Chubb Healthcare

Obesity Epidemic: A Self-Assesment Tool for Acute Care and Physician Office Practices

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The obesity epidemic in the United States is one of the country's most serious health problems. There has been a noticeable increase in the number of bariatric admissions to healthcare facilities and bariatric patients being treated in the ambulatory care setting. This trend presents a challenge to healthcare organizations and providers striving to deliver dignified care that is effective and safe both for the patient and the providers.

Unfortunately, the obesity epidemic has signicant ramications adversely affecting patient health and safety. This public health crisis also has led to an explosive growth in medical costs. After smoking, obesity is the leading preventable cause of death worldwide. In the United States, more than half the population is either overweight or obese. According to the Centers for Disease Control and Prevention (CDC), one in three adults is obese and one in ve children are obese.1 Alarmed by the growing trend, the American Medical Association (AMA) recognized obesity as a disease in 2013. [2]

Obesity is defined as a medical condition in which excess body fat has accumulated to such an extent that it may have an adverse effect on health, leading to reduced life expectancy and/or added health problems such as diabetes, gout, high blood pressure, infertility, sleep apnea, stroke and heart disease. Obesity related health conditions cost the U.S. more than $150 billion and result in an estimated 300,000 premature deaths each year.[3]

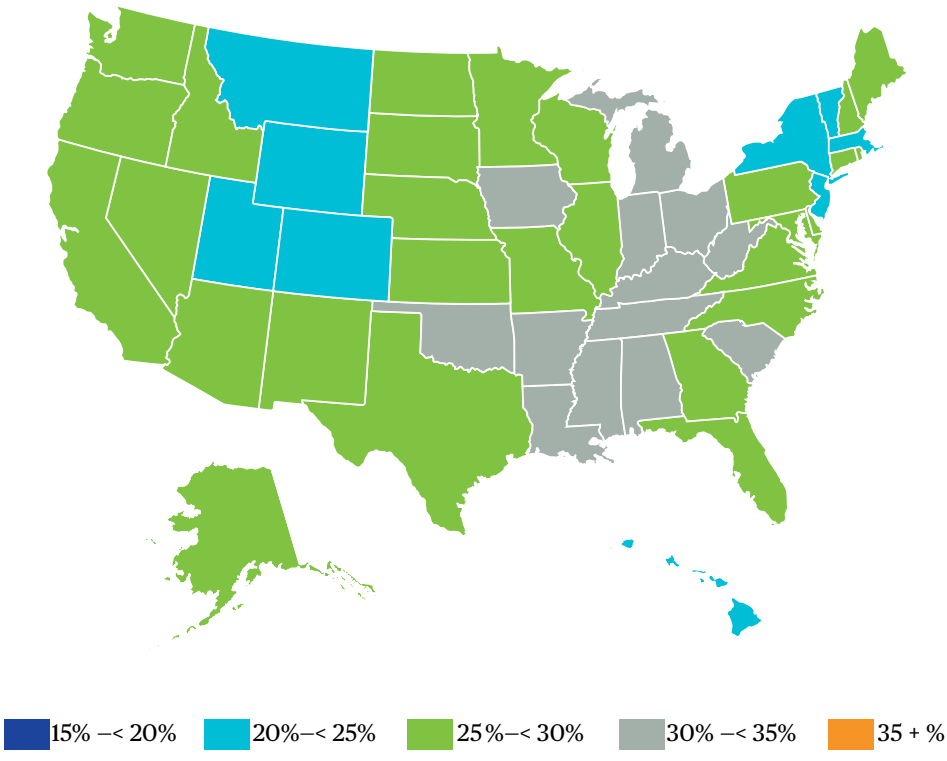
Whether a person is considered obese is determined by calculating their Body Mass Index (BMI): a number calculated using both a person's weight and height.4 BMI provides an indicator of body composition and is used to screen for weight related health problems. For adults, a BMI of 18.5 to 25 is considered to be a normal healthy weight, while a BMI from 25-30 is deemed to be overweight. Anything over 30 is considered to be obese and anything over 40 is morbidly obese.

Lifting, handling and transferring large patients has always been a challenge for healthcare leaders, but the issue has received greater attention as the U.S. obesity epidemic continues. Obese patients have different healthcare needs and may often require special equipment, different policies, enhanced training or extra staff in order to prevent injury and ensure appropriate care, transport and patient satisfaction.

Proper preparation, dissemination of knowledge and the use of an experienced interdisciplinary team are essential for safety as well as maintaining patient-sensitive, quality care. Today's healthcare leaders must recognize the challenges of larger patients, use appropriate equipment, educate staff and promote patient and staff safety- all while providing quality healthcare. The attached selfassessment risk questionnaire may assist administrative leaders with assessing their culture of safety, staff competencies and readiness to appropriately and sensitively care for obese patients. The tool outlines critical considerations to ensure patient safety while providing care to obese patients in both hospitals and ofce practices.

Prevalence of Self-Reported Obesity Among U.S. Adults

*Prevalence reects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011.



Source: Behavioral Risk Factor Surveillance System. CDC.

Acute Care Setting

Culture of Safety Directives	Yes	No	N/A	Comments
Does executive leadership for the organization promote a culture of safety, as demonstrated by a willingness to examine and address root causes for adverse incidents affecting obese patients, including:				
• inadequate preparation of staff to care for obese patients?				
• lack of readily available bariatric equipment in all care units, including clinics, L&D, Emergency Department, OR, PACU, and ICU?				
• inability to perform diagnostic imaging studies?				
• difculty obtaining accurate weights and calculating medication dosing?				
• insufcient room space and doorway widths?				
• delays in diagnosis and treatment due to examination and blood draw difculties?				
• judgmental staff attitudes?				
Has executive leadership evaluated the liability exposures associated with care of obese patients, in order to ensure that safeguards exist against:				
• difcult airway management?				
• anesthesia mismanagement due to venous access issues?				
• Weight base medication dosing error				
• skin decubiti and improper management?				
• birth-related delays and complications?				
• Patient transport mishaps and falls				
• retained surgical items?				
• lifting and transport-related injuries to staff?				
Is there a multidisciplinary committee responsible for analyzing and responding to obese-related care issues, including:				
• patient demographics and the demand for services?				
• facility renovation needs and equipment acquisitions?				
• appropriately credentialed and trained staff?				
• review of adverse event reports, complaints, and grievances related to obese patients?				
• injuries to staff caused by handling obese patients?				

Culture of Safety Directives (continued)	Yes	No	N/A	Comments
Has the hospital considered – or is it currently on-track to earn – the designation of Center of Excellence in Metabolic and Bariatric Surgery from the American Society for Metabolic and Bariatric Surgery?				
Does executive leadership oversee marketing initiatives in order to ensure that promotional statements regarding weight loss are accurate, refrain from guaranteed outcome, and are free of superlatives, (i.e., "best in the region," "bariatric care is routine for our clinical team")?				
Competent Care Team	**Yes**	**No**	**N/A**	**Comments**
Is a qualified bariatric care team comprised of well-trained clinicians in the following disciplines: • cardiology?				
• anesthesiology?				
• gastroenterology?				
• pulmonology?				
• orthopedics?				
• critical care medicine?				
• psychiatry?				
• dietary and nutrition?				
• nurse practitioner?				
• patient education?				
• program administrator for weight loss/bariatric surgery/bariatric care?				
Are medication dosing guidelines for obese patients available in writing and are dosing orders reviewed by a licensed pharmacist?				
Does the program coordinator demonstrate requisite educational, professional, and clinical expertise?				
Are nursing staff and ancillary personnel required to undergo initial competency testing and annual continuing education in the management of obese patients, particularly in the areas of: • airway management?				
• blood pressure assessment?				
• pulmonary difculties?				
• detection of deep vein thrombosis				
• patient handling and transport?				
• falls prevention and at-risk patient assessment?				
• venous access and maintenance provisions?				
• medication administration, including mandatory pharmacy consultation for weight-based dosing?				
• nutrition and dietary needs?				
• psychological needs?				

Competent Care Team Continued	Yes	No	N/A	Comments
Are physicians appropriately board certified, credentialed and privileged for bariatric care in accordance with the American Boards of Bariatric Medicine and Bariatric Surgery and the standards of the American Society for Metabolic and Bariatric Surgery?				
Are mock emergency and patient transport trials conducted on a regular basis to ensure the care team can safely manage obesity-related emergencies and can navigate patients through hospital corridors?				
Is staff trained on appropriate communication techniques and how to avoid weight bias statements?				
Written Policy Requirements	**Yes**	**No**	**N/A**	**Comments**
Has the hospital adopted a zero tolerence policy toward discriminatory attitudes and behaviors that are directed at obese patients, and which specifies disciplinary measures for noncompliance?				
Does a written protocol address when psychiatric consultations are required for psycho-social factors that may underlie obesity?				
Is there an "advance notice" protocol to alert clinical units and ancillary departments to the admission of an obese patient who requires special accommodation and equipment needs?				
Is patient care preceded by a frank discussion of all known risks and possible complications associated with obesity, and is the disclosure documented?				
Is written informed consent obtained from the patient prior to any surgical procedure, including, but not limited to: • the specific type of procedure under consideration?				
• potential benefits of the procedure?				
• risks and complication of surgery and anesthesia (including death)?				
• possible consequences of not having surgery?				
• alternatives to surgery?				
• the need for long-term commitment to dietary and lifestyle changes?				
For weight reduction therapies, do written care plans reflect reasonable goals, realistic and accessible exercise programs, and dietary counseling and monitoring?				
Is risk management education provided and documented, including instruction on the proper reporting of adverse events related to care of obese patients (i.e., incident reporting)?				
Bariatric Care Patient Selection	**Yes**	**No**	**N/A**	**Comments**
Do written selection criteria for adult patients who present for bariatric care take into account quantitative factors, such as: • body mass index > 40 kg/m?				
• in excess of 100 pounds overweight?				
• unsuccessful attempts at non-surgical weight loss programs before surgical consideration?				

Bariatric Care Patient Selection Continued	Yes	No	N/A	Comments
Is precise and thorough documentation of indications and rationale for treatment documented, including when procedures are offered in the absence of medically accepted criteria?				
Are there established criteria for accepting adolescent obese patients into bariatric care programs, including: • body mass index > 40 kg/m and serious obesity-related co-morbidities?				
• six or more months of unsuccessful attempts at organized weight management?				
• demonstrated willingness to adhere to care protocols?				
• psychological evaluation?				
• informed consent by parent and/or guardian?				
Diagnostic Imaging Readiness	**Yes**	**No**	**N/A**	**Comments**
Are weight-bearing surfaces and assistive devices designed to sustain higher-weight capacities and are they readily available?				
Do CT scanners and MRI units have an open design without a cylindrical bore for patient pass through?				
Does the hospital have an arrangement with an outside imaging facility to transfer patients if imaging capability is not available onsite?				
Surgical Care Readiness	**Yes**	**No**	**N/A**	**Comments**
Is the m edical clearance process for any surgical procedure guided by written protocols that address the management of co-morbid conditions, contraindications to anesthesia, and a thorough review of airway and cardiac problems?				
Does pre-operative work-up include a dental examination and consideration of the proper patient positioning and padding to be used during the procedure?				
Are operating tables available to accommodate extreme weight and width of a patient, and can the head of the table be elevated to at least 30 degrees?				
Are post-operative guidelines in place that delineate safe parameters of care for: • patient monitoring and documentation requirements?				
• airway and venous access management?				
• pain management and assessment?				
• laboratory testing and reporting of results?				
Is the hospital's rapid response team prepared to handle obesity-related surgical emergencies?				

Equipment and Supply Needs	Yes	No	N/A	Comments
Has the facility evaluated capabilities to care for obese patients, taking steps to identify the necessary equipment, furniture, and supplies to safely provide care, including: • bariatric beds, OR tables, stretchers, wheelchairs?				
• oversized chairs in public areas and exam rooms?				
• lateral transfer aids, hydraulic lifts, and portable commodes?				
• weight scales (both wheelchair accessible or standing)?				
• special mattresses to reduce decubiti?				
• modified blood pressure cuffs?				
• longer needles and catheters?				
• tracheal tubes that are extra long and small in diameter?				
• surgical instruments, i.e., forceps, scalpels, and retractors?				
• extra large gowns, blankets, ID bracelets, and compression stockings?				
Has the hospital prepared an inventory of existing bariatric care equipment, noting its location and weight-bearing capacity?				
Does all bariatric care equipment undergo routine maintenance and inspection, and are safety checks documented?				
Does policy strictly prohibit the use of bariatric care equipment for unintended purposes?				
Does staff complete training on the proper use of bariatric care equipment upon hire and annually thereafter, and are training records maintained?				
Safe Patient Handling & Transport	**Yes**	**No**	**N/A**	**Comments**
Does the hospital have a safe lifting policy and are clinical leaders proactive in its enforcement?				
Do written protocols accompany the policy, specifically addressing patient lifts and transfers, including: • transfer to and from chair/bed?				
• lateral transfer to and from bed/stretcher?				
• reposition in bed from side to side?				
• reposition in chair or wheelchair?				
• transport on a stretcher, in a wheelchair or with a walker?				
Are standardized patient handling algorithms available and are lift teams available upon request?				
Is there a patient assessment protocol for determining the needs of obese patients regarding transfer and mobility assistance?				
Do written care plans prominently note the level of assistance required by obese patients, their degree of cooperation, weight-bearing capability, and the interval for repositioning?				

Facility Design	Yes	No	N/A	Comments
Does facility design respect the needs and dignity of obese patients, including bariatric-specific design considerations, such as: • expanded doorways in excess of 46 inches?				
• elevator lift capacity in excess of 2,000 pounds?				
• wide corridors in excess of 8 feet?				
• surface mounted fixtures with load capacity of 350 pounds?				
Do points of ingress and egress accommodate obese patients, e.g., parking lots, ramps, waiting rooms, and lobbies?				
Are all floor surfaces covered in a non-skid material and are handrails available in corridors?				
Is there a specially appointed bariatric care floor or unit within the hospital?				
Patient Discharge	**Yes**	**No**	**N/A**	**Comments**
Are obese patients offered nutritional counseling upon discharge from the hospital?				
Are patients who have undergone surgical procedures educated about the signs and symptoms of post-operative complications, especially deep vein thrombosis and pulmonary embolism?				
Are written discharge instructions provided regarding treatment of surgical sites or other open wounds, if applicable?				
Are digital and electronic reminders of scheduled clinic visits and dates of diagnostic studies provided at discharge to help ensure patient compliance?				
Physician Office Setting				
Practice Culture	**Yes**	**No**	**N/A**	**Comments**
Is there an established commitment to treating obesity using principles similar to chronic condition management, including periodic reassessments, life-span access to counseling and other support services, and continuity of care by health care providers who are aware of the patient's bio-psychosocial history?				
Is there a written policy that articulates when obese patients can be denied access to care and is it solely based upon patient safety considerations and explicit medical criteria?				
Are obese patients politely offered information and referrals to other health providers, dieticians, and support groups, as needed?				
Bias-free Communication	**Yes**	**No**	**N/A**	**Comments**
Are clinical and office staff trained to use non-offensive language, e.g., using the term "body mass index" instead of "weight problem," or the inquiry "Can we talk about your weight today?" instead of "We need to talk about how obese you are?"				

Bias-free Communication Continued	Yes	No	N/A	Comments
Do physicians and staff undergo sensitivity training to help avoid stigmas in their interactions with obese patients, and do training sessions emphasize: • obesity is a product of metabolic abnormalities, psychological issues, and environmental factors?				
• treatment requires exploring the cause of the presenting problem, not just the body weight?				
• weight loss is often a lifelong challenge?				
• behavioral as well as medical interventions are often required?				
• success in small measures should be promoted?				
Does the intake assessment process embody motivational interviewing techniques to promote acceptance of the patient's condition, focusing on such inquiries as: • How ready are you to change your eating patterns or lifestyle behaviors?				
• How different would your life be if you adopted a healthier lifestyle?				
• How is your current weight affecting your life right now?				
• What strategies have worked for you in the past?				
• What are your hopes for the future if you are able to become healthier?				
Parking and Office Entry	**Yes**	**No**	**N/A**	**Comments**
Is patient parking accessible and close for people with special needs?				
Are large wheelchairs available when requested?				
Are there ramps and handrails at all entrances?				
Are entrances and doorways adequately sized?				
Waiting Room and Restrooms	**Yes**	**No**	**N/A**	**Comments**
Is there a sufficient number of sturdy, armless chairs of adequate height to facilitate rising?				
Do common areas provide adequate space for patient mobility?				
Do reading and patient education materials that are located in the waiting areas reflect healthy lifestyles and positive images for larger people?				
Do restrooms have high, easy-rise toilets, and are handrails located next to them?				
Are personal hygiene towelettes available to facilitate cleansing?				
Weighing Patients	**Yes**	**No**	**N/A**	**Comments**
there a wide-base scale that can measure >350 pounds?				
Does the practice setting have a written policy establishing when patients have a choice to be weighed and when it is medically indicated, e.g., for pregnant women, individuals on weight-loss programs, or those who have medical problems, such as congestive heart failure?				

Weighing Patients Continued	Yes	No	N/A	Comments
Is there a protocol for obtaining weights, which includes the following: • patient weights are taken in a private location?				
• patients are asked their permission to be weighed?				
• results are recorded without judgment or comment?				
• Exam Rooms • patients are offered a choice of whether to see the results?				

Exam Rooms	Yes	No	N/A	Comments
Are examination rooms equipped with wide, but low, tables for easy patient access?				
Are patient exam tables bolted to the floor to prevent tipping and falling?				
Is examination equipment designed for obese patients, i.e., large specula for pelvic exams and blood pressure cuffs with a circumference greater than 34 cm?				
Are patient gowns proportionately sized and made of cloth, not paper?				

Endnotes:

1. *http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm*
2. *http://www.ama-assn.org/ama/pub/news/news/2013/2013-06-18-new-ama-policies-annual-meeting.page*
3. *Eric A. Finkelstein, Justin G. Trogdon, Joel W. Cohen and William Dietz, Annual Medical Spending Attributable To Ob esity: Payer-And Service-Specific Estimates, Health Affairs, 28, no.5 (2009):w822-w831 (pu blished online July 27, 2009; 10.1377/hlthaff.28.5.w822)*
4. *An on line tool to calculate BMI can be found here: http://www.cdc.gov/healthyweight/assessing/bmi/adult bmi/english_bmi_calculator/bmi_calculator.html*

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