

# Health PEI

## **Bariatric Patient Management Planning Guide for Long Term Care Facilities**

**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 a 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
- g. Rehabilitative experts as applicable
- 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 long term care has the appropriate and/or recommended equipment (See Appendix C) in the necessary weight capacity to care for the resident being admitted.
- b. Determine how you will keep this inventory updated and how you will access it.
- c. Purchase any equipment necessary to meet the needs of your site's bariatric patient designation (See Appendix A). Consider collaborating with other long term care sites on sharing equipment inventories, e.g. shared equipment drive.

### Readiness for admissions

- a. Identify placement priority for bariatric clients on the long term care waiting list.
- b. Determine the process to be used if a resident becomes "bariatric" while living in a facility that does not have the capacity to care for bariatric residents.
- c. Determine if there are details that need to be collected prior to admission (in addition to what would normally be collected) that are relevant to the reason for admission. If so, determine how this will be collected and where will it be recorded, e.g. how to contact resident for additional information on their equipment or mobility needs.

- d. Identify the process for ensuring that relevant departments and personnel are notified of the pending admission of a bariatric resident. Factors such as their physical health, medical condition/s, procedures/treatment needed, etc will determine the personnel and departments that need to be informed in order to adequately prepare for the admission.
- e. Identify key areas that will or may need to be utilized by bariatric residents during their stay in the facility, e.g. hallways, elevators, etc.
- f. Inspect/conduct a physical (equipment, environment) risk assessment on the above areas and pathways for any issues related to bariatric residents. The inspection /assessment should be conducted by staff with a good understanding of risk management principles and how they might relate to bariatric patient management. The inspection should include access, flooring, space/layout, furniture and equipment.
- g. Identify the main issues that need managing during the various stages of the resident's stay, e.g. medical, physical, dietary, psychosocial, etc. Develop a plan for addressing these issues.
- h. Consider creating a team of staff members who can provide advice and coordinate pre-admission activities to best manage both resident and staff needs. Develop key contacts and their roles/responsibilities.

### **Discharge/transfers**

Discharge planning and transfers to other facilities may be more complex and may require special arrangements.

- a. Ensure receiving facility/home can accommodate the resident and their level of care (Refer to Appendix A).
- b. Determine what community transport options are available to residents at your site.

### **Inter-facility Medical Appointments and Access to Community (E.g., appointments, social events, etc.)**

Develop a process for:

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

### **Emergency Procedures (e.g. Evacuation, Resuscitation)**

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

### **Death**

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

## **Equipment and Space Needs**

Evaluate the equipment and space needs in the general resident areas. Consider the following factors:

- a. Space
  - i. Door widths
  - ii. Turning space for wheelchairs, commodes, etc
- b. Weight capacities of equipment e.g. shower chair
- c. Weight capacities of handrails, toilets, chairs
- d. Availability and suitability of patient moving and lifting devices
- e. Other factors as appropriate

## **Resident Rooms, Bathrooms and Tub/Shower Rooms**

- a. Determine the rooms that would be the most suitable for bariatric residents to use. Consider any modifications that may need to be made to the resident room prior to admission, e.g. flooring, ceiling lift capacity
- b. Consider overall space, doorway widths, turning space, space for several caregivers, etc. when identifying suitable rooms for bariatric residents.
- c. Identify the process for ensuring that appropriate equipment (with adequate weight capacity) is available for the resident upon admission, e.g. bed, toilet/commode, safety hand rails, wheelchair.
- d. Consider emergency evacuation requirements when choosing/designating resident 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 residents. Identify any accessibility or safety concerns, e.g. elevators, hall widths, door widths, etc.

## **TLR (Transferring Lifting Repositioning©)**

- a. Determine how the TLR modules (introductory module and full module) for bariatric residents will be taught and practiced in your facility.
- b. Determine the bariatric TLR equipment and devices needed for your facility, e.g. resident 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 residents.
- c. Determine how staff can access bariatric TLR equipment and devices in your facility.

## **Staffing Levels**

Determine a process for establishing extra staffing levels required for bariatric resident care. A good general rule of thumb is to use an extra staff person for every 100 pounds of resident weight over 200 pounds. Considerations for determining the number of staff needed to perform certain mobility or care tasks are (but are not limited to):

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

After a bariatric resident is admitted and assessed (and following any significant changes in their abilities), develop a safe work procedure for each of care tasks the resident 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 resident and staff but will also help managers document the need/rationale for extra staffing. ((CEOSH), 2015) (See Appendix D – Staffing Needs Assessment Template)

## **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 resident's bed



## **Ambulance Communication and Transportation Protocols**

Develop a communication plan with Island EMS.

### **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

### **Resident Education**

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

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

### **Resident Refusal to Use Moving/Lifting Equipment**

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

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**Appendix A** – Designated Bariatric Patient Response Level for Health PEI Facilities

**Appendix B** – Sample Template for Bariatric Equipment Inventory – Long Term Care

**Appendix C** – Bariatric Equipment Readiness List for Long Term Care Facilities

## Bibliography

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## **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.

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### **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

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### **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

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### **Level 3 – Patients/Residents up to 400 lbs**

- All facilities and programs



<b>Shower Chair</b>									
<b>Commode</b>									
<b>Bedpan</b>									
<b>Bed scale</b>									
<b>Stretcher scale</b>									
<b>Wheelchair scale</b>									
<b>Lift scale</b>									
<b>Step Stool</b>									
<b>Walkers, canes</b>									
<b>Transfer sliding board</b>									
<b>Bed mover</b>									
<b>Wheelchair mover</b>									
<b>Slider sheets</b>									
<b>Air transfer devices</b>									
<b>Evacuation Equipment</b>									

## Appendix C - Bariatric Equipment Readiness List - Long Term Care

Equipment	Essential		Recommended		Notes
	<i>Upon Admission</i>	<i>Within 24-48 hrs</i>	<i>Highly</i>	<i>Preferred</i>	
Bed	*				
Mattress	*				Air vs. Foam
Trapeze				*	
Bedside/Over bed table				*	
Stretcher			*		
Total Floor lift	*				
Sit/Stand lift				*	
Ceiling Lift	*				
Bariatric carry bar		*			
Transferring Sling	*				
Repositioning Sling	*				
Walking Sling			*		
Limb Sling			*		
Pannus Sling				*	
Bedside chairs				*	
Wheelchair/Transport chairs	*				
Stretcher chair				*	
Cushions			*		If skin integrity issues
Shower Chair			*		
Commode			*		
Bed pan	*				
Bed scale				*	A scale is essential. Lift scale can be used with all residents.
Stretcher scale				*	
Wheelchair scale				*	
Lift scale			*		
Step Stool				*	
Walkers, canes, etc	*				resident dependent
Transfer sliding board			*		resident dependent
Bed mover				*	
WC mover				*	
Slider sheets		*			
Air transfer devices			*		
Evacuation Equipment	*				

**Equipment considerations:**

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
9. Storage
10. Comfort for patient
11. Safety
12. Maintenance/Upkeep/Inspections required/recommended
13. Infection Control considerations (cleaning, laundering, disinfecting)
14. Availability and 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 Residents

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

Facility: \_\_\_\_\_ Unit: \_\_\_\_\_ Resident's Name: \_\_\_\_\_

Check the tasks that apply to this resident	# 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								
<b>Other tasks :</b>								
<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