Interprofessional Collaboration in Developing Best Practices for Bariatric Patient Care

GTA Rehab Best Practices Day  May 1, 2015
In the next 8 minutes we will:

• Demonstrate lessons learned in the rehabilitation setting regarding care of the Bariatric patient

• Demonstrate the close interprofessional connections required to achieve patient and team goals
Clinical Objectives

• To restore function through interprofessional collaboration, clinical expertise, environmental and equipment modification, and partnership with the Bariatric patient

• To develop new THP Bariatric Care Standards to reflect interprofessional collaboration
Clinical Priorities

- Wound healing
- Optimizing nutritional status & knowledge
- Restoring functional mobility
- Restoring self-care independence
- Mitigating injury risk to patient & staff during patient care, handling and mobility

Goal:

Successful transition from hospital to home
Compassion • Excellence • Courage
Interprofessional Approach to Wound Care

Concerns:
- Chronic non-healing wounds
- Moisture and lymphedema management
- Mobility and nutrition
- Compliance with treatment

Solutions:
- Coordinate scheduling for wound dressing changes
- Implement collaborative care routines to maximize recovery, prevent further injury
- Problem solving for dressing application process and equipment needs
- Establish funding needs for additional staff, materials and equipment
Wound Care Impact

Venous Ulcer Progression Timeline

4 = Local colonization/infection
3 = Maintenance
2 = Healing
1 = Healed

Week 1  Week 3  Week 5  Week 9  Week 12  Week 18

Venous ulcer timeline
Interprofessional Approach to Self-Care

Pre-requisites accomplished:
• Wound healing to manageable stage
• Ensure nutritional intake, medical stability
• Develop core strength, sitting & standing tolerance
• On-site bariatric equipment (Ergonomics, vendors)
• Safe transfers & mobility
• Ensure adequate staffing

In therapy:
• Identify anxiety as barrier
• Develop self-confidence
• Collaborate scheduling
• Modify mobility targets
• Transition self-care to patient
• Develop & implement daily routines for home
Essential Therapy Equipment

- Bariatric walker & wheelchair
- Mechanical lift & walk sling
- Parallel bars
- Ergometer
- Standing pole
Impact FIM

Admission FIM: 55  Discharge FIM: 100  Change: 45 Pts.
Interprofessional Approach to Mitigating Injury Risk

Concerns:
• Patient weight + poor mobility status → significant safety risk for patient & staff
• Risk of infection transmission (MRSA)

Solutions:
• Involve THP specialist consultants – (Ergonomics, IPAC, Wound care)
• Use of specialized equipment (e.g. Limb slings for dressing changes)
• Partner with vendors to modify equipment
• Work with management re additional staffing needs (PSW)
• Cluster care (wound/self) & therapy sessions (creative scheduling)
• Listen to patient (re: abilities, methods)
• Staff education on equipment/ safe handling
Mitigating Injury Risk Impact

- No injuries to staff or patient
  (WSIB cost avoidance permits investment in new equipment)
- Less staff fearfulness & stigma
- Reduced stress to wounds through equipment modification
- Timed collaborative interventions and specialized equipment optimized wound healing
- No MRSA transmission
## Functional Impact

<table>
<thead>
<tr>
<th>Admission</th>
<th>Discharge</th>
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<tbody>
<tr>
<td><strong>Wound care:</strong> Chronic bilateral venous leg ulcers</td>
<td>Venous ulcers healed Chronic (17 yr.) ulcer healed</td>
</tr>
<tr>
<td>Leg circumference:</td>
<td></td>
</tr>
<tr>
<td>Left: 78 cm</td>
<td>Leg circumference:</td>
</tr>
<tr>
<td>Right: 90 cm</td>
<td>Left: 70 cm</td>
</tr>
<tr>
<td></td>
<td>Right: 84 cm</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> BMI 60.8</td>
<td>BMI 41.4</td>
</tr>
<tr>
<td>Weight: 178.3 kg (393 lbs.)</td>
<td>31.9 % weight loss</td>
</tr>
<tr>
<td></td>
<td>Weight: 138.3 kg (304 lbs.)</td>
</tr>
<tr>
<td><strong>Mobility:</strong> Mechanical lift transfer</td>
<td>Modified Independent transfer</td>
</tr>
<tr>
<td>Non-ambulatory</td>
<td>Modified Independent with rollator</td>
</tr>
<tr>
<td><strong>BADL’s:</strong> Total Assist bathing and dressing</td>
<td>Minimum Assist bathing</td>
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<tr>
<td></td>
<td>Modified Independent dressing</td>
</tr>
<tr>
<td><strong>Psychosocial:</strong> Anxiety and fear limiting participation</td>
<td>Completion of self-efficacy scale</td>
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<tr>
<td></td>
<td>Improved confidence; self-report</td>
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Our Next Steps

- Develop new Interprofessional THP Bariatric Care Plan
- Standardize Rehab Bariatric Equipment available (ceiling lift in gym)
- Standardize Rehab Bariatric Treatment Protocols
- Education and Training across THP rehab units
- Collaborate with THP management re anticipated costs for implementation and care of Bariatric patient
Key Messages

• **Safety first** – for patient & staff

• **Specialized** equipment & supplies

• Value the **patient’s experience**

• **Creative** interprofessional problem solving

• **Psychosocial issues** impact goal success

• Expect greater LOS, staffing requirement, supply budget – **financial implications**
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References


Public Services Health & Safety Association


www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/handling_patients_bk97.pdf


www.visn8.va.gov/visn8/patientsafetycenter/safePtHandling/toolkitBariatrics.asp