

## **Translating research into clinical practice and back again: service change backed by data collection leads to continuous quality improvement in a child and youth eating disorders clinic**

### **Authors:**

Wilson D<sup>1,4</sup>, Withington T<sup>1,4</sup>, Dalle Grave R<sup>2</sup>, Dalton M<sup>1</sup>, Loxton N<sup>3</sup>, Middeldorp C<sup>1,4</sup>, Geissler I<sup>1</sup>, Catania S<sup>1</sup>, Sidari M<sup>5,6,7</sup>, Brown V<sup>1</sup>, Nkwenti E<sup>1</sup>, Davis A<sup>1</sup>, Knight P<sup>1</sup>, White J<sup>1</sup>, Maguire S<sup>6</sup>

<sup>1</sup> Child and Youth Mental Health Service, Children's Health Queensland, Brisbane, Australia. <sup>2</sup> Department of Eating and Weight Disorders, Villa Garda Hospital, Garda, VR, Italy. <sup>3</sup> School of Applied Psychology, Griffith University, Australia. <sup>4</sup> Child Health Research Centre, University of Queensland, Brisbane, Australia, <sup>5</sup> QIMR Berghofer Medical Research Institute, <sup>6</sup> InsideOut Institute for Eating Disorders, Faculty of Medicine and Health, The Charles Perkins Centre, The University of Sydney, NSW, Australia <sup>7</sup> Queensland Eating Disorder Service, Metro North Health, Brisbane, Australia.

### **Background:**

The gap between translating research findings to clinical practice and policy is often slow and difficult. Similarly, changes to practice and policy, particularly when changes require additional funding, can be difficult to justify without supporting evidence. These factors can be a barrier to service improvement.

Three examples of service and policy change at a public specialist eating disorder (ED) clinic were evaluated through embedded data collection, the results of which justify sustained changes in clinical practice and service improvement.

### **Methods:**

Data collection procedures were established prior to three service changes aimed at solving two clinical problems: long wait lists; and young people who had not achieved full recovery through frontline Family Based Treatment (FBT). Service changes evaluated were: a psychoeducation-based pre-treatment intervention for families waiting to start frontline treatment; a specialist FBT informed day program for those who had failed to progress in outpatient FBT; and, offering enhanced Cognitive Based Therapy (CBT-E) to those who had previously engaged in FBT but not achieved full recovery.

### **Results:**

Results confirmed the effectiveness of service changes. Improved ED psychopathology and weight outcomes were noted for the pre-treatment intervention, and the effectiveness of both the day program treatment and CBT-E was demonstrated as promising options for those who had not achieved full recovery through FBT.

### **Conclusions:**

Results highlight the utility of embedded data collection systems in highlighting clinical problems, evaluating solutions and justifying service changes, creating a feedback loop that provides a promising platform for continuous service improvement.

### **Disclosure of Interest Statement:**

Nil