



Exploring Equitable Care for Your Patient Who Weighs 500 to 1200 Pounds

VA U.S. Department of Veterans Affairs

Susan Gallagher, PhD MSN RN CBN CSPHP

susan@barisolutions.com

barisolutions.com

Special appreciation to: Pauline Hilton, DrPH, MSN, FNP, CRRN and Lynn Salazar, MSN, RN



Background

The skin, which is described as the larger organ of the body, is significantly impacted by the presence of excess adiposity. Little evidence exists that guides equitable care for patients whose weight ranges between 500 and 1200 pounds. This quality improvement project explored care challenges associated with the person whose weight exceeded 500 pounds.

Methods

A multi-phase mixed method design was put in place for this quality improvement project. The first phase included brief Interviews (N = 34) to identify the major issues associated with care; 10 areas of care were identified. Phase two of this quality improvement project was: craft 10 questions based on the findings in phase one, create a survey using Survey Monkey technology with consent language, distribute the 10-items survey to 1719 healthcare professionals within and outside of the Dept of Veterans Affairs, report data using standard graphs. Phase three of this project was to validate the data with seasoned SPHM professionals (N = 9) for the purpose of creating an enclosure to the VA Bariatric SPHM Guidebook.

Findings

Based on interviews, surveys and focus groups the top ten challenges/opportunities associated with caring for the person whose weight ranged 500 to 1200 pounds were identified as follows: diagnostic studies, emotional exhaustion, inadequate technology/equipment, post-mortem care, occupational injury, environmental barriers, lack of coordinated planning, limited post-acute resources, atypical clinical care.

Of these 10 areas, all but one directly or indirectly relate (post-mortem care) to skin health, and the challenges associated with a high degree of adiposity and inadequate diagnostic studies, equipment/technology, resources and clinical intervention. Massive lower leg lymphedema, lipedema, vascular injury, intertriginous dermatitis, incontinence and incontinence associated dermatitis are just a few of the skin challenges identified.

Nearly 100% of respondents indicated that patients with a body weight greater than 500 pounds “had moist, weeping legs.”

Opportunity for further discussion: *Could lymphatic compromise associated with excess adiposity contribute to accumulation of lymphatic fluid that simulates weight gain among some patients with obesity?*

Discussion

The promise of future technological development is often driven by subject matter experts and clinicians rising to the challenge of caring for today's patients of size with skin concerns. This points to the need for close partnerships between clinicians and suppliers of resources (academic, industry, material, etc) to be sure promising solutions are efficiently developed and distributed to better serve individuals of size with consistent standards of equitable, safe skin care.

References

Accommodating the Person who Weighs 500 to 1,200 Pounds. In: Bariatric Safe Patient Handling & Mobility Guidebook. Retrieved from: Retrieved from: Bariatric Safe Patient Handling and Mobility Guidebook | Healthcare Environment and Facilities Programs (va.gov)
Department of Veterans Affairs Office of Healthcare Environment and Facilities Programs (2019). Bariatric Safe Patient Handling & Mobility Guidebook. Retrieved from: Bariatric Safe Patient Handling and Mobility Guidebook | Healthcare Environment and Facilities Programs (va.gov)
Department of Veterans Affairs (2021). Safe Patient Handling and Mobility Design Criteria.