

Health PEI

Bariatric Patient Management Planning Guide for Primary Care and Chronic Disease

Provincial Bariatric Patient Planning Committee

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Introduction

Preamble

This document was developed to assist primary care sites with preparing for the 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. 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 divisional 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).

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 risk(s). The management team at each site is responsible for developing a Bariatric Patient Management Plan.

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. Quality and Risk management
- e. Clinical experts
- f. Patient safety experts
- g. Patient/family advisors
- h. Mental health experts
- i. Emergency services
- j. Facility management
- k. Materials management
- l. Fiscal analyst

Equipment Readiness

- a. Conduct a review to determine if your site(s) have the appropriate and/or recommended equipment (See Appendix B) in the necessary weight capacity for the patient population it serves.
- b. Purchase any equipment necessary to meet the needs of your site's bariatric patient population.

Readiness for Service Provision

- a. Identify the process for ensuring that all staff are notified of a scheduled pending appointment of a bariatric patient so that staff can adequately prepare for the visit.
- b. Identify key areas that will or may need to be utilized by bariatric patients during their visit to the facility, e.g. hallways, elevators, etc.
- c. Inspect/conduct a physical (equipment, environment) risk assessment on the above areas and pathways for any issues related to bariatric patients. 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 accessibility, flooring, space/layout, furniture and equipment.
- d. Identify the main issues that need managing during the various stages of a bariatric patient's visit, e.g. medical, physical/environment, psychosocial, etc. Develop a plan for addressing these issues.

Emergency Transport

Determine and post the exact process for arranging emergency transport to the closest emergency department that has the capacity to accept/care for the patient – see Appendix A. Develop a communication plan with Island EMS.

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

Develop a process for providing information to referral recipient.

Emergency Procedures (e.g. Evacuation, Resuscitation)

Develop a procedure at your site for managing bariatric patients during emergency events.

Equipment and Space Needs

Evaluate the equipment and space needs in your site(s). Consider the following factors:

- a. Space
 - i. Door widths
 - ii. Turning space for wheelchair
 - iii. Flooring surfaces and gradients
- b. Weight capacities of equipment e.g. exam tables
- c. Weight capacities of handrails, toilets, chairs
- d. Other factors as appropriate

Waiting Rooms, Bathrooms and Exam Rooms

- a. Determine the rooms that would be the most suitable for bariatric patients to use. Consider any modifications that may need to be made to an exam room prior to the visit.
- b. Consider overall space, doorway widths, turning space, 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 patients during their visits, e.g. exam table, chairs, wheelchair toilet, safety hand rails, blood pressure cuffs, etc.
- d. Consider emergency evacuation requirements when choosing/designating patient room(s), e.g. proximity to accessible exits, ground level accommodation.

Staff Education and Training

- a. Determine what bariatric information/injury prevention training staff need. (consult the provincial MSIP coordinator)
- b. Determine what bariatric nursing, medical, psycho-social information staff need
- c. Identify staff who need the above education/training
- d. Determine how the training will be taught
- e. Identify trainers/educators
- f. Determine timing and location of the training
- g. Arrange/provide education/training

Asking for Assistance

Determine a process for staff to acquire assistance (when needed) with a bariatric patient. A good general rule of thumb is to use an extra staff person for every 100 pounds of patient weight over 200 pounds. Considerations for determining if assistance is needed to perform certain mobility or care tasks are (but are 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) Does the patient's abdomen/pannus interfere/impede a mobility or care task?
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Appendix A – Designated Bariatric Patient Response Level for Health PEI Hospitals and Primary Care sites

Appendix B – Bariatric Equipment Readiness List for Primary Care Facilities

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 Hospitals and Primary Care Sites

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 up to 1,000 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Level 2 – Patients up to 600 lbs

Hospitals and Primary Care Sites

- Queen Elizabeth Hospital
- Prince County Hospital

Level 3 – Patients up to 400 lbs

- All hospitals
- All primary care sites

Appendix B - Bariatric Equipment Readiness List - Primary Care

Equipment	Essential	Recommended
Exam Tables	*	
Height adjustable		*
Floor Scale		*
Chairs – Waiting Room	*	
Chairs – Exam Rooms	*	
Chairs – Consult Rooms		*
Wheelchairs	*	
Step Stool	*	

Equipment considerations:

1. Weight capacity
2. Size and clearance (width, height, depth)
3. Adjustability
4. Maneuverability
5. Ease of use and training
6. Durability
7. Storage
8. Patient comfort
9. Patient and staff safety
10. Maintenance/upkeep/inspections required/recommended
11. Infection control considerations (cleaning, laundering, disinfecting)
12. Availability
13. Vendor service