



# Bariatric Friendly Hospital Initiative

## Caring For Patients With Obesity in a Hospital Setting

Mary Forhan PhD Associate Professor  
Department of Occupational Therapy  
Faculty of Rehabilitation Medicine,  
University of Alberta

Kathy Dmytruk RD, CDE  
Senior Advisor  
Diabetes, Obesity & Nutrition  
Strategic Clinical Network  
Alberta Health Services

# Bariatric Friendly Care Hospital Project

Thank you for your interest in this presentation content. You are free to use this information for your own use. If you plan to utilize the recommendations or any of this content please be sure to reference this presentation and authors as the source.

The recommendations and tools provided in this presentation are being evaluated. Please share with Mary Forhan and Kathy Dmytruk any comments, results you can. It helps contribute to quality care across Canada.

Mary Forhan [forhan@ualberta.ca](mailto:forhan@ualberta.ca) Office: 780-492-0300

Kathy Dmytruk [kathy.dmytruk@albertahealthservices.ca](mailto:kathy.dmytruk@albertahealthservices.ca)



# Bariatric Friendly Care Hospital Project

Developing standards for a bariatric friendly care hospital environment within Alberta Health Services facilities

Standards will support health care providers

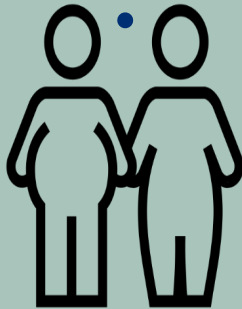
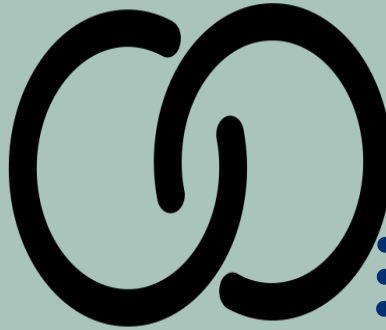
- to become more knowledgeable about obesity
- work effectively and compassionately with patients with obesity
- develop competencies in the areas of safe patient handling and safe clinical care



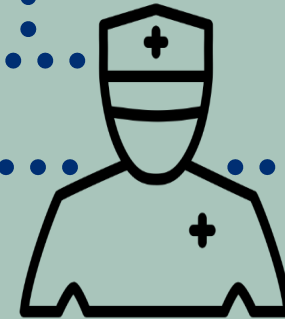
MANUFACTURER



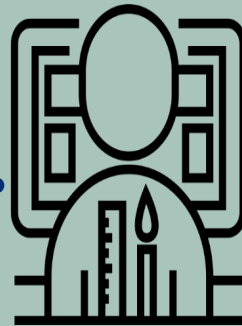
REHAB  
RESEARCHERS  
& CLINICIANS



PERSONS  
LIVING WITH  
OBESITY



HOSPITAL  
ADMIN & STAFF



DESIGNERS



UNIVERSITY OF ALBERTA  
FACULTY OF REHABILITATION MEDICINE



Alberta Health  
Services

## Bariatric Friendly Care Hospital Project

35% of hospitalized patients live with obesity

At increased risk for injury & complications



**Harnessing our Expertise:  
Best Practices for Bariatric Patient Care and Rehabilitation  
Symposium Report**

**BCRRG** Bariatric Care  
& Rehabilitation  
Research Group

**April 23, 2015  
Edmonton, Alberta**

# Health Care Provider Focus Group

- 18 healthcare professionals from across Canada met in Edmonton, April 2015.
- Asked to review results of scoping reviews and to come prepared to identify strategies to improve the quality of care and rehabilitation outcomes for patients with obesity.
- Resulted in a report “*Harnessing our Expertise: Best Practices for Bariatric Patient Care and Rehabilitation*”
- Identified key areas to target strategies:
  - Continuum of care
  - Equipment and design
  - Healthcare professional education/training
  - Healthcare system enablers to improve care

Public Engagement for Improving  
In-Hospital Care for Patients with  
Obesity in Alberta: Symposium  
Executive Summary

DRAFT

Bariatric Care and Rehabilitation Research Group

Meeting Date: February 6, 2016

Edmonton, Alberta

**BCRRG** Bariatric Care  
& Rehabilitation  
Research Group



# Patient Focus Group

- 6 patients living with obesity from across Alberta met in Edmonton, February 2016.
- Asked to review results of scoping reviews and healthcare provider focus group and come prepared to share their experiences of being a patient with obesity in a hospital setting and to identify strategies to improve the quality of care and rehabilitation outcomes for patients with obesity.
- Resulted in a report *“Public Engagement for Improving Bariatric Patient In-hospital care in Alberta”*
- Identified key areas to target strategies:
  - Continuum of care
  - Equipment and design
  - Healthcare professional education/training
  - Leadership to promote awareness about bariatric issues
  - Respect

## Key Messages from Studies

- Staff and patients don't feel safe
- Staff do not feel adequately prepared
- Weight bias and stigma exists
- Programs are not prepared
- Wait times and delays at all points in the system
- Post surgical infections are a risk factor
- Missing values for height and weight
- When height and weight recorded, method on collecting this information not reported.
- Waist circumference rarely reported.
- No way to connect patient and/or staff injury with BMI.

# What Patients have said...

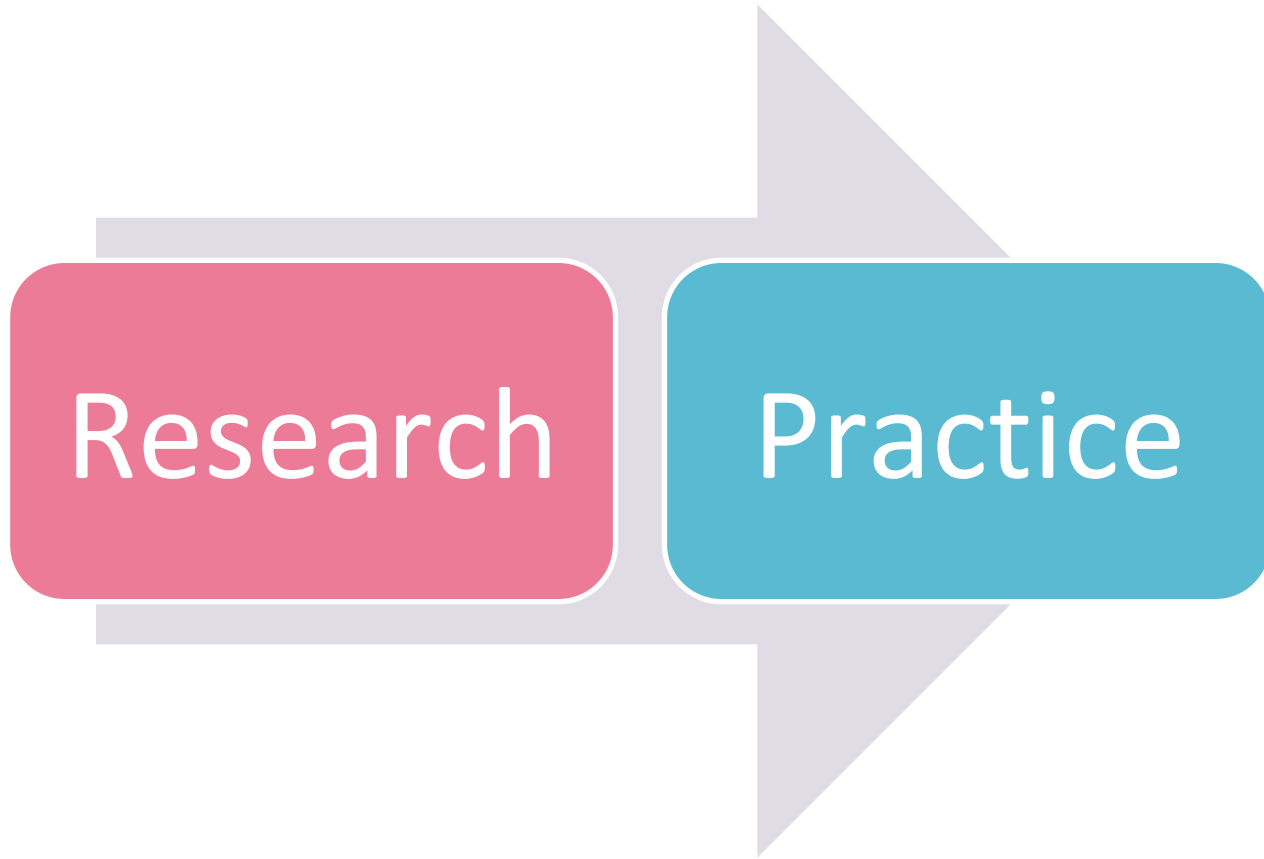
Gowns too small

Lack of appropriate equipment

Experienced Bias and Blame

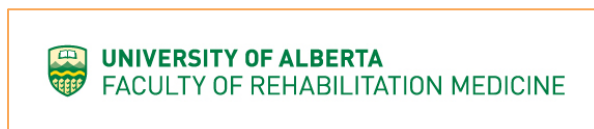
Loss of Dignity

# Bariatric Friendly Hospital Initiative



# Guidelines for the Care of Hospitalized Patients with Bariatric Care Needs

Expected Release Summer 2018



# Guideline Contents (Draft)

## **Identification of Patients with Bariatric Care Needs**

Decision making algorithm

Bariatric Risk Assessment

## **Providing Care for Patients with Bariatric Care Needs**

### **Common Co-morbid Conditions**

Cardiovascular system

Thrombosis and  
pulmonary embolism

Respiratory system and  
airway management

Urinary incontinence

Gastrointestinal system

# *Content Continued* (Draft)

## **Personal Care**

Hygiene

Skin and wound care

## **Mapping the Patients In-Hospital Journey**

Transitions between wards/units/programs

Discharge planning

## **Equipment Needs and Inventory**

Identifying needs

Key pieces of equipment needed

Tracking and maintaining inventory

## **Reducing Risk of Patient and Staff Injury**

Patient lifts and transfers

Mobility assessment and precautions

When a patient falls

# *Content continued* (Draft)

## **Education and Training**

Weight Bias and Sensitivity

Person First language and philosophy

Using appropriate images

Staff Training Schedule and Content

## **Room and Space Design**

Bathroom

Bathing/shower space

Bedroom

Bed and mattress

Lifts

Waiting Rooms

Doorways



# *Content continued* (Draft)

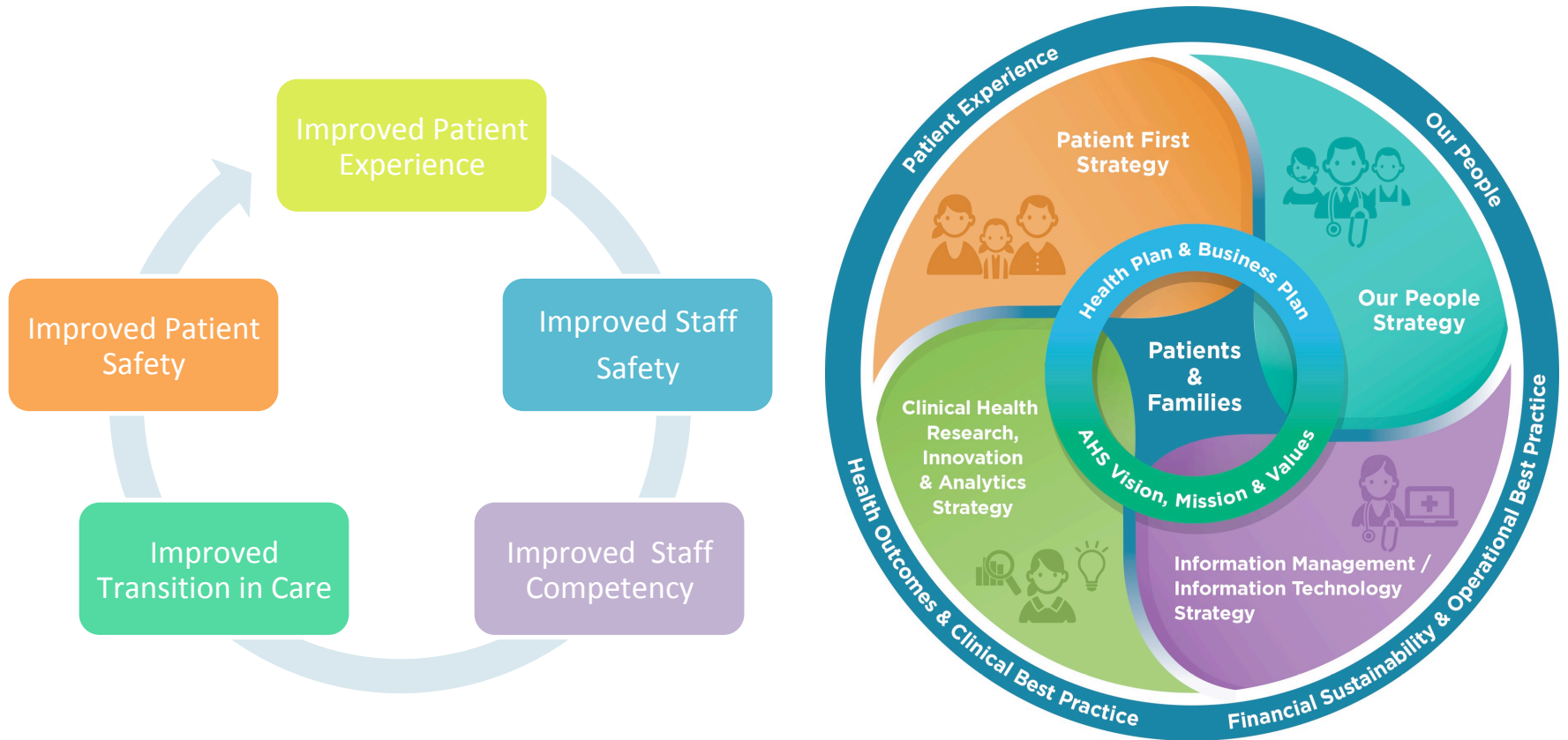
## **Monitoring and Evaluation**

In hospital length of stay

Patient Experience

Incident Reporting: Key questions  
for investigators

# Outcomes



## What the Staff said....

“Not trained in  
Bariatric Care”

“Lack of  
appropriate  
equipment”

“Overweight  
people get less  
effective care”

“Not sure how to  
use bariatric  
equipment”

# Steering Committee

Oversee and guide the development of Standards for Bariatric Friendly Care at Medicine Hat Regional Hospital.



Canadian Obesity Network

Professional  
Competencies

Patient Provider  
Safety/  
Equipment

Working  
Groups

Evaluation and  
Monitoring

Transitions

# 7 Standards



# Key Standard & Recommendation 1

## Standard

Patients with bariatric care needs will have interactions with all staff, administrators and physicians that establishes a foundation of trust and collaboration and is free from weight bias.

## Recommendation

All staff, administrators and physicians will complete weight bias training.



# Weight Sensitivity Training



# Key Standard & Recommendation 2

## Standard

Every patient presenting to or admitted to hospital will have their body weight and height recorded in a standardized location in the medical record.

## Recommendation

The electronic medical record will "force" the entry of body weight and height at the time of admission for all patients.



# Communication and Recording

Work with designers and administrators to include body weight and height as a forced entry into electronic records

Communicate weight for purpose of patient safety, not assumption making

Education about importance of this information for:

- patient safety

- staff safety

- human resource and equipment allocations

- research that will help improve quality care

# Key Standard & Recommendation 3

## Standard

The appropriate size equipment will be available for use by patients and staff.

## Recommendation

Bariatric equipment will be readily available for use by patients with bariatric care needs.

# Equipment Procurement and Tracking

- Inventory of existing equipment
- Work with vendors
- Work with government (AADL, Assistive Devices Program, etc)
- GPS tracking
- Equipment pools

# Key Standard & Recommendation 4

## Standard

All necessary staff will be knowledgeable on safe patient handling methods for patients with bariatric care needs.

## Recommendation

All necessary staff will be required to complete the It's your Move Safe Patient Handling Program that will include training on bariatric lifts and transfers.

## Lift supported ambulation using walking sling

[https://youtu.be/\\_ulj6Y0kXA8?list=PLi1tOF1I5ZoU2aaTvpli6WS0bNeEUzhdb](https://youtu.be/_ulj6Y0kXA8?list=PLi1tOF1I5ZoU2aaTvpli6WS0bNeEUzhdb)

## Lift supported log rolling and repositioning

<https://youtu.be/6em4bjS2PI4?list=PLi1tOF1I5ZoU2aaTvpli6WS0bNeEUzhdb>

## Bed to wheelchair transfer using total lift

<https://youtu.be/99KAZVVAIzk?list=PLi1tOF1I5ZoU2aaTvpli6WS0bNeEUzhdb>

## Panniculus and limb lifting

<https://youtu.be/iIT3nVxmOvk?list=PLi1tOF1I5ZoU2aaTvpli6WS0bNeEUzhdb>

## A fall in acute care

<https://youtu.be/EV-r2QefKGY?list=PLi1tOF1I5ZoU2aaTvpli6WS0bNeEUzhdb>

# Key Standard & Recommendation 5

## Standard

Communication of bariatric patient care needs will be clear and efficient to promote seamless transfer of patient throughout the hospital and for discharge planning.

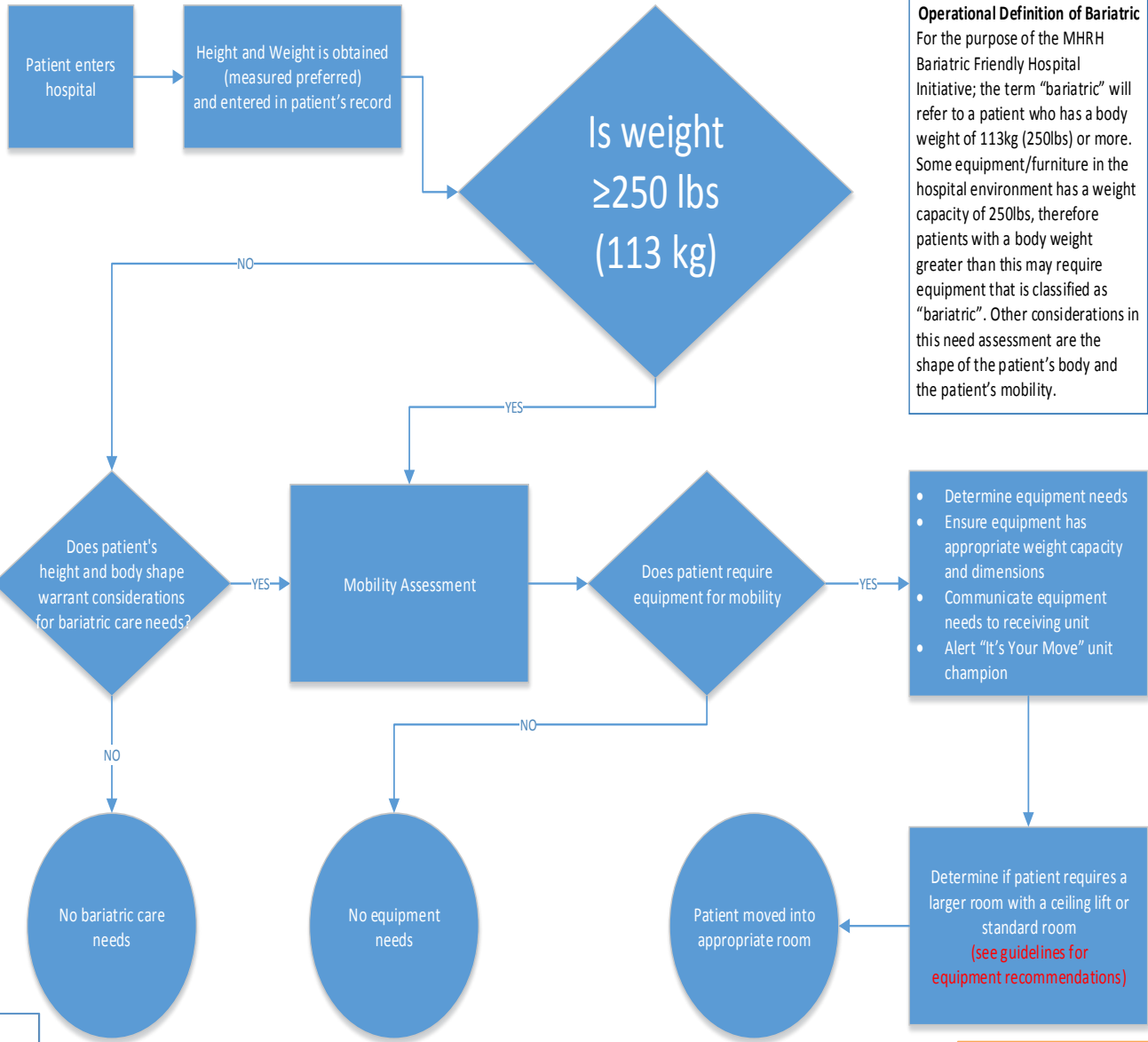
## Recommendation

Identification of patients with bariatric care needs will be identified at the time of admission and be communicated at each transition point in the patients journey through the hospital including discharge planning

# Algorithm to Identify Equipment Need to Support Bariatric Care

2/8/2018

Draft



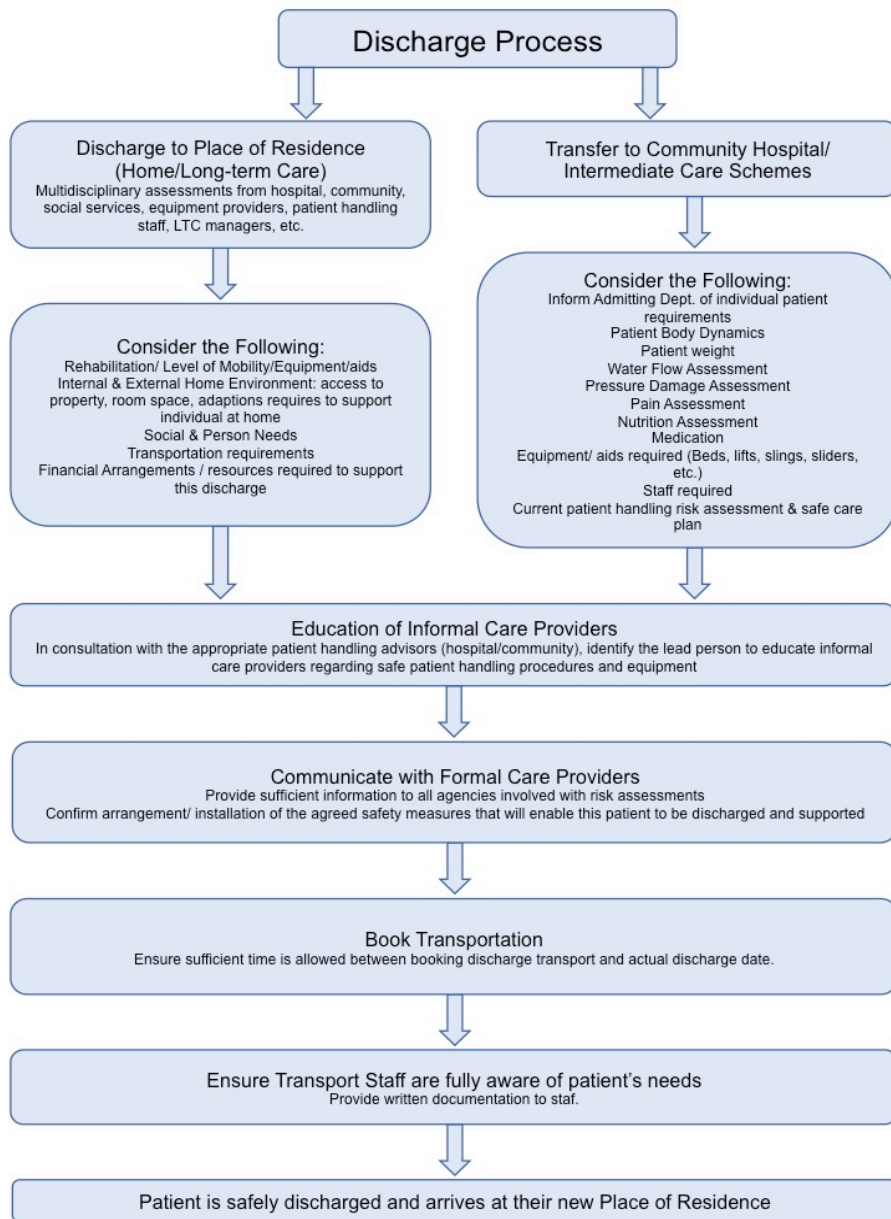
**Operational Definition of Bariatric**  
For the purpose of the MHRH Bariatric Friendly Hospital Initiative; the term "bariatric" will refer to a patient who has a body weight of 113kg (250lbs) or more. Some equipment/furniture in the hospital environment has a weight capacity of 250lbs, therefore patients with a body weight greater than this may require equipment that is classified as "bariatric". Other considerations in this need assessment are the shape of the patient's body and the patient's mobility.

- Determine equipment needs
- Ensure equipment has appropriate weight capacity and dimensions
- Communicate equipment needs to receiving unit
- Alert "It's Your Move" unit champion

Determine if patient requires a larger room with a ceiling lift or standard room  
(see guidelines for equipment recommendations)



Algorithm for discharge process for patients with bariatric care needs



Adapted from Muir M, 2004 and VGH, 2013

Algorithm to address bariatric care needs early in the discharge planning process.

## Bariatric Assessment/ Safety Checklist

### Hospital Bed

- Weight limit \_\_\_lbs/ \_\_\_kg
- Side rail support \_\_\_lbs/ \_\_\_kg
- Bed scale?  
Yes \_\_\_ (weight limit \_\_\_lbs \_\_\_kg)  
No \_\_\_
- Width of bed \_\_\_in/ \_\_\_cm
- Bed adjustable for patient height?  
Yes \_\_\_ No \_\_\_
- Mattress type: \_\_\_\_\_
- Pressure relief \_\_\_\_\_
- Pressure reduction \_\_\_\_\_
- Alternating rotation \_\_\_\_\_
- Other \_\_\_\_\_

### Wheelchair

- Weight limit \_\_\_lbs/ \_\_\_kg
- Width \_\_\_in/ \_\_\_cm
- Seat height \_\_\_in/ \_\_\_cm
- Handle width \_\_\_in/ \_\_\_cm
- Powered? Yes \_\_\_ No \_\_\_

### Stretcher

- Weight limit \_\_\_lbs/ \_\_\_kg
- Width \_\_\_in/ \_\_\_cm
- Length \_\_\_in/ \_\_\_cm
- Side rail support \_\_\_lbs/ \_\_\_kg
- Powered? Yes \_\_\_ No \_\_\_

### Bedside commode/shower chair

- Weight limit \_\_\_lbs/ \_\_\_kg
- Seat width \_\_\_in/ \_\_\_cm
- Adjustable height? Yes \_\_\_ No \_\_\_

### Scales

- Weight limit \_\_\_lbs/ \_\_\_kg
- Width \_\_\_in/ \_\_\_cm

### Walker

- Weight limit \_\_\_lbs/ \_\_\_kg
- Width \_\_\_in/ \_\_\_cm

### Bathroom

- Doorframe width \_\_\_in/ \_\_\_cm
- Shower door width \_\_\_in/ \_\_\_cm

- Toilet weight bearing limit \_\_\_lbs/ \_\_\_kg
- Wall mounted grab bars weight limit \_\_\_lbs/ \_\_\_kg

### Patient Care Environment

- Patient care weight limit \_\_\_lbs/ \_\_\_kg (basic seating chair not Geri/Cardiac Chair)
- Patient chair width \_\_\_in/ \_\_\_cm
- Geri/Cardiac chair weight limit \_\_\_lbs/ \_\_\_kg
- Geri/Cardiac chair width \_\_\_in/ \_\_\_cm
- Geri/Cardiac seat height \_\_\_in/ \_\_\_cm
- Step stool weight limit \_\_\_lbs/ \_\_\_kg

### Transfer Devices

- Lateral transfer devices weight limit \_\_\_lbs/ \_\_\_kg
- Lateral transfer devices width \_\_\_in/ \_\_\_cm
- Powered? Yes \_\_\_ No \_\_\_
- Full body (sling) weight limit \_\_\_lbs/ \_\_\_kg
- Powered? Yes \_\_\_ No \_\_\_
- Full body (sling) goes to the floor?  
Yes \_\_\_ No \_\_\_
- Sit to stand devices weight limit \_\_\_lbs/ \_\_\_kg
- Sit to stand devices width \_\_\_in/ \_\_\_cm
- Powered? Yes \_\_\_ No \_\_\_

### Ancillary Departments

- Door widths \_\_\_in/ \_\_\_cm
- X-ray table weight limit \_\_\_lbs/ \_\_\_kg and width \_\_\_in/ \_\_\_cm
- CT Scan weight limit \_\_\_lbs/ \_\_\_kg and width \_\_\_in/ \_\_\_cm
- OR table weight limit \_\_\_lbs/ \_\_\_kg and width \_\_\_in/ \_\_\_cm
- ER equipment weight limit \_\_\_lbs/ \_\_\_kg and width \_\_\_in/ \_\_\_cm
- Exam room table weight limit \_\_\_lbs/ \_\_\_kg and width \_\_\_in/ \_\_\_cm

# Bariatric Risk Assessment

Checklist for patient care areas focused on weight capacity for the following:

- ✓ Bed
- ✓ Wheelchair
- ✓ Stretcher
- ✓ Bedside commode/shower chair
- ✓ Scales
- ✓ Walker
- ✓ Bathroom
  - ✓ Toilet
  - ✓ Shower
  - ✓ Grab bars
- ✓ Patient Care Environment
- ✓ Transfer Devices
- ✓ Ancillary Department

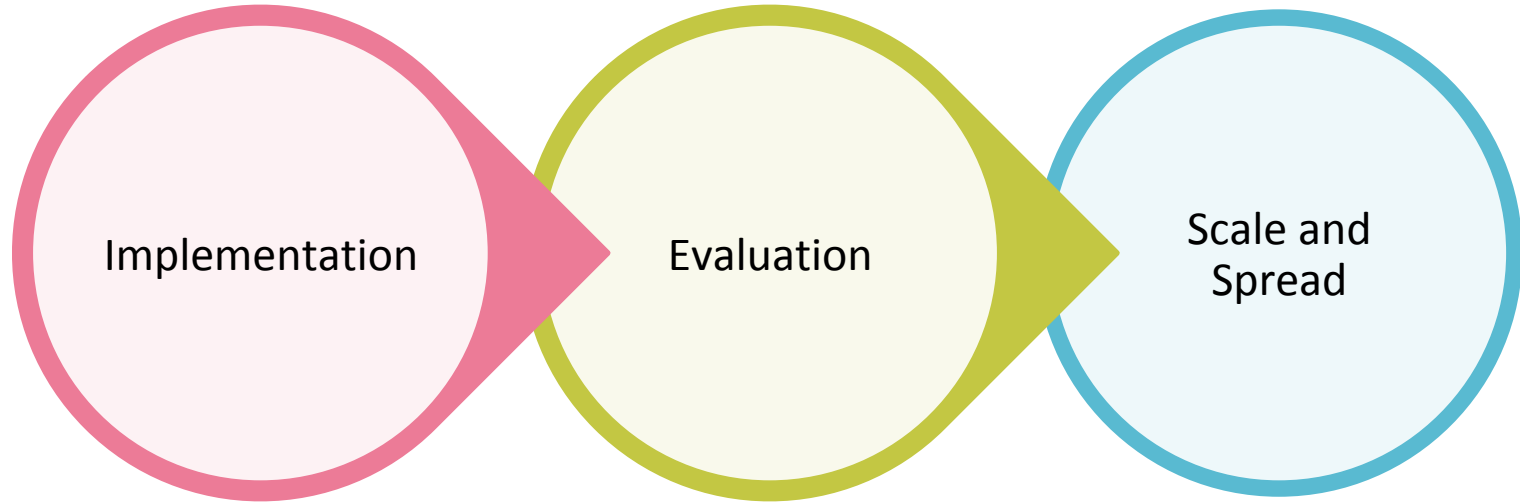


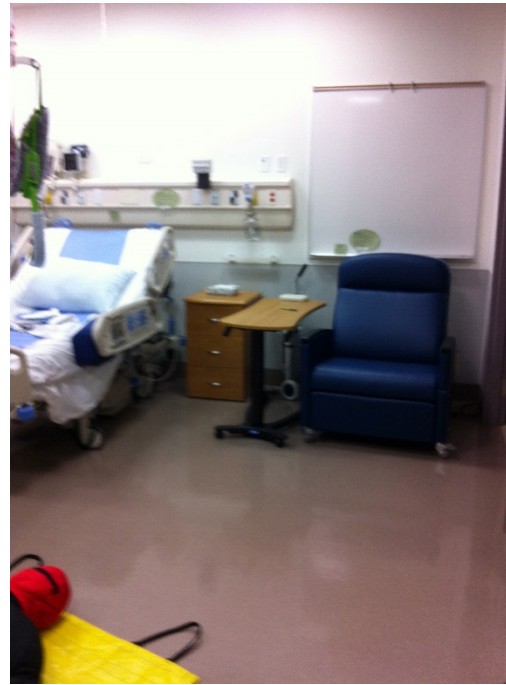
# Creation of Online Education

# Informing Connect Care



# Where do we go from here?





## Bariatric Care Suite University of Alberta Health Services and Research Commons (HSERC)