

Hospital

Ten Safety Steps to Enhance Bariatric Patient Care

January 2012 • Lockton Companies, LLC

Obesity is a leading preventable cause of death worldwide, with increasing prevalence in adults and children. Authorities view it as one of the most serious public health problems of the 21st century.¹ As U.S. and worldwide populations become heavier, healthcare organizations must be prepared to accommodate obese, or bariatric, patients/residents*. Safety and loss control professionals can take an important, proactive step in helping healthcare organizations prepare for this future.

Accommodating the Needs of Bariatric Patients to Support a Changing Patient and Employee Population

Healthcare organizations need to determine if their facilities and processes can accommodate the increasing population of severely overweight and obese patients, as well as an increasingly overweight employee pool. By addressing bariatric patient needs, healthcare organizations can reduce their risk of liability and workers' compensation claims, but they can also do something else. They can provide a better bariatric patient experience and define themselves as experts in dignified and quality bariatric patient care. In a competitive market, this can mean greater customer satisfaction, efficiency, profitability, and professional standing.

* While the word "patient" will be used throughout this document, it refers to both patients and residents in order to accommodate the nomenclatures used in various healthcare facilities.

LORI SEVERSON
Safety/Loss Control Consultant
303.414.6155
lori.severson@lockton.com



DR. IAN CHUANG, M.D.
Senior Vice President,
Medical Director
816.960.9812
ichuang@lockton.com



Healthcare facilities can define themselves as experts in providing dignified bariatric care...and this can mean greater customer satisfaction, efficiency, profitability, and professional standing.

Dr. Ian Chuang



What is Obesity?

Obesity is a medical condition where excess body fat accumulates to the extent it adversely affects health by reducing life expectancy and/or increasing the likelihood of serious health problems.² A body mass index (BMI) calculation – a measure of body fat based on height and weight – can identify obese individuals.³

BMI Measurement ⁶	Indicates:
25.0 - 29.9	Overweight
30 or greater	Obese
40 or greater, or 100 pounds over normal weight	Morbidly Obese ⁴
Calculate your BMI at www.halls.md/body-mass-index/bmi.htm	

The most common causes of obesity are the following⁴:

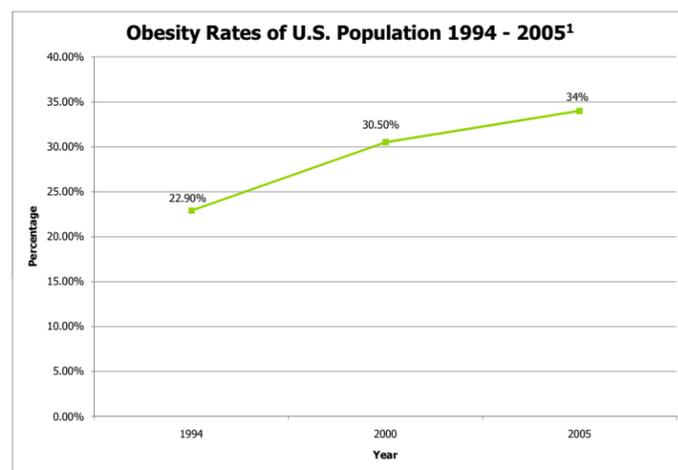
- ❖ **Genetics** – Obesity can often be traced to genes, and genetics may play a role in a person’s brain inducing abnormal appetite tendencies.
- ❖ **Illness** – Hypothyroidism, Cushing Syndrome and depression can be contributors to obesity.
- ❖ **Psychology** – Mental illness and emotional problems often play a role in obesity.
- ❖ **Lifestyle habits** – Poor diet and low levels of daily activity are frequent causes of obesity.

Why Should Safety/Loss Control Professionals be Concerned with Obesity?

Safety and loss control professionals must be concerned with obesity because every day healthcare institutions’ direct care employees assist overweight and obese patients through the various doors, hallways, rooms, and equipment of their healthcare institutions. Often these

patients have limited mobility and are highly dependent on the healthcare employee to help them walk, move from a seated posture to another surface, to sit, or to stand. When patients can’t walk or stand for themselves, they rely on the direct care employee to help lever them to and from surfaces and/or push and pull them from surface to surface in supine postures. Done manually, this is a very high-risk task, and it’s performed millions of times per day in every institution, so the exposure is huge for both the employee and the patient. This exposure makes healthcare employers vulnerable because of lengthy and costly recoveries. And they are largely preventable.

If current trends continue, the U.S. population – both patients and employees – will become more overweight, meaning healthcare employers face risks from liability and workers’ compensation perspectives. Safety and loss control professionals must plan for the safe, ergonomic, and dignified treatment of the bariatric patient, and they must be involved in the design of bariatric surgery facilities and bariatric patient care programs.



Healthcare employers face increasing risks from liability and workers’ compensation claims as the U.S. population becomes more overweight. And these claims and exposures are largely preventable.

Ten Steps for Safely Handling Bariatric Patients

There is no personal protective equipment (PPE) for safely working with bariatric patients. The best way to design a safety program is through three steps:

1. Eliminate hazards whenever possible
2. Engineer hazards out of the process whenever possible
3. Administer the hazards/exposures that cannot be eliminated

Following are ten administrative controls for safely handling bariatric patients. Note that these are in order of easiest to hardest – that is, the items that are listed first are those that are typically under the healthcare organization’s control and are therefore easiest to revise.

ONE: Policy and Procedures

Develop bariatric care policies that define the scope of your organization’s bariatric care, beginning with the patient admission process. The policies must describe the physical pathway from your facility’s entrance to its exit, and the policies must delineate the team(s) of employees/departments who will be involved in the patient’s complete care. The policies must also describe when risk avoidance will be practiced and what the criteria are – and how those criteria fit within

the Americans with Disabilities Act guidelines – for determining when to deploy a risk avoidance initiative.

Operational policies that are specific to each care unit must also be developed. These will define how the organization will lead the process and care for the bariatric patient in its various units.

TWO: New Construction and Retrofits

To ensure that new healthcare facilities or retrofitted facilities can accommodate an obese population, incorporate bariatric design needs into the request-for-proposals and design processes. This includes buildings, vehicles, and care team needs (e.g., work envelopes) so that maximum sizes and weights of bariatric patients can be accommodated safely and with dignity for all involved. In April 2010, the Facility Guidelines Institute

For additional resources, we recommend “2010 Guidelines for Design and Construction of Health Care Facilities” by The Facility Guidelines Institute (FGI)⁵. See sections on design construction requirements (1.2 – 6.4) and nursing units (2.2 – 2.16). Another recommended resource is the “2001 Patient Handling and Movement Assessment (PHAMA)” white paper.⁵

published a white paper titled “Patient Handling and Movement Assessment (PHAMA)” to direct and assist design teams in incorporating appropriate patient handling and movement (PHAM) equipment into the healthcare environment. Such equipment serves to increase or maintain patient mobility, independent functioning, and strength, and it provides a safe environment of care for staff and patients during performance of high-risk PHAM tasks. Both bariatric and non-bariatric patient care are addressed in the publication.⁵

THREE: Training and Education

Require training of proper bariatric care handling for all staff, and ensure it is designed to help staff members retain knowledge if bariatric patient admissions are projected to be infrequent. Ensure that access to the training or refresher courses is readily available so it can be accessed easily if needs arise.

FOUR: Admission Assessments

Create a bariatric mobility admission assessment for your organization so that, upon admission, the level of disability of the patient can be determined and the

appropriately skilled team can be deployed for this patient. A great starting point is the Department of Veterans’ Affairs Safe Patient Handling and Movement website.⁷

Use the bariatric mobility algorithms mentioned at the site as guides when planning patient transfer and repositioning tasks to help healthcare professionals select the safest equipment and techniques for each patient’s needs. The algorithms are designed for the following:

- ❖ registered nurses
- ❖ licensed practical nurses
- ❖ nursing assistants
- ❖ orderlies
- ❖ physical and occupational therapists
- ❖ radiology technicians
- ❖ patient care technicians
- ❖ home caregivers

FIVE: Equipment Availability

Ensure that proper equipment is available, and do not allow admissions of bariatric patients if there are known gaps in equipment availability or appropriate staffing levels and skills.

Implement a peer mentoring and lessons learned debriefing process. For examples, visit the Department of Veterans’ Affairs Safe Patient Handling and Movement website.⁷

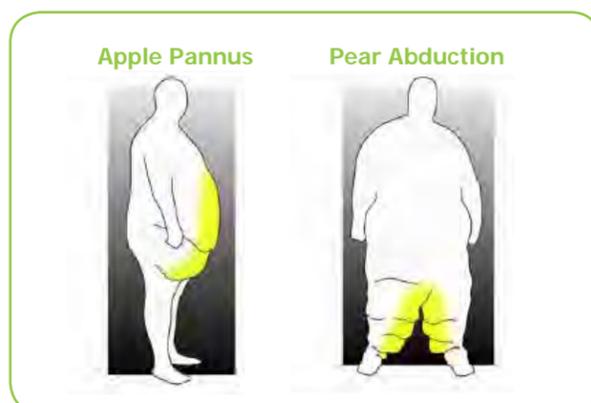
Leased equipment: Many organizations rely on leased bariatric equipment. If bariatric admissions are infrequent, this may be perfectly appropriate. At a minimum, we recommend collaborating with your leasing vendors to ensure that your vendor of choice has ample supply of all needed items. The engineering guidelines section of this paper describes types of equipment to consider. If your vendor does not have access to all types of equipment, identify any gaps and enlist additional vendors to ensure that your organization can obtain all needed equipment on short notice.

Staffing and skill sets: If your organization does not have appropriate staff levels and skill sets to manage bariatric patient care needs, then refer bariatric admissions to other organizations, or delay admissions until staffing is adequate. Only staff members

who have completed all bariatric patient care training mentioned in step one of this list are considered appropriately trained.

SIX: Bariatric Communication Systems

To provide dignified, empathetic, barrier-free, and high quality care to bariatric patients, patients near the bariatric definition, and their families and support groups, you must ensure that all staff members are trained on how to identify and eliminate prejudicial or negative language, body language, and terminology during the patient’s stay. All direct care staff must receive bariatric communication education to eliminate inappropriate looks, statements, and biases against bariatric patients and their families.



Be sure to design to the two most common shapes of bariatric patients: 1) pear shaped (fat is mostly stored in the hips and thighs) and 2) apple shaped, also called “central obesity,” where fat is stored primarily around the stomach area. Each of these body shapes requires different equipment and procedures for mobility. Consult the bariatric equipment solutions list at the end of this document.⁶

SEVEN: Emergency Stop – Red Flag Discussions

Develop a system or code so all staff can safely and immediately elevate concerns for their safety and safety of their peers, as well as the safety of patients and residents. At these briefings, much like a team huddle, brief discussions must be performed to evaluate everyone’s safety. These briefings are great opportunities to model appropriate language and terminology for bariatric patients. Decisions made at these briefings

dedicated to bariatric patients. Ensure that those teams can accommodate all movement requests from the time of the patient’s admission to the end of his/her stay. A multidisciplinary team of healthcare professionals within the organization should review the training.

NINE: Mentor and Share Lessons Learned

Implement a peer mentoring and lessons learned debriefing process. This is the most common recommendation in research about bariatric patient care. Enable impromptu meetings and routine planned meetings about positive and negative issues regarding bariatric patient care experiences – this can help healthcare professionals learn from each other how to handle various scenarios. For examples, go to the Department of Veterans’ Affairs Safe Patient Handling and Movement website.⁷ (Refer to “after action reviews,” also called “safety huddles” and peer mentoring).

TEN: Resources

Plan for the psychiatric needs of bariatric patients. Given the higher incidence of psychiatric disorders (e.g., depression, aggression, addiction, etc.) in the bariatric patient population, you must plan for this aspect of their needs and wellness. Have an up-to-date list of specialists and expert resources available for admissions staff so they can obtain information as needed, or so they can provide families with referrals to experts in the community. This reduces the potential for situations to escalate out of control, and it facilitates immediate treatment, thereby reducing liability.

must follow the safety hierarchy, meaning that risks should be eliminated whenever possible; if they can’t be eliminated, then processes should be changed (“engineered out”) to eliminate them. As a last resort, risks must be accepted and managed.

EIGHT: Lift Teams for Bariatric Patients

If appropriate and financially feasible, develop “lift teams” for all bariatric patient-lifting needs, and be sure to consider the bariatric tools listed in the engineering guidelines section of this document.

For smaller organizations and long-term care facilities, lift team models may not be appropriate. In those cases, consider providing lift team training to just the teams

Conclusion

The prevalence of obesity in the U.S. patient and employee population is increasing, thereby increasing healthcare employers’ workers’ compensation and patient liability exposures. By encouraging the involvement of safety and loss control professionals in the planning and development of comprehensive bariatric care plans and facility designs, organizations can reduce their exposures.

In addition, organizations can provide a better bariatric patient experience and define themselves as the experts in dignified and quality bariatric patient care. In a competitive market, this can mean greater customer satisfaction, efficiency, profitability, and professional standing.

Engineering Guidelines

For the comfort, dignity, and safety of healthcare employees and their bariatric patients, follow these equipment recommendations to obtain appropriate equipment that will accommodate the needs of bariatric patients. Consider these guidelines when designing bariatric care facilities and procedures.⁸

PRODUCT (IN ALPHABETICAL ORDER)	DESCRIPTION
Air transfer mats/lift cushions – bariatric sizes	Air inflated transfer mats allow for smooth and effortless lateral transfers for supine patients. The air inflated cushions, either seated size or full body size, allow for safe lifting from the floor and can compactly store away when not in use. Also an excellent engineering solution for the EMS rigs.
Bathrooms/commodes	Design with consideration for weight capacity, width capacity, stability and durability of grab bars, sinks, showers/tubs. All need to be rated to at least 500 lbs. or more and should be floor mounted instead of wall mounted. Consider also eliminating shower lips to eliminate the need for patient to raise leg/foot to step in and out of showers and to allow for ease of access of floor-based lifts if needed.
Beds	Consider bariatric beds with scales and capabilities of standing the patient and transporting in a seated position or supine position with automated capabilities. Waffle cushion for pressure ulcer management are also helpful. Purchase with consideration of weight load capacity, width capacity, and maneuverability based on your pathways, ramps, elevators, etc. and include pressure relief needs.
Chairs	Wheelchairs and waiting room and exam room: Purchase with the intention of accommodating the bariatric patient/resident and his/her family/support system. The patient may not be the only bariatric person in the immediate or extended family who is bariatric.

Plan for the psychiatric needs of bariatric patients:

- ❖ Depression
- ❖ Aggression
- ❖ Addiction

PRODUCT (IN ALPHABETICAL ORDER)	DESCRIPTION
Cushions/foam wedges/pillows	To aid in supporting the bariatric patient, consider incorporating the use of bariatric-rated wedges/foam supports to support turning, and to help support patients' torsos, limbs, and heads.
Diagnostic equipment	Blood pressure cuffs, fetal monitors, etc. allow for dignified application, use and management.
Doors	Door widths and hallway widths.
Emergency departments and EMS vehicles – design considerations for ramps, winch systems, and space constraints	Many healthcare systems do not have bariatric EMS rigs/ambulances. Short-term solutions are contracts with neighboring systems, and long-term solutions are planning and researching grant opportunities or fundraising for bariatric EMS supplies and rigs/ambulances and lifting systems.
Elevators/escalators	Practice all common pathways. Have transport employees take patients to diagnostic or surgical suites. Work with vendors to determine footprint sizes and turning radiuses of all transport equipment, assistive devices, and ancillary medical equipment.
Exam tables and exam treatment room dimensions	Plan for the various body shapes and work envelopes and extended table/room dimensions needed based on Facility Guidelines Institute's (FGI) 2010 Guideline.
Gowns	Bariatric extra-large sizes.
Lifts	Floor based and ceiling/wall secured – select lifts based on weight capacity, sling sizes and comfort of slings. Are wheels available for floor-based sizes? Are various styles available for different floor surfaces and ceiling designs? How will the equipment be secured and what are appropriate weight loads?
Rehabilitation equipment	Bicycles, treadmills, therapy balls, walkers, crutches, canes, parallel bars, lifts, ambulation assistance devices and associated slings/harnesses.

PRODUCT (IN ALPHABETICAL ORDER)	DESCRIPTION
Panniculus support sling holders	This is for hygiene and dressing application and changes. Use a gait belt, draw sheet, or limb sling secured to bed rails to retract and hold panniculus up off of thighs.
Scales	Have bariatric scales available in the emergency department that allow for weighing up to 1000 lbs. Provide scales with handles/grab bars and dignity curtains.
Slide sheets	Have bariatric slide sheets for lateral transfers and repositioning sheets for easier bed and chair repositioning.
Socks	Have extra-large non-slip socks in stock.

Footnotes

1. Barness LA, Opitz JM, Gilbert-Barness E (December 2007). "Obesity: genetic, molecular, and environmental aspects." Am. J. Med. Genet. A 143A (24): 3016–34.
2. WHO 2000 p.6 obtained from http://en.wikipedia.org/wiki/Obesity#cite_note-WHO_2000_p.6-0 on 11-20-11.
3. U.S. Department of Health and Human Services, BMI Calculator and definition, <http://www.nhlbisupport.com/bmi/> obtained on 11-20-11.
4. Ceatus Media Group LLC, Obtained on 11-20-11 <http://www.yourbariatricsurgeryguide.com/obesity/>
5. www.fgiguilines.org/pdfs/FGI_PHAMA_whitepaper_042810.pdf
6. Hignett, S., Chipchase, S., Tetley, A. & Griffiths, P. (2007). Risk Assessment and Process Planning for the Bariatric Patient Handling Pathways. Health & Safety Executive. Loughborough University. <http://www.hse.gov.uk/research/rrpdf/rr573.pdf>.
7. www.visn8.va.gov/visn8/patientsafetycenter/safePtHandling/default.asp.
8. Muir, M., Archer-Heese, G., (January 31, 2009), "Essentials of a Bariatric Patient Handling Program," OJIN: The Online Journal of Issues in Nursing, Vol. 14, No. 1, Manuscript 5

Our Mission

To be the worldwide value and service leader in insurance brokerage, employee benefits, and risk management

Our Goal

To be the best place to do business and to work



LOCKTON[®]

www.lockton.com