Bariatric Readiness

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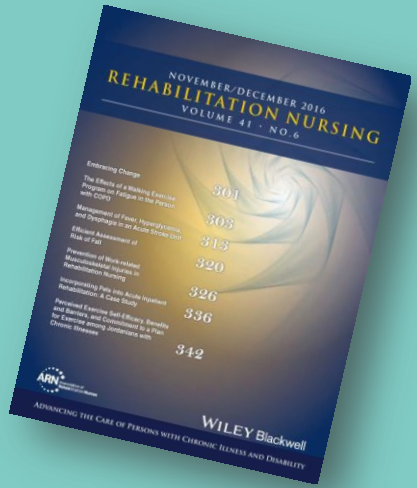
What can we do to **protect ourselves?**

What is the benefit?

- Nelson
- Temple
- Stanford Study



Nelson A, Collins J, Siddharthan K, Waters T, Link between safe patient handling and patient outcomes in long-term care. Rehab Nurs. 2008;33(1): 33-43.

Temple G, et al, Bariatric readiness: clinical and economic implications. Bariatric Times. 2017;14(8):10–16.

Gallagher S, Hall E, Kulick C, Orquiza D, Duhon P, Driver J. The Risk Authority – Stanford: Hospital-Acquired Pressure Injury Project. Accessed at: http://2lqlcl3xk1mm2ddadq3qg9bx.wpengine.netdna-cdn.com/wp-content/uploads/Hospital-Acquired-Pressure-Injury-Project-1-1.pdf.

What is bariatric readiness?

- Emerging trends
- Holsworth & Gallagher study
- Practical implications to preparing for bariatric SPHM

Holsworth C & Gallagher SM. Managing care of critically ill bariatric patients. AACN Adv Crit Care. 2017;28(3):275-283.

Putting a Plan in Place

How to use a Bariatric Readiness ASSESSMENT tool

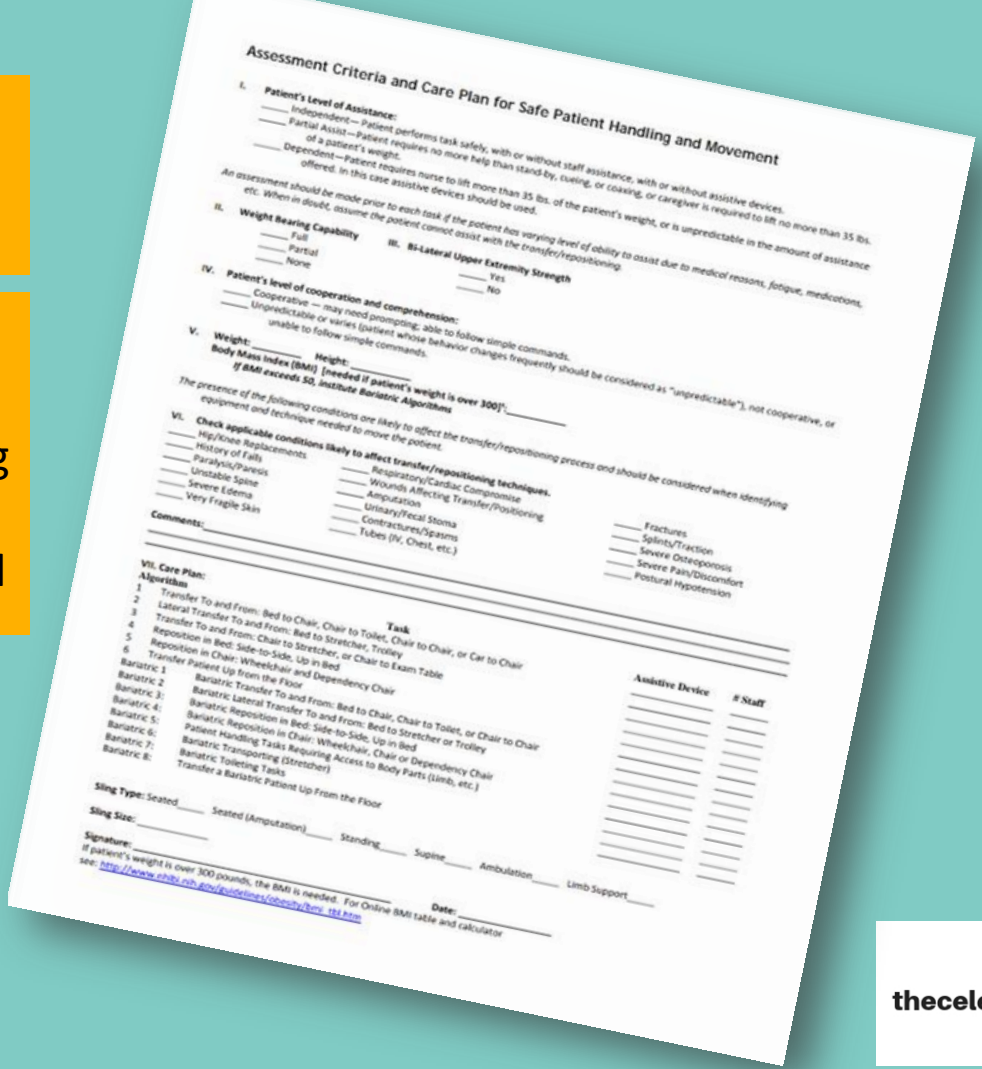
Step by step process to preplan for safety

Gallagher S.M, Langlois C, Spacht D, Blackett A, & Henn T. Preplanning with protocols for skin and wound care in obese patients. Advances in Skin and Wound Care. 2004;17:436-441.

Gallagher SM. A Practical Guide to Bariatric Safe Patient Handling and Mobility: Improving Safety and Quality for the Patient of Size. Visioning Publishers: Sarasota, FL. 2015.

Bariatric Patient Assessment

Bariatric Toolkit. Accessed at: http://www.tampavaref.org/safe-patient-handling/BariatricToolkit.pdf



Assessment Criteria and Care Plan for Safe Patient Handling and Movement

I. **Patient's Level of Assistance:**
_____ Independent—Patient performs task safely, with or without staff assistance, with or without assistive devices.
_____ Partial Assist—Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs. of a patient's weight.
_____ Dependent—Patient requires nurse to lift more than 35 lbs. of the patient's weight, or is unpredictable in the amount of assistance offered. In this case assistive devices should be used.

An assessment should be made prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the patient cannot assist with the transfer/repositioning.

II. **Weight Bearing Capability**
_____ Full
_____ Partial
_____ None

III. **Bi-Lateral Upper Extremity Strength**
_____ Yes
_____ No

IV. **Patient's level of cooperation and comprehension:**
_____ Cooperative — may need prompting; able to follow simple commands.
_____ Unpredictable or varies (patient whose behavior changes frequently should be considered as "unpredictable"), not cooperative, or unable to follow simple commands.

V. **Weight:** _____ **Height:** _____
Body Mass Index (BMI) [needed if patient's weight is over 300]:_____
If BMI exceeds 50, institute Bariatric Algorithms

The presence of the following conditions are likely to affect the transfer/repositioning process and should be considered when identifying equipment and technique needed to move the patient.

VI. **Check applicable conditions likely to affect transfer/repositioning techniques.**
_____ Hip/Knee Replacements
_____ History of Falls
_____ Paralysis/Paresis
_____ Unstable Spine
_____ Severe Edema
_____ Very Fragile Skin
_____ Respiratory/Cardiac Compromise
_____ Wounds Affecting Transfer/Positioning
_____ Amputation
_____ Urinary/Fecal Stoma
_____ Contractures/Spasms
_____ Tubes (IV, Chest, etc.)
_____ Fractures
_____ Splints/Traction
_____ Severe Osteoporosis
_____ Severe Pain/Discomfort
_____ Postural Hypotension

Comments:_____

VII. Care Plan:
Algorithm **Task** **Assistive Device** **# Staff**
1 Transfer To and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
2 Lateral Transfer To and From: Bed to Stretcher, Trolley
3 Transfer To and From: Chair to Stretcher, or Chair to Exam Table
4 Reposition in Bed: Side-to-Side, Up in Bed
5 Reposition in Chair: Wheelchair and Dependency Chair
6 Transfer Patient Up from the Floor
Bariatric 1 Bariatric Transfer To and From: Bed to Chair, Chair to Toilet, or Chair to Chair
Bariatric 2 Bariatric Lateral Transfer To and From: Bed to Stretcher or Trolley
Bariatric 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed
Bariatric 4: Bariatric Reposition in Chair: Wheelchair, Chair or Dependency Chair
Bariatric 5: Patient Handling Tasks Requiring Access to Body Parts (Limb, etc.)
Bariatric 6: Bariatric Transporting (Stretcher)
Bariatric 7: Bariatric Toileting Tasks
Bariatric 8: Transfer a Bariatric Patient Up From the Floor

Sling Type: Seated_____ Seated (Amputation)_____ Standing_____ Supine_____ Ambulation_____ Limb Support_____

Sling Size: _____

Signature: _____ **Date:** _____

If patient's weight is over 300 pounds, the BMI is needed. For Online BMI table and calculator see: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm

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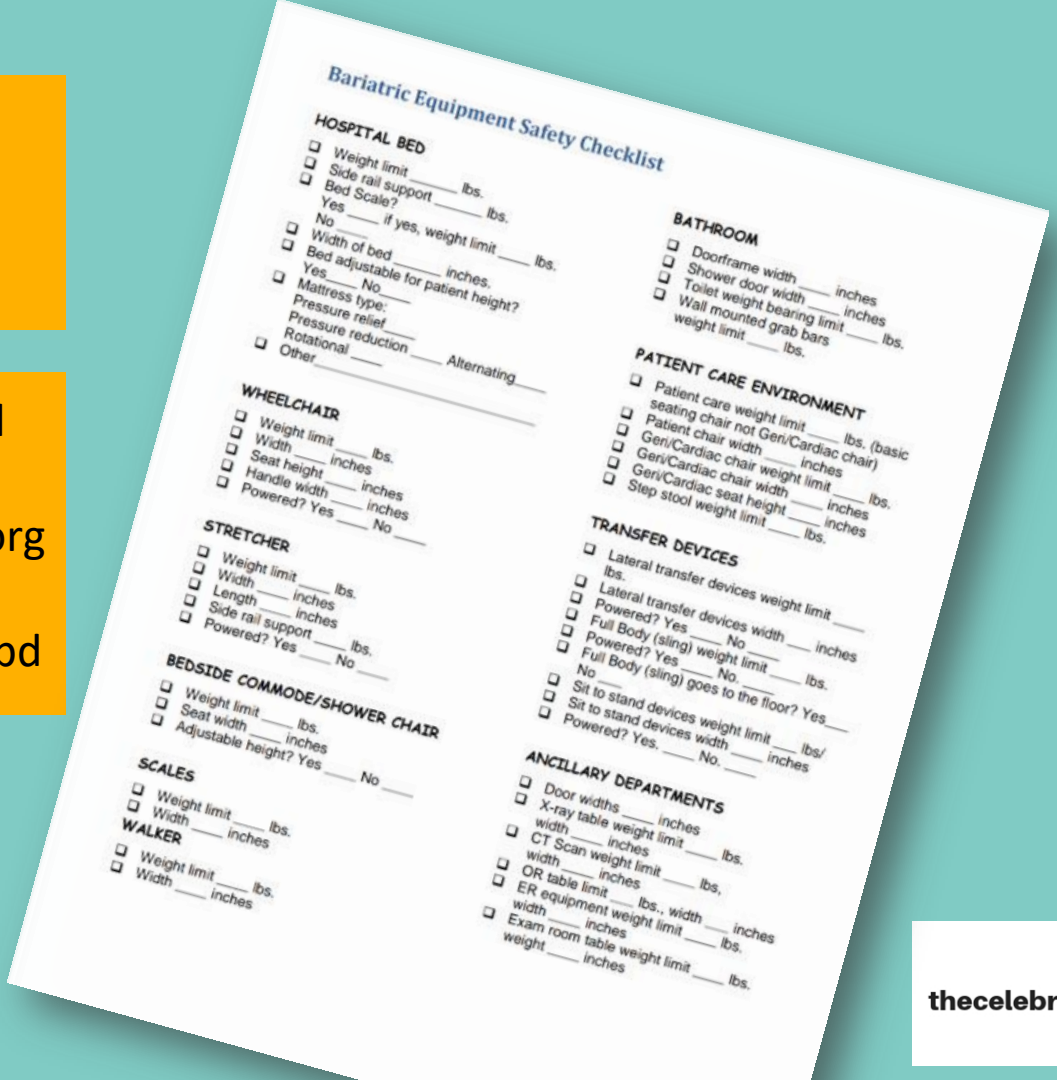
Bariatric Unit/Facility Assessment

Bariatric Toolkit. Accessed at: http://www.tampavaref.org/safe-patient-handling/BariatricToolkit.pdf



Bariatric Equipment Safety Checklist

HOSPITAL BED
- ☐ Weight limit ____ lbs.
- ☐ Side rail support ____ lbs.
- ☐ Bed Scale?
  - Yes ____ if yes, weight limit ____ lbs.
  - No ____
- ☐ Width of bed ____ inches.
- ☐ Bed adjustable for patient height?
  - Yes____ No____
- ☐ Mattress type:
  - Pressure relief ____
  - Pressure reduction ____ Alternating____
  - Rotational ____
- ☐ Other_____

WHEELCHAIR
- ☐ Weight limit ____ lbs.
- ☐ Width ____ inches
- ☐ Seat height ____ inches
- ☐ Handle width ____ inches
- Powered? Yes ____ No ____

STRETCHER
- ☐ Weight limit ____ lbs.
- ☐ Width ____ inches
- ☐ Length ____ inches
- ☐ Side rail support ____ lbs.
- Powered? Yes ____ No ____

BEDSIDE COMMODE/SHOWER CHAIR
- ☐ Weight limit ____ lbs.
- ☐ Seat width ____ inches
- ☐ Adjustable height? Yes ____ No ____

SCALES
- ☐ Weight limit ____ lbs.
- ☐ Width ____ inches

WALKER
- ☐ Weight limit ____ lbs.
- ☐ Width ____ inches

BATHROOM
- ☐ Doorframe width ____ inches
- ☐ Shower door width ____ inches
- ☐ Toilet weight bearing limit ____ lbs.
- ☐ Wall mounted grab bars weight limit ____ lbs.

PATIENT CARE ENVIRONMENT
- ☐ Patient care weight limit ____ lbs. (basic seating chair not Geri/Cardiac chair)
- ☐ Patient chair width ____ inches
- ☐ Geri/Cardiac chair weight limit ____ lbs.
- ☐ Geri/Cardiac chair width ____ inches
- ☐ Geri/Cardiac seat height ____ inches
- ☐ Step stool weight limit ____ lbs.

TRANSFER DEVICES
- ☐ Lateral transfer devices weight limit ____ lbs.
- ☐ Lateral transfer devices width ____ inches
- ☐ Powered? Yes ____ No ____
- ☐ Full Body (sling) weight limit ____ lbs.
- ☐ Powered? Yes ____ No. ____
- ☐ Full Body (sling) goes to the floor? Yes ____ No ____
- ☐ Sit to stand devices weight limit ____ lbs/
- ☐ Sit to stand devices width ____ inches
- ☐ Powered? Yes. ____ No. ____

ANCILLARY DEPARTMENTS
- ☐ Door widths ____ inches
- ☐ X-ray table weight limit ____ lbs. width ____ inches
- ☐ CT Scan weight limit ____ lbs, width ____ inches
- ☐ OR table limit ____ lbs., width ____ inches
- ☐ ER equipment weight limit ____ lbs. width ____ inches
- ☐ Exam room table weight limit ____ lbs. weight ____ inches

Putting a Plan in Place

How to use a Bariatric Readiness Assessment tool

Step by step process to PREPLAN for safety

Gallagher S.M, Langlois C, Spacht D, Blackett A, & Henn T. Preplanning with protocols for skin and wound care in obese patients. Advances in Skin and Wound Care. 2004;17:436-441.

Gallagher SM. A Practical Guide to Bariatric Safe Patient Handling and Mobility: Improving Safety and Quality for the Patient of Size. Visioning Publishers: Sarasota, FL. 2015.

Putting a Plan in Place

Preplan for safety step by step:

-Interdisciplinary team

-Policies and procedures

-Technology

-Training

Policy

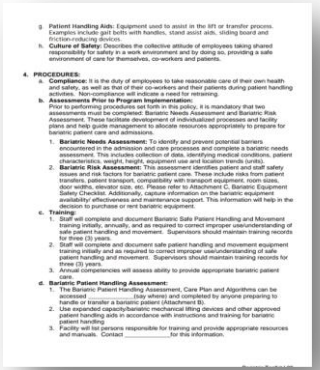
Policy Template

BARIATRIC SAFE PATIENT HANDLING AND MOVEMENT POLICY

1. **PURPOSE:** To ensure that caregivers assisting bariatric patients are protected from patient handling injuries while bariatric patients are cared for safely, this policy describes ways to ensure that employees use safe patient handling and movement techniques and equipment and/or for bariatric patients. Also, this policy is set forth to provide the bariatric patient an environment of dignity and respect in a supportive caring culture.

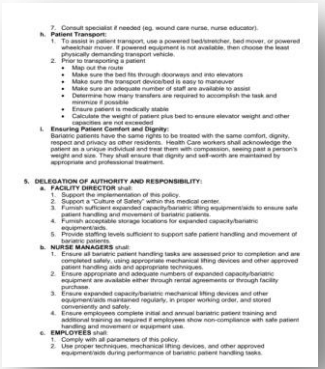
2. **POLICY:** _____ (Facility Name) wants to ensure that its bariatric patients/residents are cared for safely, while maintaining a safe work environment for employees. To accomplish this, a comprehensive bariatric program will be implemented to ensure appropriate and adequate provisions are identified and made for bariatric patient handling equipment, training and resources in keeping with an effective 'Culture of Safety' in the work environment. Identified bariatric patient handling techniques and guidelines will be followed. Only safe patient handling and movement techniques and/or safe mechanical patient handling aids will be used to prevent the manual lifting and handling of bariatric patients/residents. It is also the policy of this hospital to provide a supporting and respectful environment of care for all patients.

3. **DEFINITIONS:**
   a. **Bariatric Patient:** Can be defined as anyone who has limitations in health due to physical size, health, mobility, and environmental access (Bushard, 2002). For the purpose of using our assessment form and bariatric algorithms, we defined bariatric as patients/residents who weigh approximately 250 pounds or more (113 kg).
   b. **Patient Handling:** Refers to the repositioning, lifting, turning, transferring, transporting and assisting in ambulation provided by health care workers to patients that need assistance.
   c. **High Risk Patient Handling Tasks:** Patient handling tasks that have a high risk of musculoskeletal injury to the caregiver performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patients in bed, making occupied beds, dressing patients, turning patients in bed, tasks with long duration and those involving bariatric patients.
   d. **High Risk Patient/Resident Care Areas:** Inpatient hospital wards with a high proportion of dependent patients, requiring full assistance with patient handling tasks and activities of daily living and who are frequently moved in and out of bed. Rehabilitation Units, Orthopedic Units, Medical Units, etc. are areas that have the highest incidence and severity of injuries due to patient handling tasks. These areas include Spinal Cord Injury Units, Nursing Home Care Units, and other specified areas.
   e. **Manual Lifting:** Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment/aids that reduce forces on the worker's musculoskeletal structure.
   f. **Mechanical Patient Lifting Equipment:** Equipment used to mechanically lift, transfer, reposition, or move patients. Examples include floor based, sit to stand and ceiling track lifts and mechanized lateral transfer aids.



g. **Patient Handling Aids:** Equipment used to assist in the lift or transfer process. Examples include gait belts with handles, stand assist aids, sliding board and friction-reducing devices.
h. **Culture of Safety:** Describes the collective attitude of employees taking shared responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves, co-workers and patients.

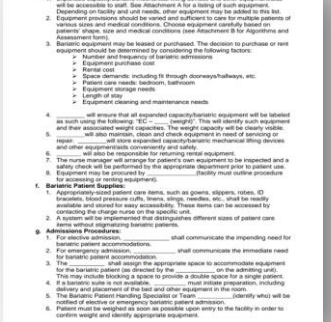
4. **PROCEDURES:**
   a. **Compliance:** It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities. Non-compliance will indicate a need for retraining.
   b. **Assessments Prior to Program Implementation:**
   Prior to performing procedures set forth in this policy, it is mandatory that two assessments must be completed: Bariatric Needs Assessment and Bariatric Risk Assessment. These facilitate development of individualized processes and facility plans and help guide management to allocate resources appropriately to prepare for bariatric patient care and admissions.
      1. **Bariatric Needs Assessment:** To identify and prevent potential barriers encountered in the admission and care processes and complete a bariatric needs assessment. This includes collection of data, identifying medical conditions, patient handling needs, etc. See Attachment A for a listing of such equipment.
      2. **Bariatric Risk Assessment:** This assessment identifies patient and staff safety issues and risk factors for bariatric patient care. These include risks from patient transfers, patient transport, compatibility with transport equipment, room sizes, door widths, elevator size, etc. Please refer to Attachment C, Bariatric Equipment Safety Checklist. Additionally, capture information on the bariatric equipment availability/ effectiveness and maintenance support. This information will help in the decision to purchase or rent bariatric equipment.
   c. **Training:**
      1. Staff will complete and document Bariatric Safe Patient Handling and Movement training initially, annually, and as required to correct improper use/understanding of safe patient handling and movement. Supervisors should maintain training records for three (3) years.
      2. Staff will complete and document safe patient handling and movement equipment training initially and as required to correct improper use/understanding of safe patient handling and movement. Supervisors should maintain training records for three (3) years.
      3. Annual competencies will assess ability to provide appropriate bariatric patient care.
   d. **Bariatric Patient Handling Assessment:**
      1. The Bariatric Patient Handling Assessment, Care Plan and Algorithms can be accessed _____ (bay where) and completed by anyone preparing to handle or transfer a bariatric patient (Attachment B).
      2. Use expanded capacity/bariatric mechanical lifting devices and other approved patient handling aids in accordance with instructions and training for bariatric patient handling.
      3. Facility will list persons responsible for training and provide appropriate resources and manuals. Contact _____for this information.



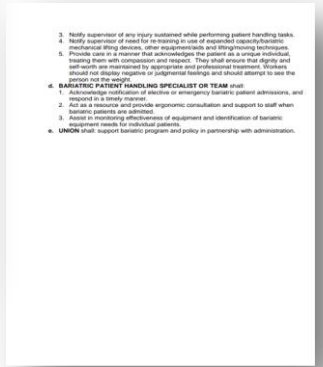
7. Consult specialist if needed (eg, wound care nurse, nurse educator).
   h. **Patient Transport:**
      1. To assist in patient transport, use a powered bed/stretcher, bed mover, or powered wheelchair mover. If powered equipment is not available, then choose the least physically demanding transport vehicle.
      2. Prior to transporting a patient
         - Map out the route
         - Make sure the bed fits through doorways and into elevators
         - Make sure the transport device/bed is easy to maneuver
         - Make sure an adequate number of staff are available to assist
         - Determine how many transfers are required to accomplish the task and minimize if possible
         - Ensure patient is medically stable
         - Calculate the weight of patient plus bed to ensure elevator weight and other capacities are not exceeded

i. **Ensuring Patient Comfort and Dignity:**
Bariatric patients, like all patients, deserve to be treated with the same comfort, dignity, respect and privacy as other residents. Health Care workers shall acknowledge the patient as a unique individual and treat them with compassion, seeing past a person's weight and size. They shall ensure that dignity and self-worth are maintained by appropriate and professional treatment.

5. **DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
   a. **FACILITY DIRECTOR** shall:
      1. Support the implementation of this policy.
      2. Support a "Culture of Safety" within this medical center.
      3. Furnish sufficient expanded capacity/bariatric lifting equipment/aids to ensure safe patient handling and movement of bariatric patients.
      4. Furnish acceptable storage locations for expanded capacity/bariatric equipment/aids.
      5. Provide staffing levels sufficient to support safe patient handling and movement of bariatric patients.
   b. **NURSE MANAGERS** shall:
      1. Ensure all bariatric patient handling tasks are assessed prior to completion and are completed safely, using appropriate mechanical lifting devices and other approved patient handling aids and appropriate techniques.
      2. Ensure appropriate and adequate numbers of expanded capacity/bariatric equipment are available either through rental agreements or through facility purchase.
      3. Ensure expanded capacity/bariatric mechanical lifting devices and other equipment/aids maintained regularly, in proper working order, and stored conveniently and safely.
      4. Ensure employees complete initial and annual bariatric patient training and additional training as required if employees show non-compliance with safe patient handling and movement or equipment use.
   c. **EMPLOYEES** shall:
      1. Comply with all parameters of this policy.
      2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of bariatric patient handling tasks.



e. **Bariatric Equipment:**
   1. Expanded capacity/bariatric mechanical lifting devices and other equipment/aids will be accessible to staff. See Attachment A for a listing of such equipment. Depending on facility and unit needs, other equipment may be added to this list.
   2. Equipment provisions should be varied and sufficient to care for multiple patients of various sizes and medical conditions. Choose equipment carefully based on patients' shape, size and medical conditions (see Attachment B for Algorithms and Assessment form).
   3. Bariatric equipment may be leased or purchased. The decision to purchase or rent equipment should be determined by considering the following factors:
      - Number and frequency of bariatric admissions
      - Equipment purchase cost
      - Rental cost
      - Space demands: including fit through doorways/hallways, etc.
      - Location of needs: bedroom, bathroom
      - Equipment storage needs
      - Length of stay
      - Equipment cleaning and maintenance needs
   4. _____ will ensure that all expanded capacity/bariatric equipment will be labeled as such using the following: "EC – _____ (weight)". This will identify such equipment and their associated weight capacities. The weight capacity will be clearly visible.
   5. _____ will also maintain, clean and check equipment in need of servicing or repair. _____ will store expanded capacity/bariatric mechanical lifting devices and other equipment/aids conveniently and safely.
   6. _____ will also be responsible for returning rental equipment.
   7. The nurse manager will arrange for patient's own equipment to be inspected and a label affixed. Staff will be informed by the appropriate department prior to patient use.
   8. Equipment may be procured by _____ (facility must outline procedure for accessing or renting equipment).
f. **Bariatric Patient Supplies:**
   1. Appropriately-sized patient care items, such as gowns, slippers, robes, ID bracelets, blood pressure cuffs, linens, slings, needles, etc., shall be readily available and stored for easy accessibility. These items can be accessed by contacting the charge nurse on the specific unit.
   2. A system will be implemented that distinguishes different sizes of patient care items without stigmatizing bariatric patients.
g. **Admissions Procedures:**
   1. For elective admission, _____ shall communicate the impending need for bariatric patient accommodations.
   2. For emergency admission, _____ shall communicate the immediate need for bariatric patient accommodation.
   3. The _____ shall assign the appropriate space to accommodate equipment for the bariatric patient (as directed by the _____ on the admitting unit). This may include blocking a space to provide a double space for a single patient.
   4. If a bariatric suite is not available, _____ must initiate preparation, including delivery and placement of the bed and other equipment in the room.
   5. The Bariatric Patient Handling Specialist or Team _____(identify who) will be notified of elective or emergency bariatric patient admission.
   6. Patient must be weighed as soon as possible upon entry to the facility in order to confirm weight and identify appropriate equipment.

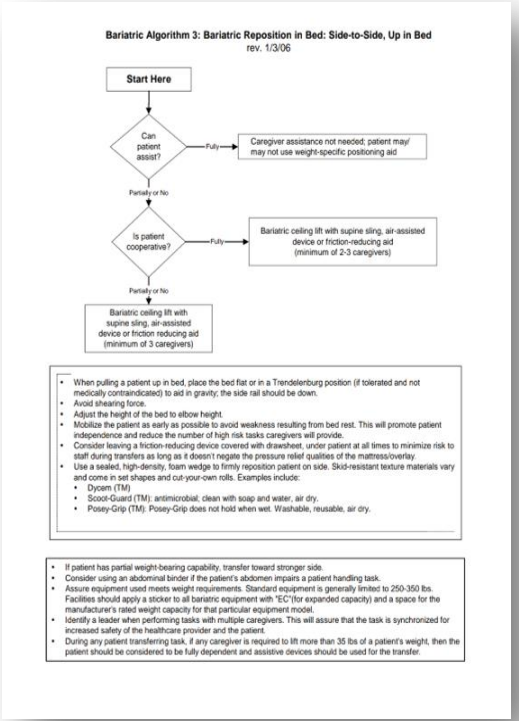


3. Notify supervisor of any injury sustained while performing patient handling tasks.
4. Notify supervisor of need for re-training in use of expanded capacity/bariatric mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Provide care in a manner that acknowledges the patient as a unique individual, treating them with compassion and respect. They shall ensure that dignity and self-worth are maintained by appropriate and professional treatment. Workers should not display negative or judgmental feelings and should attempt to see the person behind the size.

   d. **BARIATRIC PATIENT HANDLING SPECIALIST OR TEAM** shall:
      1. Acknowledge notification of elective or emergency bariatric patient admissions, and respond in a timely manner.
      2. Act as a resource and provide ergonomic consultation and support to staff when bariatric patients are admitted.
      3. Assist in monitoring effectiveness of equipment and identification of bariatric equipment needs for individual patients.
   e. **UNION** shall: support bariatric program and policy in partnership with administration.

Bariatric Toolkit. Accessed at: http://www.tampavaref.org/safe-patient-handling/BariatricToolkit.pdf

Procedure



Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed
rev. 1/3/06

- When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.
- Avoid shearing force.
- Adjust the height of the bed to elbow height.
- Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.
- Consider leaving a friction-reducing device covered with drawsheet, under patient at all times to minimize risk to staff during transfers as long as it doesn't negate the pressure relief qualities of the mattress/overlay.
- Use a sealed, high-density, foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
  - Dycem (TM)
  - Scoot-Guard (TM): antimicrobial; clean with soap and water, air dry.
  - Posey-Grip (TM). Posey-Grip does not hold when wet. Washable, reusable, air dry.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC"(for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Toolkit. Accessed at: http://www.tampavaref.org/safe-patient-handling/BariatricToolkit.pdf

Putting a Plan in Place

Preplan for safety step by step:

-Interdisciplinary team

-Policies and procedures

- TECHNOLOGY

-Training

Equipment Selection

Putting a Plan in Place

Preplan for safety step by step:

-Interdisciplinary team

-Policies and procedures

-Technology

-Training

- OUTCOMES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Why do we need bariatric readiness?

KEY MESSAGE:

PREPLANNING MAKES SENSE

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Aren’t these changes costly?

CASE STUDY:

Jenna, a 61-year-old woman with a BMI greater than 90 (240 kg and 5’4”) was admitted to the critical care area with skin tears, a pressure injury, severe COPD, morbid obesity, sleep apnea, renal failure and other numerous comorbid conditions.

Gallagher SM, Shaver J, Cole K. Promoting dignity and preventing caregiver injury while caring for a morbidly obese woman with skin care challenges. Bariatric Nursing and Surgical Patient Care.2007;2(1):77-86

CASE STUDY:

She had been bed bound for years at home with attentive family care, which addressed her physical, emotional and social needs. Advanced directives indicated she and her family wanted "everything done."

Shaver J. *Promoting dignity and preventing caregiver injury among a morbidly obese patient with skin care challenges*. National Association for Bariatric Nurses National Conference. Asheville, NC. 2005.

Shaver J & Gallagher SM. Promoting dignity and preventing caregiver injury while caring for a morbidly obese woman with skin care challenges. *Bariatric Nursing and Surgical Patient Care.* 2007.

CASE STUDY:

Within 15 minutes of admission 2 caregivers were injured...

CASE STUDY:

Technology (Specially Designed Equipment):

- Lateral transfer device was used for transfers
- Full body lateral rotation support surface was used as an adjunct for turning/repositioning
- Sling-type lift was used to lift the patient from the bed

CASE STUDY:

Resources (People!):

- Regardless of the time of day four people were always involved in turning or moving the patient
- Clinical experts
  - Pulmonologist, pain CNS, WOCN, social worker, ergonomist, dietician, physical therapist and more...

CASE STUDY:

Two days before the patient's death over 30 people were at the bedside providing emotional support. Despite progressive deterioration of the patient's physical condition, the pressure injury did not deteriorate, the skin tears healed completely this became...

CASE STUDY:

...a **satisfaction** study

- No further injuries
- Satisfaction narratives
- *Reverse* performance improvement project

Costs

DIRECT

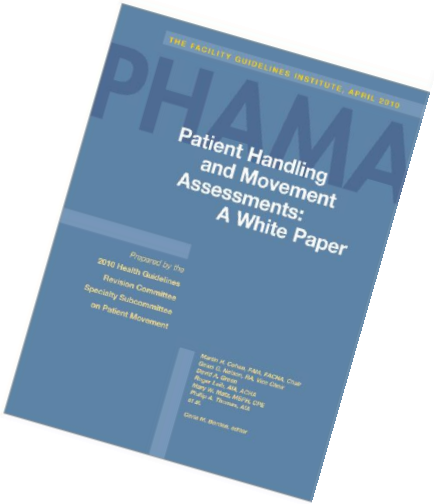
INDIRECT

Arterburn DE, Maciejewski ML, Tsevat J. Impact of morbid obesity on medical expenditures in adults. Int J Obes. 2005:29(3): 334-339.

Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. Health Affairs. 2009 28(5): w822-831.

Meaningful Return on Investment

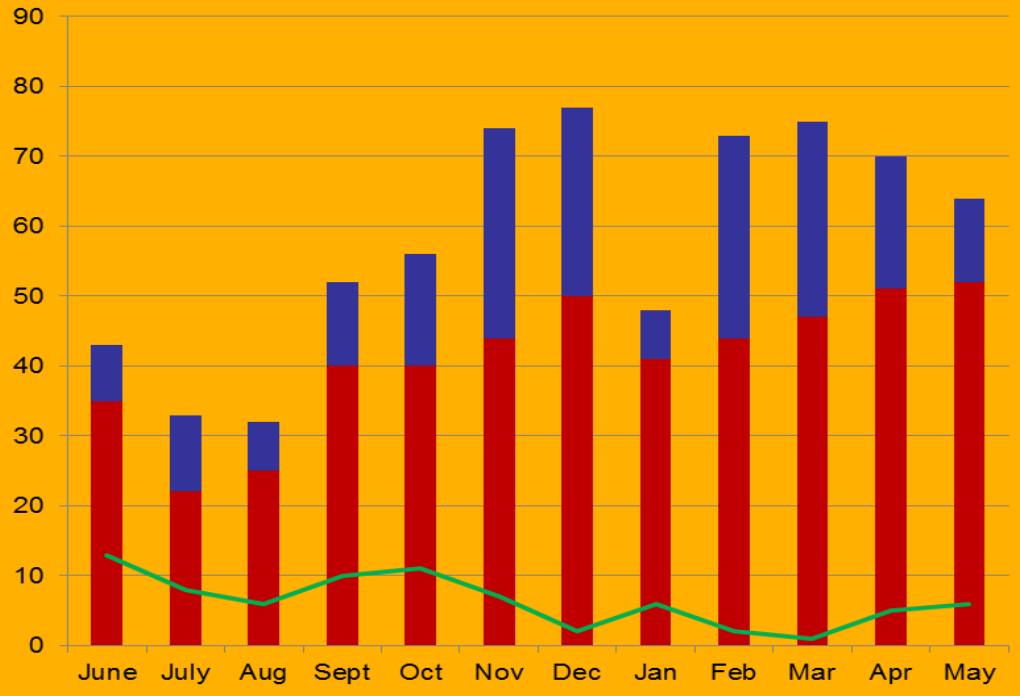
- Ceiling v floor-based
- TRA-S
- Waikato



Chhokar R, Engst C, Miller A, Robinson D, Tate R, Yassi A. The three-year economic benefits of a ceiling lift intervention aimed to reduce healthcare worker injuries. Applied Ergonomics. 2005;36(2):223-229.

Bariatric Readiness at Waikato Hospital

Waikato's Total Admissions by Month – 2016/2017



Total new admissions = **554**

Annual average:

Acute 70%

Arranged 30 %

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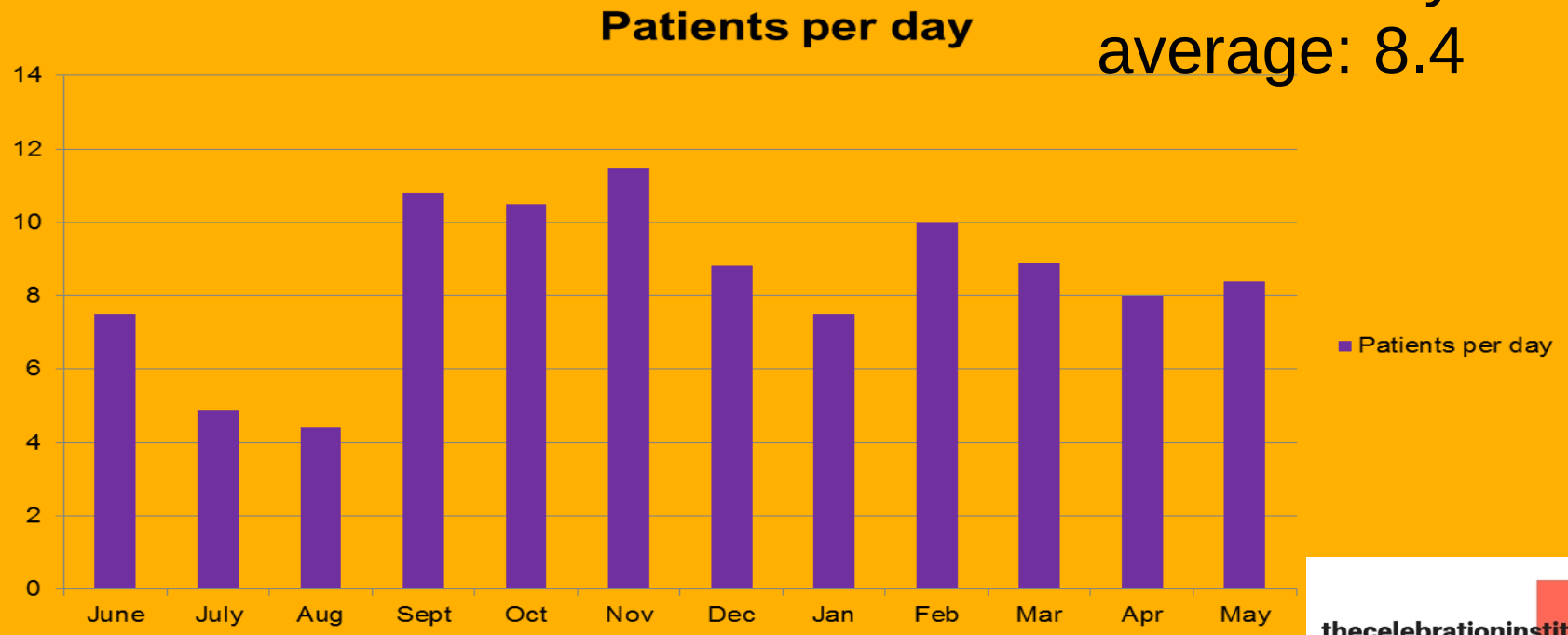
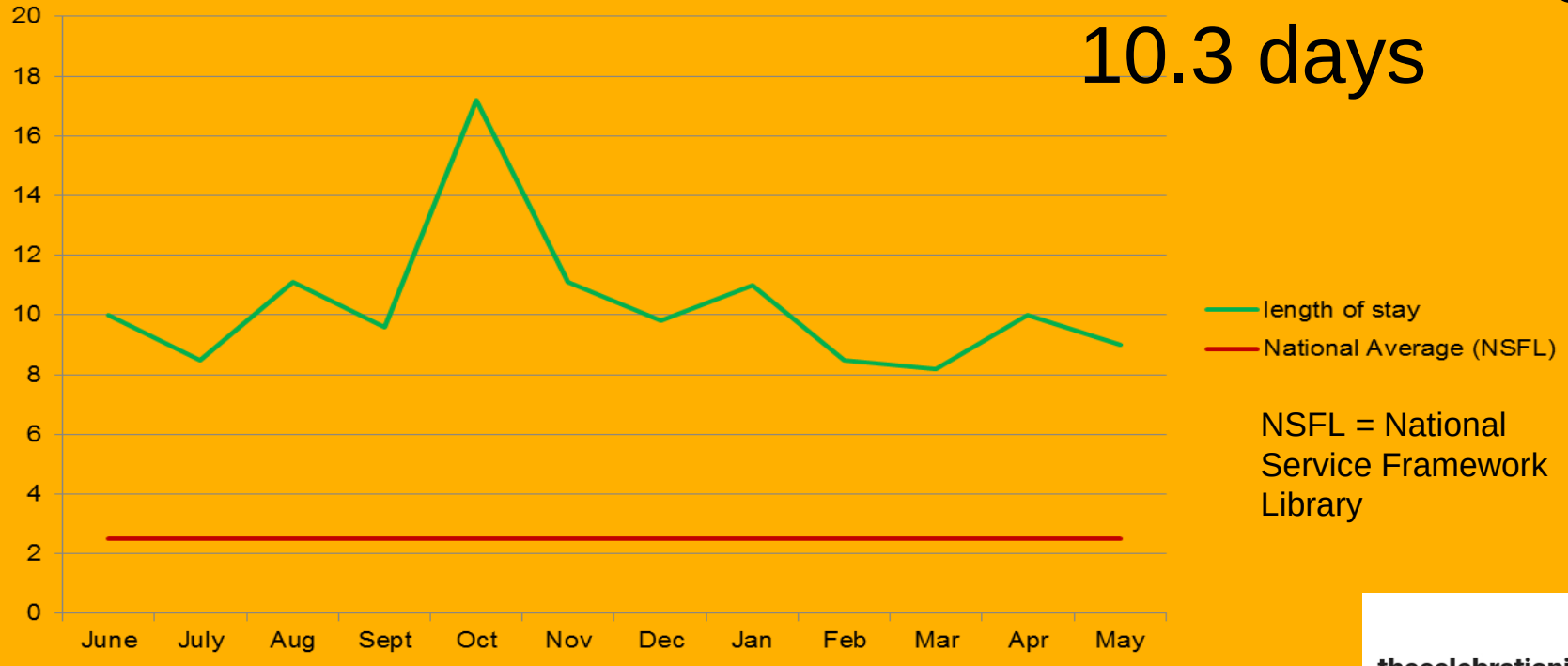
Waikato's Average Number of Patients Per Day

Annual daily average: 8.4



Waikato's Average Length of Stay Per Month

Annual average: 10.3 days



NSFL = National Service Framework Library

Cost comparison case study:

29-year-old Maori man – 320kg

- **PMHx:** Morbid Obesity, Gout, Type II DM
- Lives with Mum & Dad
- No external supports
- Independent mobility up to 20m indoors, using furniture to assist
- Mum assists with personal cares
- Hobbies: TV & computer games

	May 2015	Dec 2016
1º Diagnosis	Left LL Cellulitis	Left LL Cellulitis
Severity of Illness	Sepsis & AKI	Septic Shock & Multi Organ Failure
	HDU admission	ICU admission
1st Physio Ax	Day 8	Day 1
1st Stand	Day 16	Day 3
Length of stay	80 days	13 days
Estimated cost	**$98,900**	**$33,000**

International Interest

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A Peer-Reviewed Publication

BARIATRIC TIMES

Clinical Developments and Metabolic Insights in Total Bariatric Patient Care

Volume 14, Number 9 September 2017

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REVIEW AND CASE STUDY.....10

Bariatric Readiness: Economic and Clinical Implications

REVIEW AND CASE STUDY

BARIATRIC READINESS: Economic and Clinical Implications

by GEORGINA TEMPLE, BSC (Hons), PT, NZRP; SUSAN GALLAGHER, PhD, MA, MSN, RN, CBN, CSPHP; JENNIFER DOMS, NZRCompN, CNS; MICHELLE TONKS, BSC (Hons), PT, NZRP; DARNELL MERCER, B.OT, NZROT; DEBBIE FORD, B.HSc (OT), NZROT

INTRODUCTION

Facilities that offer weight loss surgery have comprehensive policies, procedures, training, and tools that

performing weight loss surgery have seen dramatic improvement in clinical outcomes.[1] However, the nonsurgical individual with morbid obesity admitted

CASE SERIES

Jejunal Interposition as a Definitive Treatment for Gastric Fistula after Sleeve Gastrectomy

by LUIS FERNANDO ZORRILLA NÚÑEZ, MD; PABLO GERARDO ZORRILLA BLANCO, MD; NOÉ NÚÑEZ JASSO, MD; AND

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Culture of Safety

- E. Scott Gellar
- TRA-S Observer

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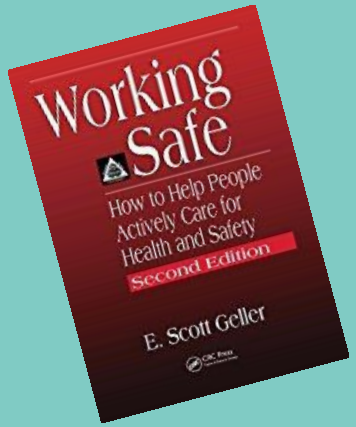
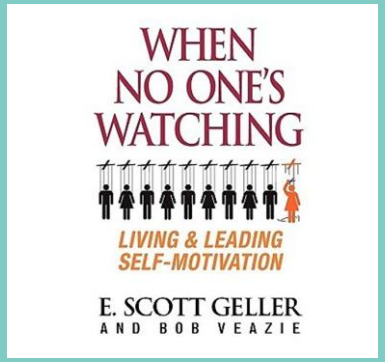
What is behavior based safety?

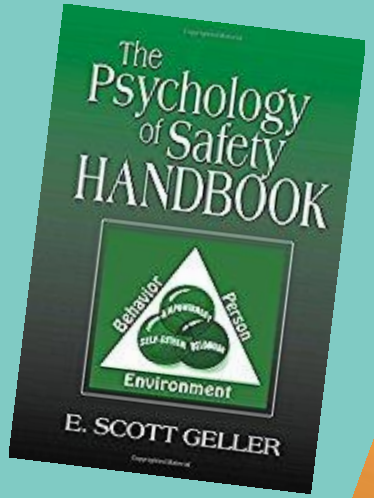
Understanding Occupational Risk

- Leading cause of unintentional injury
- 7,000 – 11,000 fatalities each year
- 2.5 – 11.3 million seriously injured

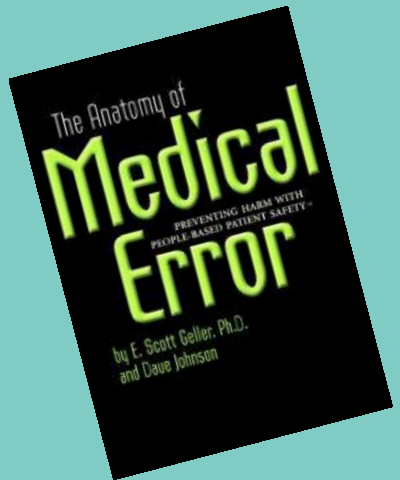
- 250,000 productive years of life lost annually
- $89 billion

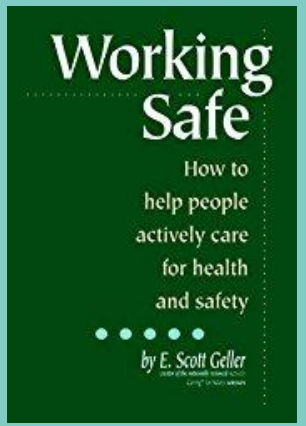


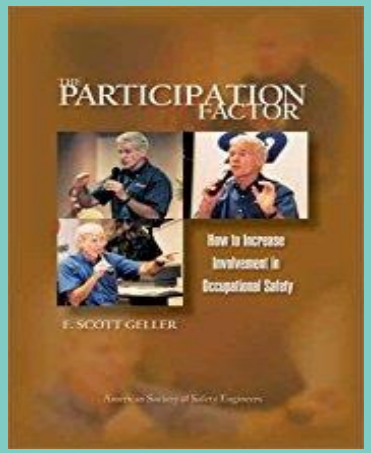




E. Scott Geller







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Elements of Bariatric SPHM

- Interdisciplinary team
- Assessment
  - Environment
    - Unit
    - Facility
  - Disciplines
  - Culture
    - Sensitivity
- Technology/Resources
- Training
- Outcomes

Outcomes

Leading

- Time to equipment
- Time to consult
- Time to mobility

Lagging

- Worker injury data
- Patient safety data

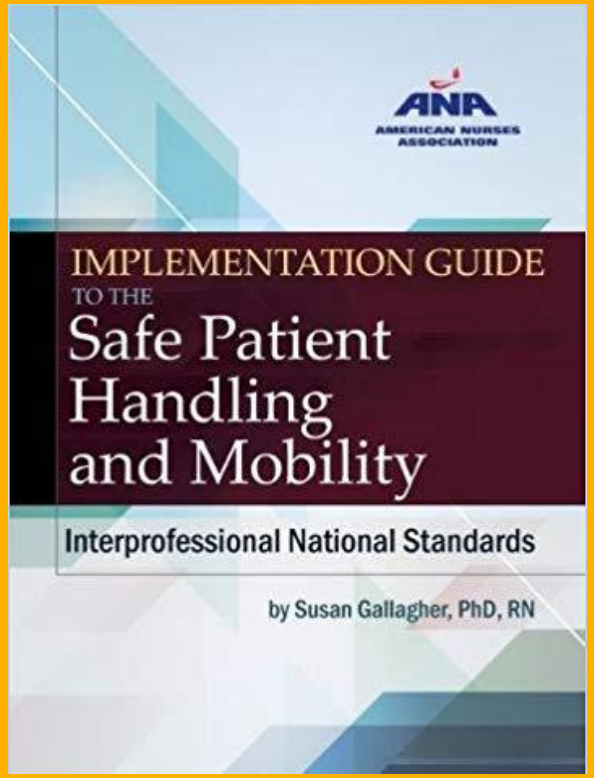
Real Time

CASE STUDY:

21-year-old, 500-pound marginally independent woman living at home with her working family reports incontinence dermatitis, itching under her breasts and arms, right hip ulcer, and lower leg ulcers.

Executive Buy-in

- ANA Standards
- Stanford study - pressure injury



Gallagher SM. American Nurses Association Implementation Guide to Safe Patient Handling and Mobility Interprofessional National Standards: Implementation Guide. ANA Nursing World: Silver Spring MD. 2013.

Thank you!

- Questions?
- Concerns?
- Ideas?

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