

OBESITY COMPLICATES CARE

for hospitals and staffs as well as patients

By Dan Harvey

Nurses and allied healthcare professionals encounter special challenges in caring for the growing obese population

The nation's obesity rate has doubled in only two decades, according to the Centers for Disease Control. Obesity is now an epidemic, and like any epidemic, it places sudden and severe pressures on hospitals and their staffs.

Costs are up, as hospitals invest in equipment and facilities to handle the heavier patients. And staff members are addressing a host of concerns relating to patient and staff safety and education, patient-care responsibilities and patient-sensitivity issues.

The problem is huge: "Currently, two out of three adult Americans are considered overweight and about one out of three are considered obese," reports Leon Katz, MD, medical director of the Comprehensive Bariatric Surgery Program at Crozer-Chester Medical Center in Upland, Pa.

There is no indication that the problem will get smaller anytime soon, so healthcare facilities are compelled to act, and many have done so already.

High Risks for Staff, Too

Obesity is a complex disorder, as it arises from both psychological and physiological factors. A potentially lethal condition that often leads to premature death, obesity is closely linked to cardiovascular problems (e.g., high blood pressure), heart disease (including congestive heart failure, heart attacks, arrhythmia and angina), elevated cholesterol levels, diabetes, respiratory problems, sleep apnea, musculoskeletal problems and incontinence.

"There is even increased risk for certain kinds of cancer, such as endometrial, colon and breast," says Pam Scott, former president of the American Academy of Physician Assistants. "A recent article in the *Journal of Gastroenterology* reported that as many as 53 health conditions are related to obesity."

Educating both staff and patients about the most problematic condition-related factors is a priority.

For example, healthcare providers face a palpable risk of personal injury when lifting and moving obese patients. "There is a definite tie-in to staff injuries, particularly back injuries," says Pat Foster, program coordinator of Crozer-Chester's Bariatric Surgery Program. "That's where Crozer-Chester's risk management and special education come into play, helping staff understand the risks they face."



Photo by Dave Gehosky

Janice Beitz, PhD, RN, professor of nursing at La Salle University in Philadelphia, teaches nurses how best to care for obese patients.

Practical Considerations

Beyond education, there are practical, day-to-day considerations encountered throughout the entire nursing and allied-health-professional spectrum of care. Treating the obese population is more complicated, and it requires more time and effort. "In general, obese patients have a multitude of co-morbid conditions, so nurses find themselves in a position where care takes a great deal more work," says Foster.

For instance, nurses who care for obese patients — especially the morbidly obese patients (described as those with more than 100 pounds of excess body fat) — need to be aware of the problems related to the patient's physical composition.

"The heaviest patients can have large skin folds that have to be cleaned and dried, which is something that must be done to avoid complications," explains Janice Beitz, PhD, RN, professor of nursing at La Salle University in Philadelphia. In addition, morbidly obese

patients often develop pressure ulcers deep in their skin folds. "Nurses have to concern themselves with preventing those ulcers from occurring," adds Beitz, who also co-directs a program at La Salle that focuses on wound, ostomy and incontinence.

Non-nursing members of facility staffs can be called in to move obese patients. "A single nurse, male or female, simply cannot move that much weight alone," Beitz points out. "Therefore, they need support from staff members, such as transport personnel."

However, that can impose additional time constraints, which can be problematic in hospital areas where patient throughput is a major consideration, such as a diagnostic imaging section. "When you need to find more people to help you move a patient, that takes up additional time in your daily schedule," says Teri Harwell, CNMT, a nuclear medicine technologist at Christiana Hospital in Newark, Del.

"It definitely alters your day," Beitz confirms. "Sometimes it means that you just can't deliver care as quickly as you would like or need."

Facility Factors

Hospitals are well aware of the challenges. More and more are investing in equipment that ensures safer and easier patient transport. The safety factor works both ways, indicates Beitz: "It's not just caring for the patients; it's also caring for the staff."

Such equipment includes special lifts, transfer boards, beds, pressure distribution mattresses and wheelchairs, all designed to handle higher weight capacities. "Any facility that strives to provide the highest levels of patient care is compelled to invest in bariatric-sized equipment and accommodations," says Beitz.

Hospitals are also re-fashioning waiting-room areas to provide larger chairs, providing greater comfort for larger patients. In the OR, hospitals have widened their operating tables to accommodate increased patient size. Special units are also specially equipped. "In our special unit for our bariatric surgical patients, we have beds that are made specifically for this population," says Victoria Frain, MSN, RN, CRNP, a nurse practitioner and certified bariatric nurse in the Department of Surgery at Temple University Hospital. "The unit was designed and built for these patients and has wider doors and showers. Toilets are floor mounted, not wall-mounted. Also there's special seating in the rooms and the patient/family lounge."



Photo by Paola Noguerras



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Top Pat Foster, left, program coordinator of Crozer-Chester's Bariatric Surgery Program, has lost 150 lbs. since having gastric bypass surgery herself. Leon Katz, MD, is medical director of the program.

Below Wider doors and showers are among the facility adjustments made to ease the care of obese patients at Temple University Hospital.

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Impact on Imaging Studies

Awareness has extended into diagnostic imaging departments, where equipment vendors have developed new solutions for problems posed by patient obesity. For instance, in the area of nuclear medicine imaging, tables used for SPECT (single photon emission computed tomography) have been designed for patients weighing up to 300 pounds. Even so, sometimes that just isn't enough. "Occasionally, we see a patient that is just too big for the table," reports Harwell. "Their physical weight, which sometimes can be as high as 400 pounds, exceeds the table limit."

In such cases, options are available. "If we can't get the larger patients onto the table for a SPECT study, we can leave them on a stretcher and use another kind of camera that performs planar imaging," says Harwell.

However, as workable as that kind of solution may be, an important issue remains: when accommodating obese patients in this fashion, technologists may not be able to do the most appropriate kind of scan. Essentially, a patient's weight compromises the level of care they can receive, Harwell indicates. Ultimately, the less-than-optimal images obtained decrease a radiologist's diagnostic confidence. Moreover, it can lead to increased costs if a patient subsequently needs further testing.

Communicating Compassion

That circumstance circles back to patient education. Obese patients not only need to be made aware of how their physical condition is detrimental to their health; they should know that it might affect the quality of care they receive. But this is where the tenor of the communication becomes paramount. When conveying that kind of information, the healthcare provider — whether a physician, physician assistant, nurse, therapist or imaging technologist — needs to employ diplomacy, compassion and empathy. "It's very important to consider a patient's feelings and adopt a sensitive approach when consulting with them about their condition," says Scott.

Beitz agrees: "You just can't focus on a patient's physical needs. You have to address the psychological and emotional needs as well. After all, there is a significant social stigma attached to their condition."

"Obesity is the one remaining social prejudice," Frain points out.

That's why sensitivity training can be just as important as facility accommodations and equipment. "It is important to educate nurses and all healthcare professionals in this area," recommends Frain. "It helps to have them undergo some kind of sensitivity and awareness training."



Victoria Frain, MSN, RN, CRNP, a nurse practitioner and certified bariatric nurse in the Department of Surgery at Temple University Hospital, shows the special seating designed to comfortably accommodate obese patients.

That applies to all hospital areas, she adds. "Healthcare professionals in every department need to be aware of the needs that these patients face every day, on a routine basis. It has to be enterprise-wide."

Surgeries Increasing

Sensitivity certainly comes into play in bariatric centers, where emotional support is part of the comprehensive care provided by appropriately trained staff members. The increasing obesity rate has led to a substantial increase in bariatric surgeries, which have proven to be a highly effective tool for long-term weight loss.

"The number of surgeries performed nationwide has consistently increased in the past decade, mainly because of the emergence of the minimally invasive laparoscopic approach," reports Katz.

Within Crozer-Chester Medical Center's bariatric surgery program, the laparoscopic approach is applied in two categories of surgical weight loss: the gastric bypass and the laparoscopic adjusted gastric band, or LAP-BAND, procedure.

A bariatric center serves as a microcosmic environment wherein all of the aforementioned issues come into play: cost, labor, education, empathy and special accommodations. "Our center is specially equipped with larger chairs in the waiting areas, as well as expanded doorways and bathrooms," reports Foster. "In our operating rooms, we use specialized equipment designed for larger-sized individuals, and in our radiology department, we have spent a great deal of

money in order to provide the appropriate tests. But we not only accommodate the patients' physical requirements; we also offer kindness and warmth, because that is what they need."

Inside such a center, servicing bariatric patients is as labor intensive as it is in other healthcare settings. It also requires a multidisciplinary approach. "Before a patient even undergoes the surgery, they have to be cleared by a multitude of specialists in areas including cardiology, pulmonology and gastroenterology," says Foster. "They must undergo psychiatric clearance, to make sure they have the support systems in place to be able to handle the changes they can expect after surgery. They also need a battery of diagnostic imaging tests."

Bariatric surgery can also be a very expensive proposition for a hospital, as Beitz explains: "An organization contemplating a bariatric program really needs to think twice about it before they jump in with both feet, because the special beds, wheelchairs and facility renovations cost a great deal."

For patients, the process is lengthy and tedious, but bariatric surgery provides many with a light at the end of the tunnel. Foster offers a compelling success story. "I'm a gastric bypass patient myself, and I've lost 150 pounds so far," she reveals.

Bariatric surgery, she adds, is only one way that hospitals can demonstrate a willingness to invest time and money to provide the best care for obese patients. The other ways involve all of the nurses, technologists, physician assistants, therapists and others who are demonstrating readiness and willingness to go above and beyond in meeting the needs of obese patients for patience, dedication and compassion.