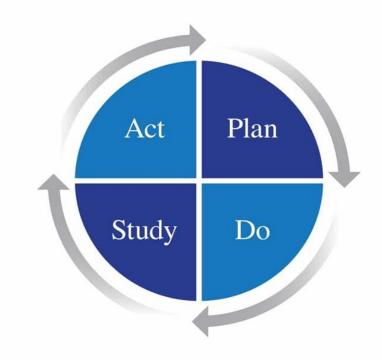
Cycle 3 (Dec '21-May '22)

P: Increasing documentation of BMI z-codes

D: Add most common BMI code into WCC template

S: Cued us to look at BMI and then would correct it to a different code when applicable. 2/3 did not sustain – 30% additional increase

A: Added in the second most common code – Z68.53



Cycle 4 (May '22-July '22)

P: Increase BMI z-code documentation

D: Second most common diagnosis added

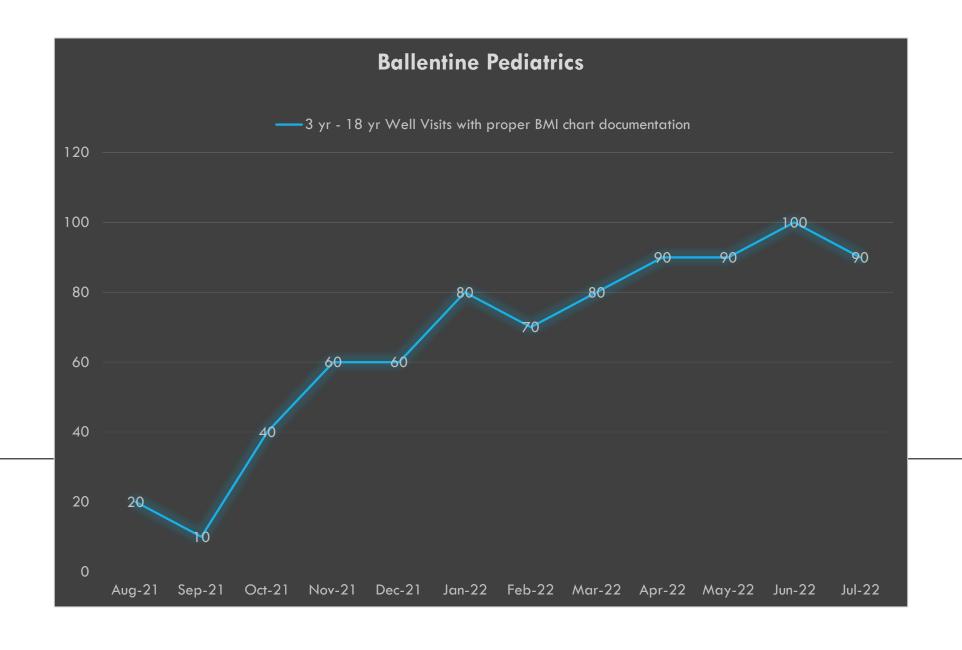
10% increase then equal drop the last month

S: Overall working well — at or above 80% since

March of 2022

A: Continue with two most common codes, revisit goals, post successes





Conclusions:

EMR can do a lot of the work for us!

Initially broadening Plan was helpful

Next steps:

Celebrate our successes!

Implementation of effective obesity intervention

Thank you!

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