

# Identifying and Addressing Barriers to Safe and Effective Care of Bariatric Patients in a Tertiary Trauma Hospital.

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**Trigger:** The Royal Melbourne Hospital (RMH) has experienced an increase in the number of bariatric patients needing care. Two patients were admitted with weights of greater than 270kgs, where care was impacted due to a delayed access to appropriate equipment. It was also apparent that Bariatric patients experienced poorer outcomes and increased in length of stay. RMH commissioned a project to determine the barriers to safe and effective care, aiming to improve patient outcomes and experiences for this patient cohort.

**Method:** The project team, consisted of two staff members with allied health backgrounds, OH&S, nursing and bed management representatives and the RMH manual handling head trainer.

The team used the lean six sigma methodology to determine the main barriers to care and determine cost effective strategies to address the issues. Staff engagement, from all levels, occurred from the beginning. Bariatric patients and their carer's were also interviewed to ensure the project would address their concerns and needs.



The project team also undertook an extensive bariatric readiness audit of the hospital to identify the physical barriers to access to each ward and procedural area.

**What did we find:**

The barriers identified fell into three main categories:

1. Physical space:
  - Doorways, room size, bathroom access, circulation space and lifts were restricting optimal care in a number of the older wards.
2. Staff awareness and attitudes to bariatric patient management and complications
  - Staff raised concern regarding staffing numbers, in particular for overnight care and turning.
  - Staff reported that they were not confident with techniques to safely care for these patients.
3. Access to equipment.
  - Knowledge about where to get equipment
  - Ownership of equipment
  - Timely access to equipment
  - Lack of onsite equipment

**Results:**

The bariatric readiness audit provided the project team with a road map for better care of bariatric patients.

Bariatric 'Kits' with specific equipment have been developed to improve timely access to equipment. Additional beds and hoists were also purchased.

A Bariatric Management Procedure, to assist the allocation of bariatric patients to the most appropriate room on the specialist ward. Bariatric manual handling training incorporated into existing training.

Doors were widened and Bariatric Design principles implemented for new construction.

Significance of findings to Allied Health: Allied Health can significantly contribute to an organisation-wide project, and implement low-cost changes to ensure improved care and outcomes for bariatric patients.