



## KEY POINT SUMMARY

### OBJECTIVES

This article describes a process improvement initiative at the Children's Hospital Colorado to better prepare and optimize care for overweight children. The hospital created a Pediatric Obesity Care Guideline (POCG) that focused on key areas of quality and safety, including aspects of the built environment.

## Implementing a Pediatric Obesity Care Guideline in a Freestanding Children's Hospital to Improve Child Safety and Hospital Preparedness

Porter, R. M., Thrasher, J, Krebs, N. F.  
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### Key Concepts/Context

Over the past three decades, the number of children who are overweight has grown, with the greatest increase among those categorized as severely obese. Providing healthcare for these children is complicated, yet there is little information about the patient, provider, and institutional needs for the severely obese pediatric patient.

### Methods

In 2007, researchers conducted a survey of freestanding children's hospitals (FCHs) using the National Association of Children's Hospitals and Related Institutions Web site. The survey was a needs assessment and possible tool for information sharing. Researchers also conducted a literature review to gather information about the safety issues related to obese pediatric patients and understand the gaps in best evidence. Ultimately, they created a clinical guideline to compile and disseminate the information gathered in the literature review.

### Findings

Researchers were able to contact an individual who could completely answer the survey questions at 28 of the 45 FCHs they identified.

They found that there was a significant lack of resources and literature on caring for the pediatric patient with severe obesity. By incorporating the available literature and best practice, consulting with clinical experts, and surveying other FCHs,



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Children's Hospital Colorado determined that a POCG would help to ensure the safety of this patient population and improve hospital preparedness.

### Limitations

This is a case study, findings are not generalizable.

### Design Implications

The authors note that obese and severely obese pediatric patients enter the children's hospital system through a number of avenues, such as the emergency room, surgery, dental procedures, ambulatory clinics, and so forth. Each of these areas must be able to properly assess and meet the needs of these patients, both clinically as well as aspects of the built environment.