

# Improving Physical Health: Weight Management on Adult Inpatient Wards at Newham Centre for Mental Health

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 QI input: Genevieve Holt

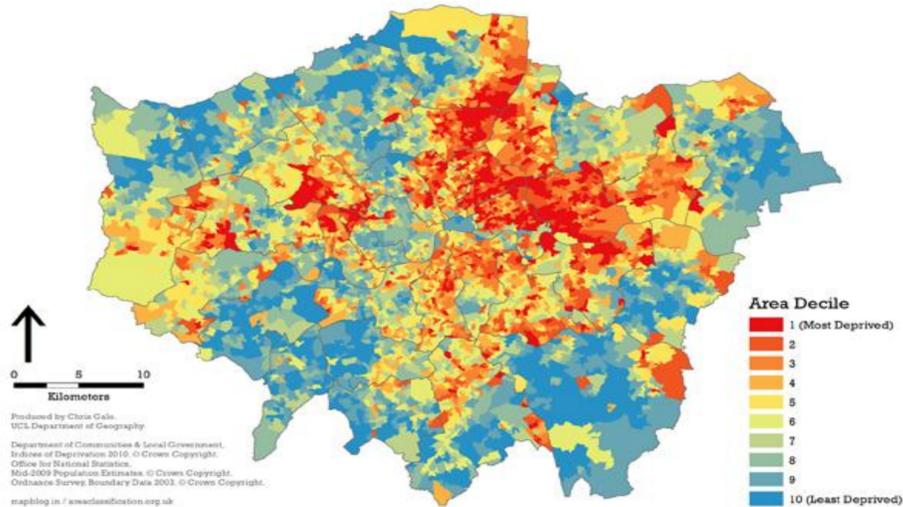
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 Clinical input: All staff at NCFMH

**Aim**  
 To reduce mean treatment episode weight gain by 30% for patients discharged from acute wards by April 2015

**Project Background**  
 Newham Centre for Mental Health is a psychiatric hospital in one of the UK's most deprived areas (Figure 1), a borough which is also home to some of the poorest physical health outcomes in the UK (Figure 2).

Figure 1: Local Population Need

Overall Index of Multiple Deprivation for London in 2010

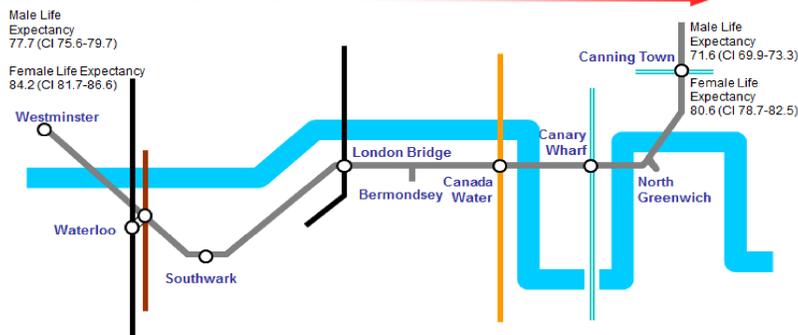


The Schizophrenia Commission (2012) found that people with serious mental illness die an average of 15-20 years earlier than the general population. Cardiovascular morbidity and mortality are increased approximately 2-3 fold in people with severe mental illness. One of the main modifiable risk factors is obesity, with a prevalence of 45-55% in Schizophrenia

Figure 2: Life Expectancy

**Differences in Life Expectancy within a small area in London**

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost



Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, each stop, on average, marks nearly a year of shortened lifespan.<sup>1</sup>

London Underground Jubilee Line

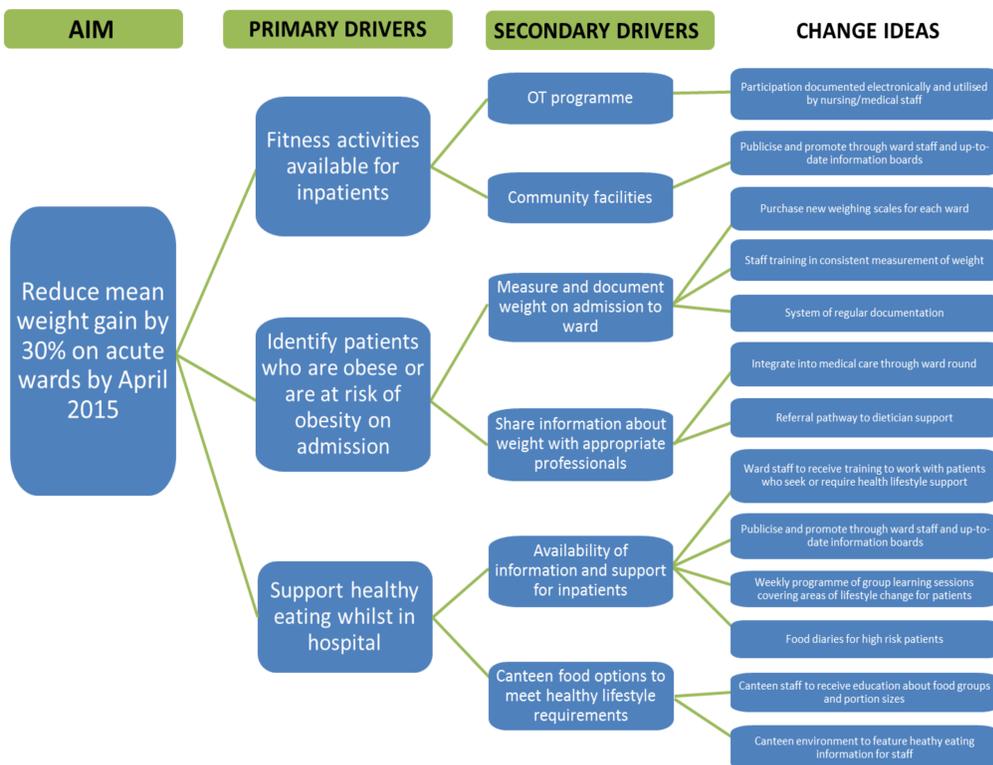
<sup>1</sup> Source: Analysis by London Health Observatory using Office for National Statistics data. Diagram produced by Department of Health

**Method**

Baseline data at Newham Centre for Mental Health revealed patients gain an average of 2.5kg in weight during a one month admission. Our project team is multidisciplinary and co-ordinates efforts of healthcare staff with external catering workers and local fitness experts to tackle the broad range of issues that influence weight gain in hospital.

The unit dietician, staff nurses, healthcare assistants, doctors, occupational therapists and pharmacists have developed a better understanding of weight gain in hospital using quality improvement methodology. Our change ideas (Figure 3) are aimed at a broad range of people and across organisational boundaries: clinical staff, catering staff and patients, as well as changing the environment in which patients are cared for.

Figure 3: Driver Diagram

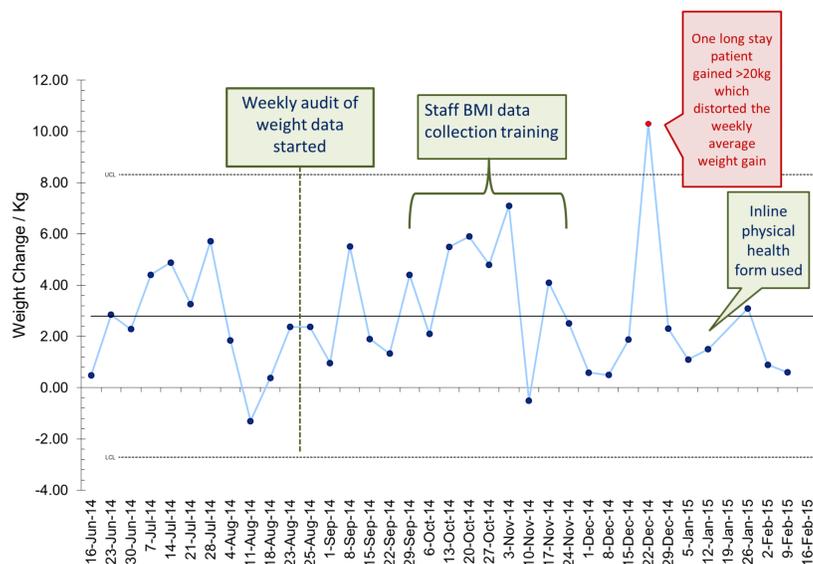


**Results**

The project team has been able to work on a number of change ideas; some 'easy wins' such as buying accurate weighing scales or providing information leaflets, through to critical processes such as accurate and reliable weight recording at admission and discharge.

The annotated graph below shows when some of the change ideas have been implemented. As yet, we have not seen a significant change in the main outcome data. However, in addition to the focus this project has brought to the issue of patients' weight, a number of indirect positive consequences have arisen. Most significantly, the development of a new electronic physical health assessment form which can be completed by all staff and facilitates data extraction.

Figure 4: Average weight change at discharge per week



Patience Dlamini, Dietician

Potatoes are plants but that doesn't make them vegetables!  
 Too much carbohydrate on this plate...