



Assessing the Impact of Bariatrics on Patient and Clinician Safety



Our Speakers



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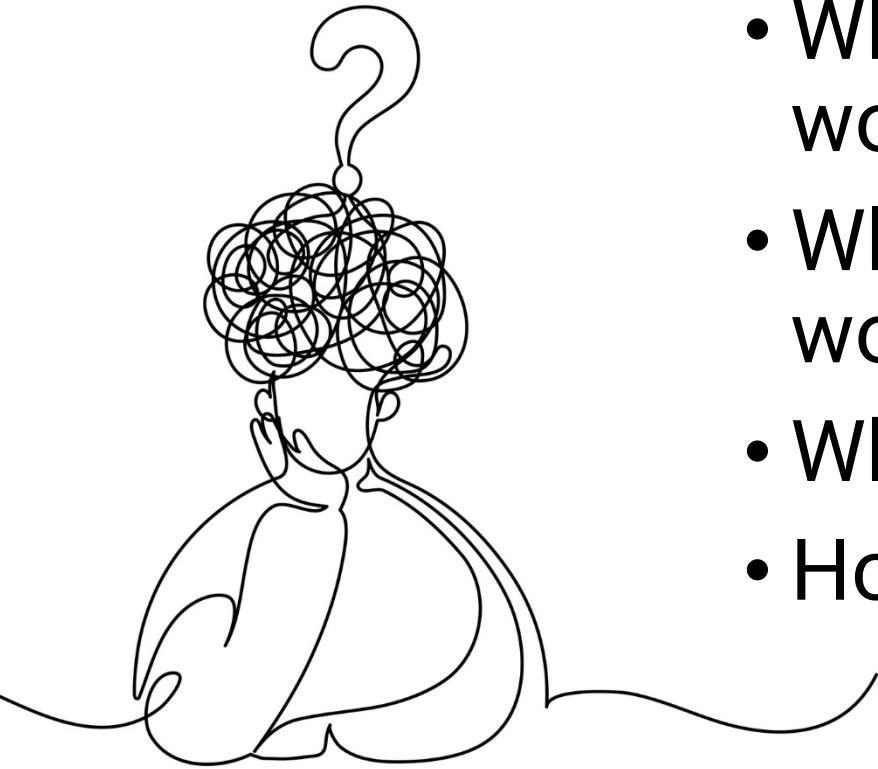
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Questions We Aim to Answer



- Why is the topic of size important in worker health?
- What is the relationship between worker and patient safety?
- What is the patient's lived experience?
- How can we make a difference?



Importance of this Webinar

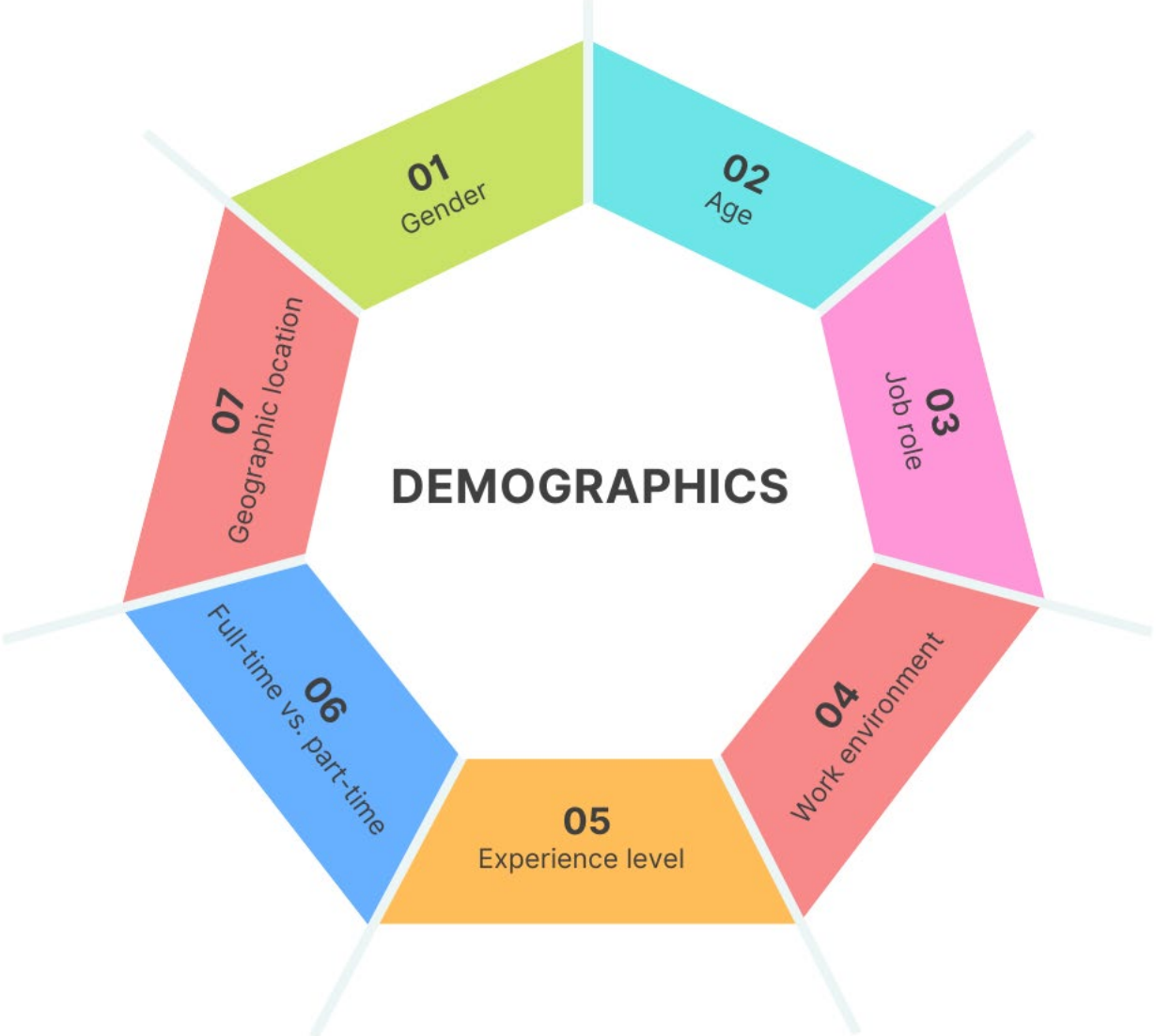
1. Understand bariatric challenges
2. Enhance patient safety
3. Comply with regulations and standards
4. Improve communication and collaboration
5. Promote awareness and sensitivity
6. Empower patients and caregivers



Impact Of Obesity On Employee Health

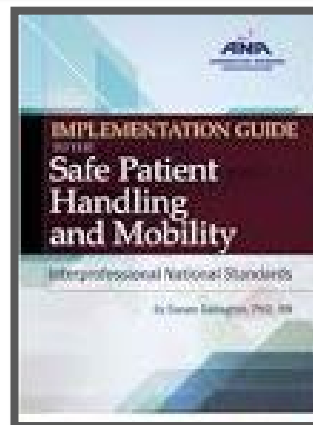
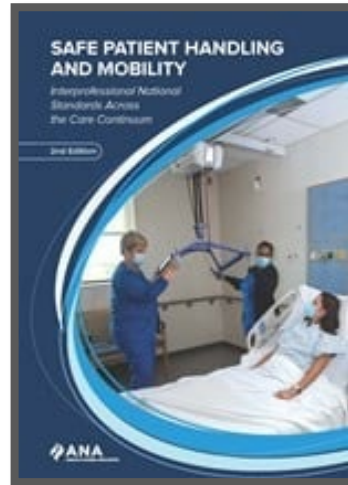


Demographics of General Worker Injury



Using Patient Handling Technology to Address Worker And Patient Safety

- ASPHP
- ANA Standards
- Mobility screening



Sit & Shake	BMAT Level 1	Dependent	Ceiling Lift, Mobile Lift, Chair Sling, Friction Reducing Roll Board
Stretch & Point	BMAT Level 2	Moderately Dependent	Ceiling Lift, Mobile Lift, Chair Sling, Powered Sit to Stand Lift, Friction Reducing Roll Board
Stand	BMAT Level 3	Minimal Assistance Required	Gait Belt, Walker, Cane, Sit to stand Device, Walker Harness Lift, Crutches
Walk & March	BMAT Level 4	Independent	"Call Don't Fall"

8 Principles

- Establishing a culture of safety
- Creating a sustainable program
- Incorporating ergonomic design principles
- Developing a technology plan
- Educating and training health care workers
- Assessing patients to plan care for their individual needs
- Setting reasonable accommodations for employees' return to work post-injury
- Implementing a comprehensive evaluation system



Demographics

- At least 42% of patients in hospitals today have a BMI of 30 or greater.
- The rate of patients, in all settings, weighing more than 500 pounds is rising disproportionately.
- Patients with a BMI greater than 35 comprised only 10% of the patient population;
- However, handling patients with a BMI greater than 35 was associated with 29.8% of injuries, 27.9% of lost time, and 37.2% of restricted time. In this study, lifting, turning, and repositioning were usually performed using biomechanics and not equipment. Therefore, with increasing body weight and weight maldistribution of both patients and their caregivers, challenges inherent in lifting, moving, and repositioning lead to patient and worker risks.

Gallagher SM. Prevalence of obesity in US hospitals. AOHP. 2024. Randall SB, Porie WJ, Pearson A, Drake DJ. Expanded Occupational Safety and Health Administration 300 log as metric for bariatric patient-handling staff injuries. Surg Obes Related Disease. 2009;5(4): 463-468.



Patient Handling Technology

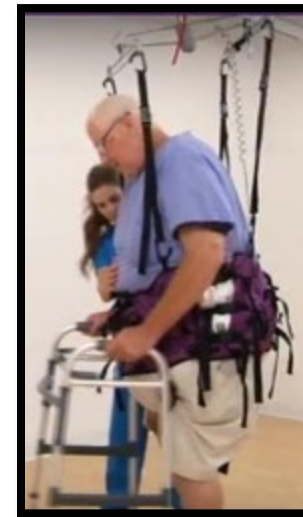
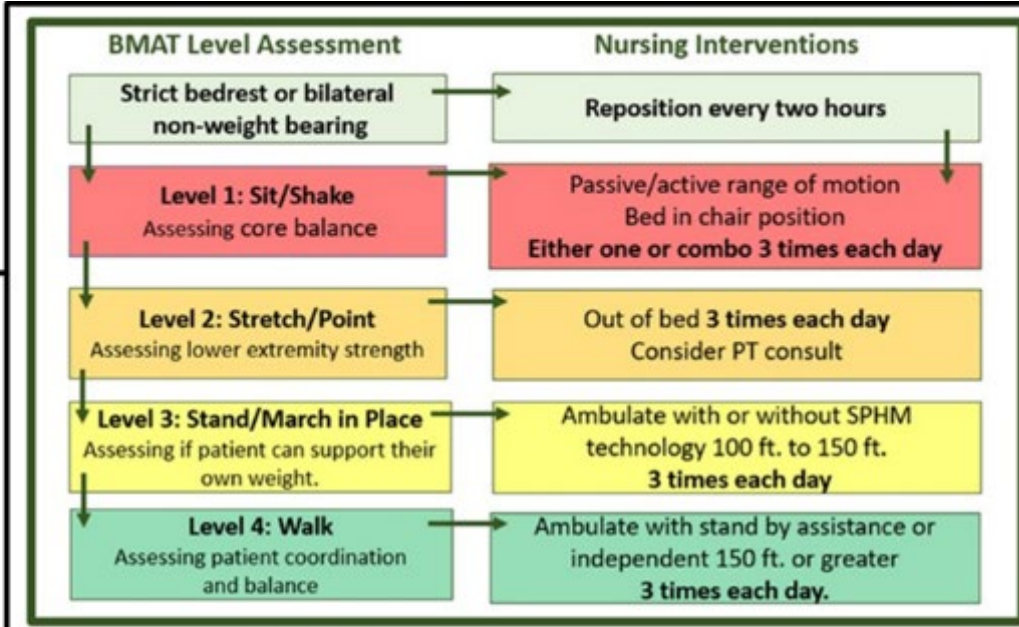


Mobility Is Key To Safety

- International study
- Mobility movement in the US
- Banner Health project



System-Wide Focus



“Mobility is the precursor to death” ~Dr. Steven Loecke, CMO

Case Study

MOVE Bingo

Hello,

You've been identified as a patient that can move without help from a member of the care team (clinically described as a BMAT 4). We've got a fun new way for you to take an active role in your healing journey during your stay with us. It's called Banner **MOVE Bingo** and it gives you the opportunity to participate in some easy activities that may speed your recovery time and you might win some fun prizes, too.

 Banner Health.

MOVE Bingo


<p>Cough and Deep Breathe</p> <p>Take a deep breath in and cough when you breathe out. Do at least 2 times daily.</p>	<p>Get out of bed with assistance</p> <p>Unless instructed otherwise, walk at least 3 to 5 times a day. Prevent falls by calling your nurse to assist you.</p> <hr/> <p>Keep the Head of Your Bed Elevated</p>
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Walk 100 ft	Gown change	Understand your care plan	Sit in chair for meal	Zero falls
Thank someone	Use Spirometer 10x	Bathing / shower	Use Spirometer 10x	Brush teeth
Brush teeth	Walk 100 ft	patient goal	Relaxation technique	Eat 50% of meal

 Banner Health.



Case Study



This is the why...

Mobility Heals

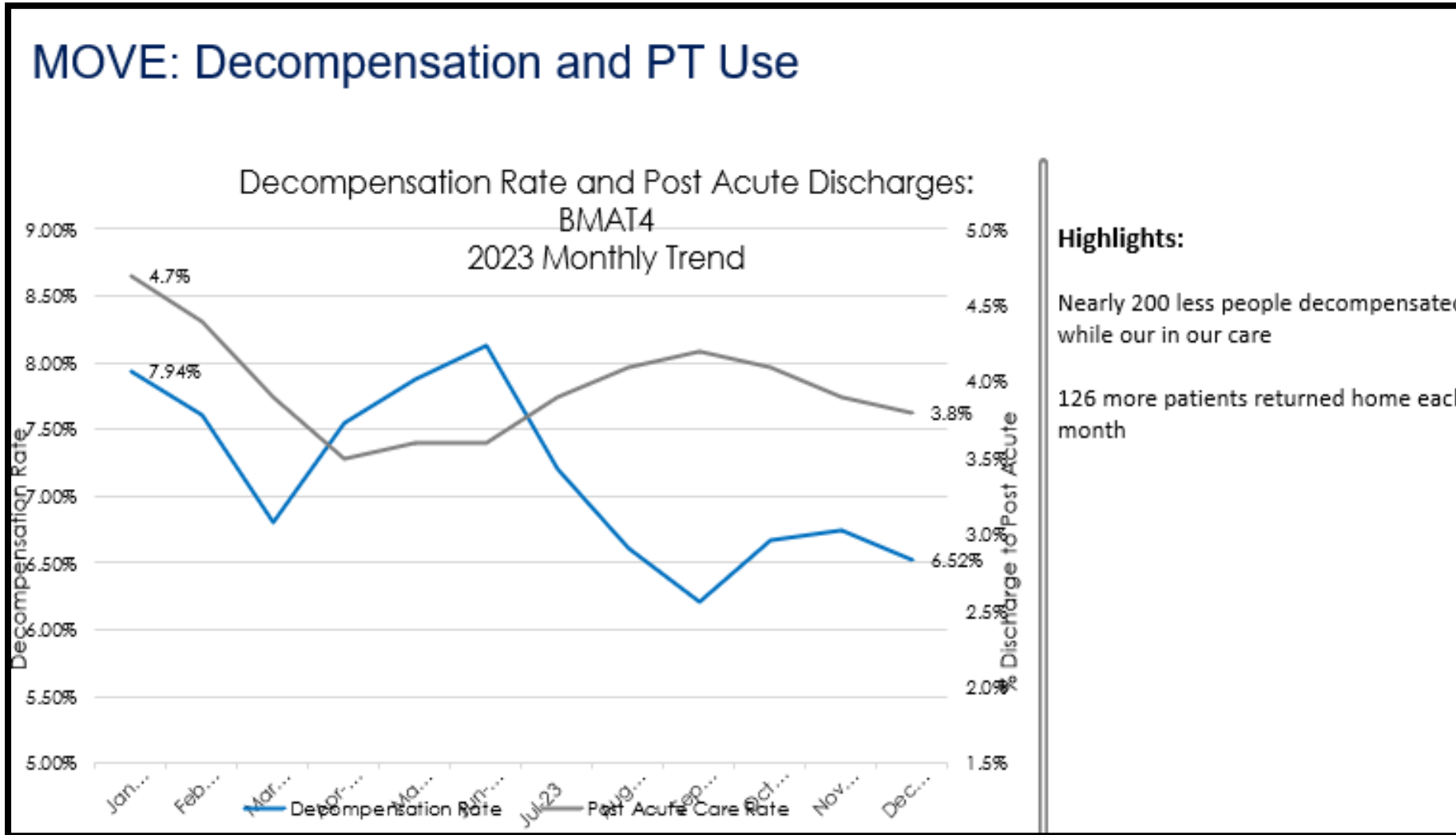
“The RN said studies show that people that get out of bed will go home 3-4 days sooner.”

“The doctors are good and great, but it is the nurses and CNA’s that are the heartbeat of recovery”

(Errol, 2020)



Patient Outcomes

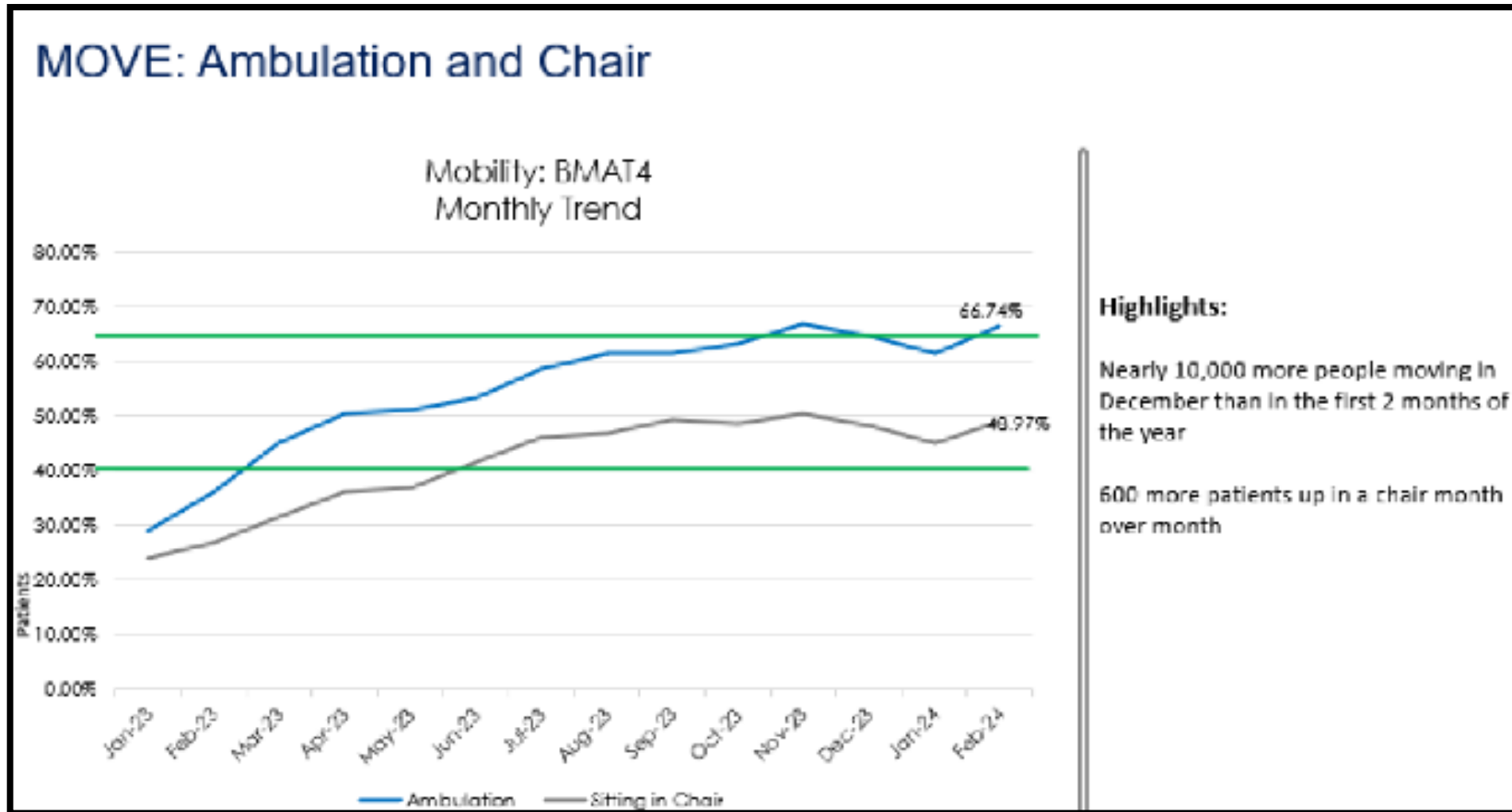


Highlights:

- Nearly 200 less people decompensated while in our care
- 126 more patients returned home each month



Patient Outcomes



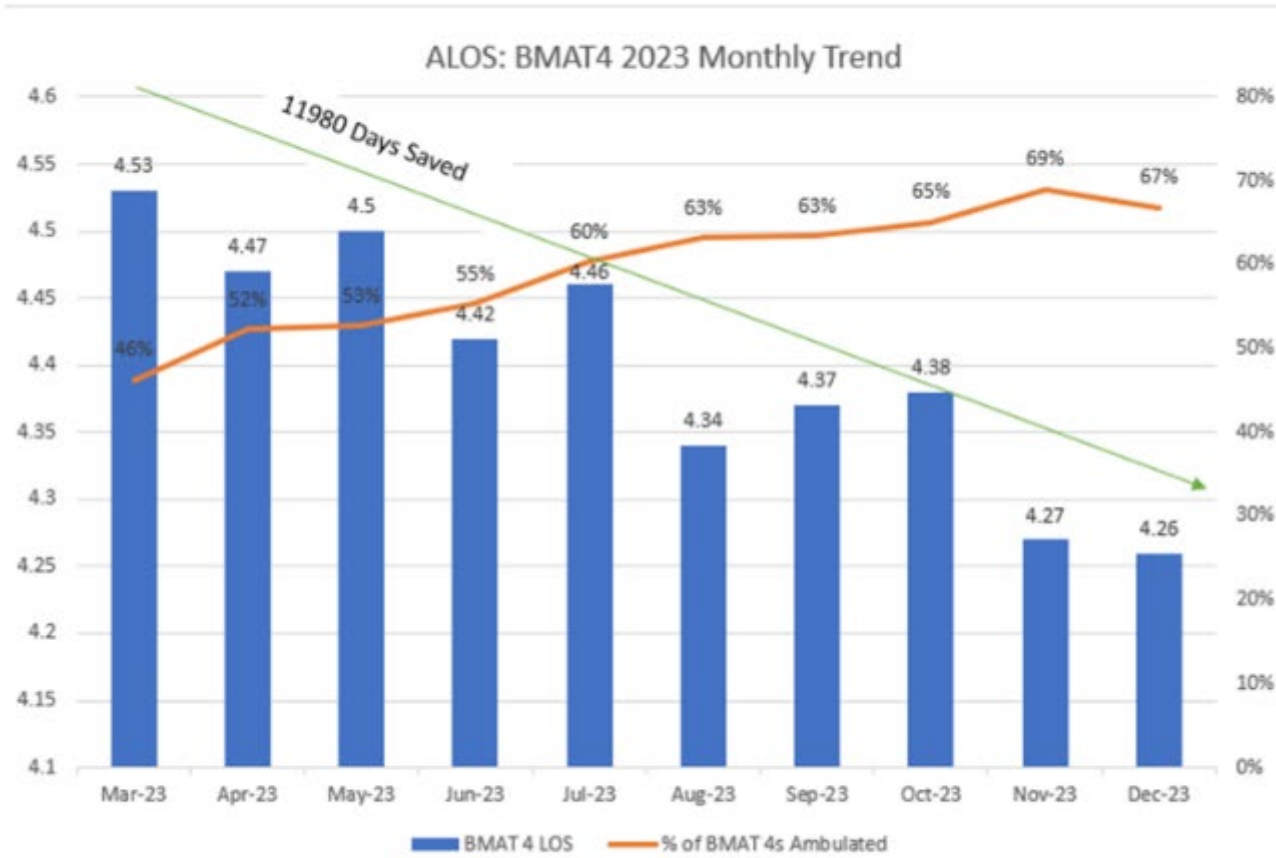
Patient Outcomes

Jan 22 –Sept 22	Item	% Changes
Process Measures	100 ft. Daily Ambulation for BMAT 3 or 4	141.3% Increase
	Daily ambulation documented for BMAT 3 or 4	81.67% Increase
	Daily BMAT documentation compliance	2.04% Decrease
	Daily ROM for BMAT 1 or 2	1.95% Increase
	Daily Sitting in Chair for BMAT 3 or 4	134.61% Increase
Outcome Measures	Average Indwelling Catheter Days	28.35% Decrease
	Inpatient Fall Rate	25.62% Decrease
	Inpatient Falls with Injury Rate	24.56% Decrease
	Inpatient Length of Stay	14.81% Decrease
	Pressure Injury Rate	13.58% Decrease
	Physical Therapy Consult Rate	3.52% Decrease



Economics

MOVE: Mobility and Length of Stay



Highlights:

Statistically significant strong negative correlation between ambulation and LOI:
As mobility increases, LOS decreases

Multidisciplinary improvement effort

6% improvement from March to December

Estimated savings: \$14M
(BMAT4 population)

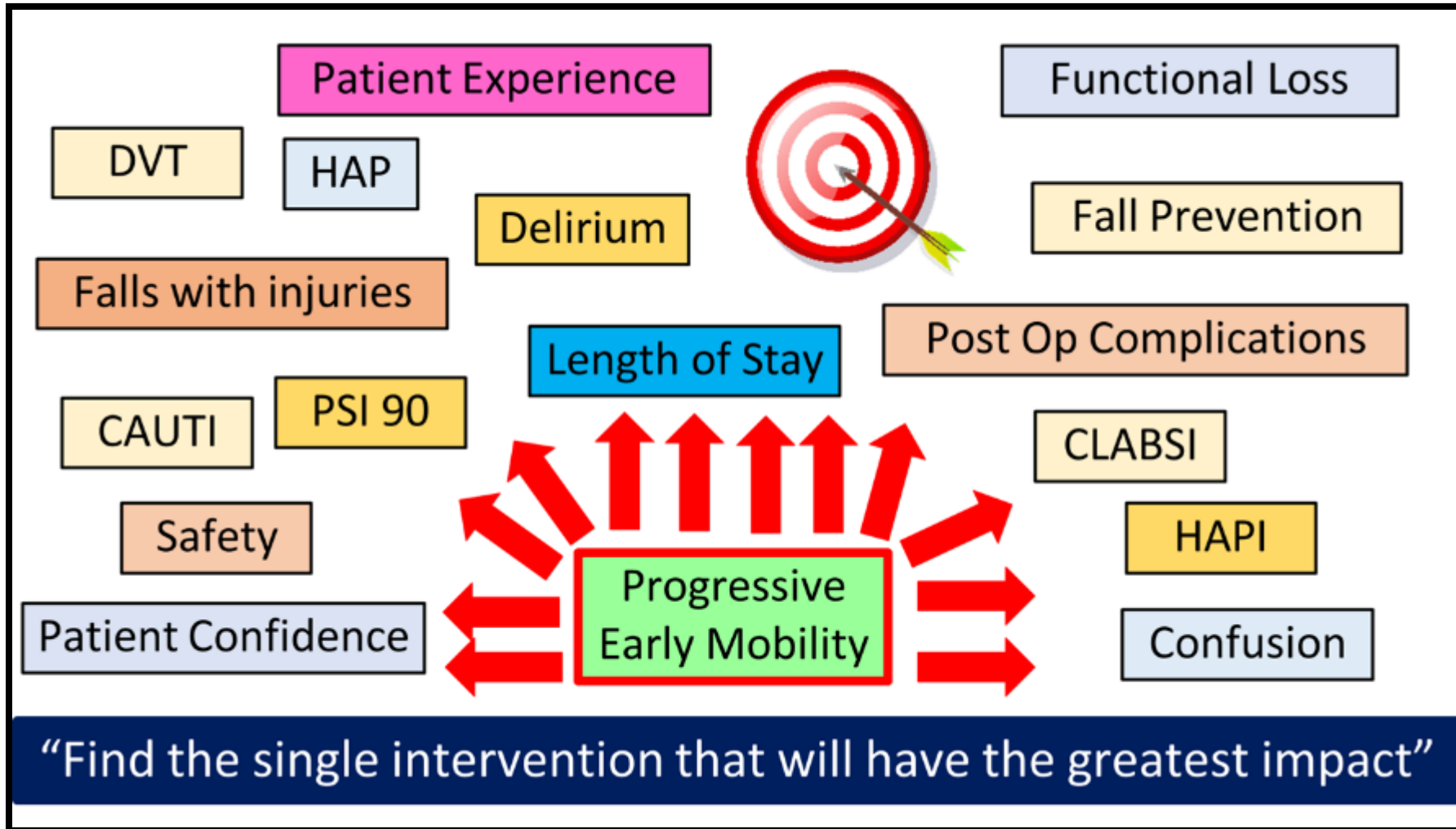
CORREL	LOS	4s amb%
LOS	1.000	-0.912
4s amb%	-0.912	1.000
p Values	LOS	4s amb%
4s amb%	0.000	

Source: Hospital Medicine CCG: Mobility Dashboard

Privileged and confidential pursuant to state laws including AZ: A.R.S. § 36-441 et seq., A.R.S. § 36-2401 et seq., A.R.S. § 36-445 et seq., CA: Evidence Code §§ 11157 and 11173; CO: C.R.S. § 12-36.5-104; C.R.S.A. § 25-3-109 NE; Health Care Quality Improvement Act § 71-7907 et seq., § 71-7901 et seq., § 71-7912 et seq., § 71-

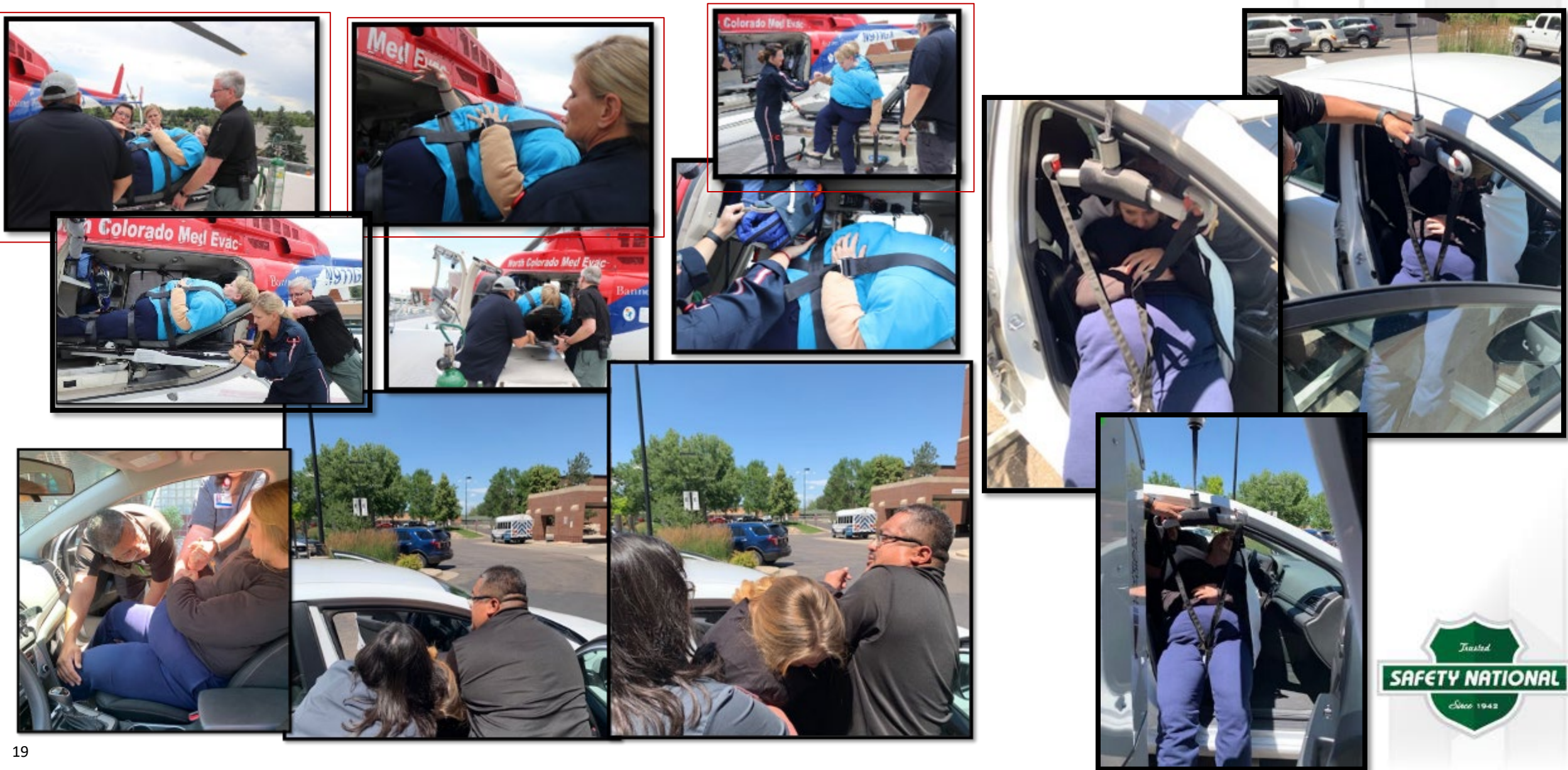


The Why Behind Mobility



Among older adults who are hospitalized, 30%-50% will become unable to complete one or more activities of daily living (ADLs) after discharge—a condition termed hospital-associated disability (HAD)

Simulation: Connecting To The Heart Of Caregivers



Simulation: Connecting To The Heart Of Caregivers



Worker Injury Associated With Falls



There is no safe way to “catch” a patient!



Broderick V., Barrett B., Phillips S., Cowan L., Friedman Y., McKinney A., Chavez M., (...), Bulat T.
Staff Low Back Injury Risk During Assisted Falls Virtual Reality Simulations
(2023) Workplace Health and Safety, 71 (6) , pp. 304-310.





Tracey Carr



References

- American Nurses Association. 2nd Edition (2021). Safe patient handling and mobility; interprofessional national standards, across the care continuum. Silver Springs, MD: Nursebooks.org.
- Bliss, K. (2020). Building a culture of safety and quality: The paradox of measurement. *Nursing Economics*, 38(4), 178–184.
- Gallagher, S. (2013). Implementation guide to the safe patient handling and mobility interprofessional national standards. Silver Springs, MD: nursebooks.org.
- Knight T, Bruzzi B, Wright A, Bohnenkamp SK. Impact of the MOVE (Mobility Optimizes Virtually Everything) Program. *Nursing*. 2024 Aug 1;54(8):48-51. doi: 10.1097/NSG.000000000000044. Epub 2024 Jul 19. PMID: 39051960. Lininger MR, Warren M, Knecht J, Verheijde J, Tyler B, Tompkins J. Clinical instruments for bedside functional assessment: Convergent validity among the AM-PAC '6-Clicks' and BMAT. *J Clin Nurs*. 2021; 30: 2048–2056.
- Martinez, M., Falvey J., Cifu A. ,(2022) -Deconditioned, disabled, or debilitated? Formalizing management of functional mobility impairments in the medical inpatient setting. *Journal of Hospital Medicine*, 17, 843-846.
- Turner, R., Agarwal, N., Agarwal, S., & Best, L. (2020). Bringing life to a systemwide early mobility clinical practice: part 1. *International Journal of Safe Patient Handling and Mobility*, 10(4), 126–132.
- Turner, R., Agarwal, N., Agarwal, S., Best, L., & Noble, J. (2021). Bringing life to a systemwide early mobility clinical practice: part two. *International Journal of Safe Patient Handling and Mobility*, 11(4), 190–198.
- Turner, R., Hawkins, R., Her, C., (2022). International round table discussion: safe patient handling & movement program development and sustainability. *International Journal of Safe Patient Handling & Mobility (SPHM)*, 12(4), 87-91.

