

Health PEI

**Bariatric Patient Management Planning Guide
for
Hospitals**

Provincial Bariatric Patient Planning Committee

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Introduction

Preamble

This document was developed to assist sites with preparing for the admission and care of bariatric patients. All sites need to have an effective and appropriate bariatric patient management plan in place that can be activated when necessary. Such a plan allows the site to be in a state of preparedness to manage both patient and Occupational Health & Safety (OH&S) related issues associated with planned and unplanned admissions. Delivering safe, professional, and dignified quality care to patients is directly associated with a site's ability to provide a safe working environment for staff providing the care. Although this guide helps with the development of a facility-wide bariatric patient management plan it does not replace the need to have a patient care plan to address the individual needs of a specific bariatric patient. An effective overall bariatric patient management plan will support the creation of bariatric patient care plans. (Health, 2010)

Required Bariatric Patient Response Level for Health PEI Sites and Programs

Health PEI uses a risk management approach to determine the required response level for each site/program. Factors for determining this designation include:

- Facility size and staffing levels
- Information gleaned from stakeholders
- Range of specialist services provided by the facility
- Accessibility and physical design/layout of the facility
- Geographic location

All sites are required to conduct a comprehensive assessment of their current ability to receive a bariatric patient and develop a bariatric patient management plan to meet the response level designated for their site (See Appendix A).

All sites also need to develop a response strategy in the event that a patient presents or is being transferred to their facility who weighs more than the facility has the capacity to care for, even if the shortage of resources or infrastructure is temporary, e.g. all bariatric beds at the facilities are currently in use with bariatric clients. This strategy should include a system-wide communication plan.

Patient Respect and Dignity

Obesity is recognized as a growing issue on Prince Edward Island with a rising number of overweight and obese patients. Bariatric patients often delay seeking medical attention until their medical condition is urgent due to embarrassment, perceived discrimination by medical staff, impaired mobility and/or limited transportation options. It is very important for bariatric patients to be treated with dignity and respect. Providing a respectful and responsive service

requires planning, a holistic and non-judgemental approach and a continuing mindfulness of the special needs and challenges of bariatric patients. (Health, 2010)

Identifying Bariatric Patients

Although the provincial policy on bariatric patient care provides a definition for identifying a bariatric patient, a flexible approach is still required. It is recommended that the definition be applied to any patient who may require special needs, either for themselves or the staff that care for them, because of their size, shape or weight. (Health, 2010)

Development of Bariatric Patient Management Plan

This document is designed to lead sites through the process of developing a Bariatric Patient Management Plan. It will assist sites with determining their readiness for this patient population and developing a plan to manage any identified risks.

Each site will need a committee or sub-committee to develop a Bariatric Patient Management Plan designation according to its required response level (Appendix A). Follow the process outlined below according to your site's designated response level.

Developing a Plan

Consultations

Consult with staff and other stakeholders. It is important to seek and consider input from all stakeholders during the development of this plan. Stakeholders include (but are not limited to):

- a. Direct care staff
- b. Occupational Health & Safety committees
- c. Occupational Health & Safety Officers
- d. MSIP committee/sub-committee/coordinator
- e. Quality and Risk Management
- f. Clinical experts – nursing, physicians, medical specialists, diagnostics, etc
- g. Rehabilitative experts
- h. Patient safety experts
- i. Patient handling experts
- j. Support services representatives
- k. Patient/family advisors
- l. Mental health experts
- m. Dietary services
- n. Emergency services
- o. Facility management
- p. Materials Management
- q. Fiscal analyst
- r. Patient transportation - internal and external

Equipment Readiness

- a. Conduct a Bariatric Equipment Inventory (see Appendix B for template) to ensure your site has the appropriate and/or recommended equipment (see Appendix C) in the necessary weight capacity to care for the patient being admitted.
- b. Determine how you will keep the inventory list updated and how you will access it.
- c. Purchase/acquire any equipment necessary to meet the needs of your site's bariatric patient designation. (see Appendix A) Consider collaborating with other sites on sharing equipment inventories, e.g. shared equipment drive.

Emergency Department Readiness

- a. Identify potential scenarios of bariatric patients presenting to the department, e.g. cardiac arrest, emergency surgery, fracture, etc.
- b. Review/consider past experiences with bariatric patients (who comes there now? What if they were 200lbs heavier?)
- c. Determine any services that may need to be accessed beyond the department, e.g. diagnostic imaging, admission to ICU, etc.

- d. Determine the equipment and supplies needed to manage the potential scenarios in (a) and develop a plan to obtain or access these.
- e. Determine the weight capacity of the equipment and furniture in the department and other departments potentially needing to be accessed during an emergency admission (e.g. DI, ICU). Develop a plan to purchase, rent or borrow what your department needs to meet the designation your hospital has been assigned.
- f. Document any potential patient care, patient safety, staff safety or facility issues with meeting emergency visits from this bariatric population, e.g. increasing staffing levels, equipment, access to diagnostics and operating rooms. Prioritize the problems and develop plans/processes for resolving them.
- g. Develop diversion, transfer and admission protocols/processes.
- h. Determine key contacts and their roles/responsibilities.

Readiness for admissions (and/or treatment, diagnostics, procedures)

- a. Determine the process for contacting patients for additional details, history, equipment or mobility needs that would not normally be collected but is relevant to their admission.
- b. Identify the process for ensuring that relevant departments and personnel are notified of the pending admission of a bariatric patient. Factors such as how long the patient will be in hospital, their physical health, medical condition/s, diagnostic testing needed, procedures/treatment needed, etc will determine the personnel and departments that need to be informed in order to adequately prepare for the admission.
- c. Identify key areas that will or may need to be utilized by bariatric patients during their appointment/stay in the facility, e.g. specific departments (DI, surgery), hallways, elevators, etc.
- d. Conduct a physical (equipment, environment) risk assessment on the above areas and pathways for any issues related to bariatric patients. The assessment should be conducted by staff with a good understanding of risk management principles and how they might relate to bariatric patient management. The assessment should include access, flooring, space/layout, furniture and equipment.
- e. Identify the main issues that may need managing during the various stages of a bariatric patient's stay, e.g. medical, rehab, dietary, psychosocial, etc. Develop a plan for addressing these issues.
- f. Ensure the routine and/or diagnostic equipment needed for the patient being admitted is considered in the admission planning.
- g. Consider creating a team of staff members who can provide advice and coordinate pre and post admission activities to best manage both patient and staff needs. Develop key contacts and their roles/responsibilities.

Discharge/transfers

Discharge planning and transfers to other facilities and may be more complex and may require special arrangements to ensure the safety of both staff and patient.

- a. Develop discharge/transfer protocols that consider:
 - i. The receiving site's ability to accommodate a bariatric patient.
 - ii. The amount of "lead time" and information that a receiving site, patient or family would need to arrange the necessary equipment, supports or staffing, e.g. a Friday afternoon or weekend transfer or discharge should be avoided if at all possible if a full discharge plan is not in place.
 - iii. The option of sharing equipment with the receiving site, patient or family (if possible) on a temporary basis until needed equipment/arrangements can be made (especially if the lead time is short for unforeseen/unpreventable reasons.)
- b. Develop a discharge and/or follow-up checklist, e.g. referrals to Home Care, Primary Care.
- c. Determine what community transport options are available to patients being discharged to home.
- d. Review current discharge planning documents to ensure they incorporate the special discharge needs and concerns of a bariatric patient, e.g. equipment, space, staffing levels, support staff, etc.
- e. Review discharge planning with physicians to ensure they are aware of the above.

Inter-facility Medical Appointments and Access to the Community (e.g., Appointments, Social Events)

Develop a process for:

- Providing information to destination site,
- Ensuring destination site and applicable transportation pathways are accessible, and
- Arranging transportation and providing relevant information to transporter.

Emergency Procedures (e.g. Evacuation)

Develop procedures at your site for managing bariatric patients during all potential emergency events, e.g. power failure.

Death

Develop a process for managing a bariatric patient following their death. Include access to the morgue and the process for notifying and assisting Funeral Home staff.

Equipment and Space Needs of Various Diagnostic and Treatment Areas

Evaluate the equipment and space needs in your site's diagnostic and treatment areas.

Consider the following factors:

- Space
 - Doorway widths
 - Turning space for wheelchairs, stretchers, equipment, etc
- Weight capacities of equipment e.g. exam tables,
- Weight capacities of handrails, toilets, chairs
- Availability and suitability of patient moving and lifting devices
- Other factors as appropriate

Patient Rooms – Bedrooms, Bathrooms and Tub/Shower Rooms

- a. Determine the patient rooms that would be the most suitable for bariatric patients to use. Consider any modifications that may need to be made to the patient room prior to admission, e.g. converting a semi-private room to a private room, renting a bariatric bed.
- b. Consider overall space, doorway widths, turning space (e.g. bariatric wheelchairs, bariatric commodes), space for several caregivers, etc. when identifying suitable rooms for bariatric patients.
- c. Identify the process for ensuring that appropriate equipment (with adequate weight capacity) is available for the patient upon admission, e.g. bed, toilet/commode, safety hand rails, wheelchair.
- d. Consider emergency evacuation requirements when choosing/designating patient rooms, e.g. proximity to accessible exits, ground level accommodation.

Equipment Storage and Access

- a. Determine where bariatric equipment will be stored when not in use.
- b. Determine how bariatric equipment can be accessed during weekdays, weekends and after hours.
- c. Consider collaborating with other sites to establish a provincial inventory of equipment.

Internal Transportation Pathways and Protocols

- a. Consider the floor coverings and gradients (e.g. ramps, slopes) at your site. Some floor coverings can be easily damaged or create a drag, e.g. carpet. Identify the easiest pathways to key areas in the facility.
- b. Determine what areas and pathways will need to be accessible to bariatric patients. Identify any accessibility or safety concerns, e.g. elevators, hall widths, door widths, ramp widths, hand rail weight capacities, etc.

TLR (Transferring Lifting Repositioning©)

- a) Determine how the TLR modules (introductory module and full practice module) for bariatric patients will be taught and practiced in your facility.
- b) Determine the bariatric TLR equipment and devices needed for your facility, e.g. patient lifting equipment, slide sheets, air transfer devices, repositioning slings, turning slings, etc. A variety of equipment will be needed to meet the various needs of bariatric patients.
- c) Determine how staff can access bariatric TLR equipment and devices in your facility.

Staffing Levels

Develop a process for determining the extra staffing levels needed for a bariatric patient.

Considerations for determining the number of staff needed to perform certain mobility or care tasks are (but not limited to):

- a) Does the patient understand explanations and instructions?
- b) Can the patient weight-bear?
- c) Is the patient cooperative?
- d) Does the patient have medical attachments/appliances that need to be managed during physical moves and care procedures?
- e) Does the patient have upper extremity strength?
- f) Can the patient assist?
- g) Can the patient sustain a limb position?
- h) Can patient tolerate the Trendelenburg position?
- i) Does the patient's abdomen/pannus interfere/impede a mobility or care task?
- j) Does the patient have a pannus that needs to be held and positioned by staff during certain care routines or can a pannus sling/binder be used?
- k) Can the patient's skin tolerate having a repositioning sling left on their bed?

After a bariatric patient is admitted and assessed (and following any significant changes in their abilities), develop a safe work procedure for each care task the patient requires. Some tasks may only require one person, some may require two and some may require three or more. Developing these safe work processes will not only improve safety for the patient and staff but will also help managers document the need/rationale for extra staffing (See Appendix D – Staffing Needs Assessment Template). ((CEOSH), 2015)

Medical Supplies / Consumables

Determine supplies and consumables necessary for providing care, e.g.

- a. Extra long needles
- b. Extra large patient gowns
- c. Linens that fit the patient's bed

Ambulance Communication and Transportation Protocols

Develop a communication plan with Island EMS. Consider the following:

- a. Notification of patient arrival as early as possible
- b. Notification of patient needing to be transported to another facility as soon as possible

Staff Education

- a. Determine what information needs to be taught, e.g. TLR, SMART, etc.
- b. Identify staff who need information and training, e.g. Nursing, Laundry, Maintenance
- c. Determine how the training will be taught, e.g. classroom, printed material, huddles
- d. Identify trainers/providers
- e. Determine timing and location of the training
- f. Provide information/training

Patient Education

Develop educational material(s) for patients and their families. Include information on

- a. Philosophy of care
- b. Specialized equipment
- c. Importance of input from the patient and family
- d. Patient safety
- e. Staff safety

Patient Refusal to Use Moving/Lifting Equipment

Any refusal by a patient to let staff use a mechanical lift or repositioning device to move/lift them shall be resolved by the team caring for the patient in conjunction with the patient and their family such that neither the patient nor any staff are put at risk for injury.

[Appendix A](#) – Designated Bariatric Patient Response Level for Health PEI Facilities

[Appendix B](#) – Sample Template for Bariatric Equipment Inventory – Health PEI Hospitals

[Appendix C](#) – Bariatric Equipment Readiness List – Health PEI Hospitals

[Appendix D](#) – Staffing Needs Assessment for Bariatric Patients

Bibliography

- (CEOSH), V. C. (2015, July). *Bariatric Safe Patient Handling and Mobility Guidebook: A Resource Guide for Care of Persons of Size*. Retrieved from http://www.tampavaref.org/safe-patient-handling/Bariatric_Toolkit.pdf.
- Health, N. S. (2010, September 21). *Occupational Health & Safety Issues Associated with Management of Bariatric (Severely Obese) Patients*. Retrieved 2015, from http://www0.health.nsw.gov.au/policies/gl/2005/pdf/gl2005_070.pdf.

Appendix A – Designated Bariatric Patient Response Level for Health PEI Sites and Programs

Note: It is realized that sites are not currently able to fully meet these designated response levels but there is an expectation that sites will develop a plan for May 31, 2019 that outlines how they will meet their designated response level over the next couple of years. A progress report on the development of this plan will be requested in January 2019.

Level 1 – Patients/Residents up to 1,000 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Long Term Care Facilities

- New Tyne Valley manor
- New Riverview manor

Level 2 – Patients/Residents up to 600 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Long Term Care Facilities

- Maplewood Manor
- Summerset Manor
- Prince Edward Home
- Colville Manor

Level 3 – Patients/Residents up to 400 lbs

- All Health PEI facilities and programs

Cushions									
Shower Chair									
Commode									
Bedpan									
Bed scale									
Stretcher scale									
Wheelchair scale									
Lift scale									
Step Stool									
Walkers, canes									
Transfer sliding board									
Tx/Exam tables									
OR tables									
Bed mover									
Wheelchair mover									
Slider boards (e.g. Pat slide)									
Slider sheets									
Air transfer devices									
Evacuation Equipment									
DI Tables									
Dialysis Chairs									
Oncology Chairs									

Appendix C - Bariatric Equipment Readiness List - Hospitals

X = Acute Care

Equipment	Essential		Recommended		Notes
	Upon Admission	Within 24-48 hrs	Highly	Preferred	
Bed	X				
Mattress	X				Air vs. Foam
Trapeze				X	
Bedside/Over bed table				X	
Stretcher	X				
Total Floor lift	X				
Sit/Stand lift				X	
Ceiling Lift	X				
Bariatric carry bar	X				
Transferring Sling	X				
Repositioning Sling	X				
Walking Sling			X		
Limb Sling			X		
Pannus Sling				X	
Waiting room/bedside chairs				X	
Wheelchair/Transport chairs	X				
Stretcher chair				X	
Cushions	X				If skin integrity issues
Shower Chair			X		
Commode			X		
Bed pan	X				
Bed scale				X	A scale is essential. Lift scale can be used with all patients.
Stretcher scale				X	
Wheelchair scale				X	
Lift scale	X				
Step Stool				X	
Walkers, canes, etc	X				Patient dependent
Transfer sliding board			X		Patient dependent
Treatment/Exam tables					
OR tables	X				
Bed mover				X	
WC mover				X	
Slider boards (e.g. Pat	X				

Equipment	Essential		Recommended		Notes
	<i>Upon Admission</i>	<i>Within 24-48 hrs</i>	<i>Highly</i>	<i>Preferred</i>	
slide)					
Slider sheets		X			
Air transfer devices			X		
Evacuation Equipment	X				
Diagnostic Imaging Tables (X-ray, CT, MRI)			X		
Dialysis Chairs			X		
Oncology Chairs			X		

Equipment considerations:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Weight capacity 2. Size and clearance (width, height, depth) 3. Adjustability 4. Maneuverability 5. Built in scales 6. Ergonomics 7. Ease of use and training 8. Durability | <ol style="list-style-type: none"> 9. Storage 10. Patient comfort 11. Patient and staff safety 12. Maintenance/upkeep/inspections required/recommended 13. Infection control considerations (cleaning, laundering, disinfecting) 14. Availability 15. Vendor service |
|---|---|

This document was created by the Bariatric Equipment/Environment Working Group (as part of the Provincial Bariatric Patient Planning Initiative) based on professional knowledge, experience with bariatric patients and literature searches.

The creators of this document realize that the categorization of this equipment has been generalized and may need to be situation/patient specific.

Appendix D - Staffing Needs Assessment for Bariatric Patients

Template Only – Sites should modify this form to meet their needs/staffing processes

Facility: _____ Unit: _____ Patient Name: _____

Check the tasks that apply to this patient	# of time this task is performed per shift			# and classification of staff required for task (LPN, RCW, etc)		Comments	Safe Work Procedure developed by Clinical Leader or designate	
	Days	Evenings	Nights	Number	Classification		Date	Initials
<input type="checkbox"/> skin care								
<input type="checkbox"/> wound care								
<input type="checkbox"/> medication administration								
<input type="checkbox"/> vitals								
<input type="checkbox"/> bathing								
<input type="checkbox"/> toileting								
<input type="checkbox"/> incontinence care								
<input type="checkbox"/> catheterization								
<input type="checkbox"/> rolling on to side								
<input type="checkbox"/> repositioning in bed*								
<input type="checkbox"/> transfers to chair								
<input type="checkbox"/> changing clothing								
<input type="checkbox"/> feeding								
Other tasks :								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Additional Staffing Needs:	RN	LPN	PCW/RCW	Recommended Review Date:	
Days				<input type="checkbox"/> next shift <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other _____	
Evenings					
Nights					

Assessment conducted by: _____ Title: _____ Date: _____

* Reminder: A minimum of 3 people are required when using a mechanical lift with bariatric patients/residents/clients