

BMI measurement in ambulatory pediatric cardiac patients	
Measure Description: Proportion of patients, 3-18 years old, who had their BMI measured and BMI percentile calculated.	
Numerator	Number of patients who had documentation of BMI ¹ measurement and percentile ² calculated during the measurement period or in the 12 months prior to the outpatient visit ³ .
Denominator	Number of patients, 3-18 years old, with at least one pediatric outpatient visit during the measurement period.
Denominator Exclusions	<ul style="list-style-type: none"> Patients in whom an accurate height and weight cannot be obtained for medical reasons.
Denominator Exceptions	None
Definitions / Notes	<ol style="list-style-type: none"> Measurement of BMI should be done as follows: Body mass index (BMI): a measure derived from the division of the square of the height in meters into the weight in kilograms BMI percentile should be calculated as follows: A patient's BMI percentile is determined from plotting the BMI on CDC growth charts Clinic Visit: If the patient has had multiple visits during the measurement period, use the most recent visit (i.e. last visit in the measurement period).
Measurement Period	Quarterly
Sources of Data	Retrospective medical record review, electronic medical record
Attribution	Clinician, practice or institution
Care Setting	Outpatient
Rationale	
Obesity has become one of the most important public health problems in the United States. One third of the children are overweight (BMI \geq 85 th percentile). BMI is the single most important predictor of cardiovascular morbidity.	
Clinical Recommendation(s)	
<p>ACC/AHA Guidelines: None available</p> <p>Other guidelines/references: Pediatric Cardiovascular Risk Reduction Initiative by NHLBI http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm</p>	

Metric #: 003
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Challenges to Implementation
Some clinicians may not have electronic systems to support BMI documentation. Documentation of BMI may be viewed as time consuming, and not a sub-specialty problem. This problem is exacerbated by the perception that family and patients may not comply with recommendations and because the impact of intervention is delayed with no perceived immediate reward.
Authors
Devyani Chowdhury, M.D., F.A.C.C. <i>Penn State Hershey Children's Hospital</i> Stephen E Cyran, M.D., F.A.C.C. <i>Penn State Hershey Children's Hospital</i> Maryellen Reilly-Druby <i>Penn State Hershey Children's Hospital</i>