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# Intervening to improve quality and safety of care for the obese in an orthopaedic unit: A collaborative action-oriented quality improvement project in a Magnet recognised facility

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## KEYWORDS

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## Summary

*Purpose of study:* Our study aimed to identify and address impediments to nursing staff providing safe and quality care for obese patients on the orthopaedic unit of a medium sized medical/surgical acute care Magnet Recognised hospital using a participatory action oriented quality improvement methodology.

*Main findings:* Both registered nurses and assistants-in-nursing indicated that placing a blue 'B' Magnet on the patients' room door as a way of identifying the patient as an obese patient ('B' for bariatric) was the most helpful and practical intervention. This was followed by the intervention of using at least three staff to roll a patient and use of two slide sheets for the larger patients with a BMI greater than 30 or weight greater than 100 kg.

*Principal conclusions:* Collaborative participatory action-oriented quality improvement methods can engage staff at all levels in positive change to health service delivery in order to enhance the quality and safety of care for both patients and staff. Our project demonstrated that simple but effective interventions in the care of obese patients are readily adopted by staff who have had the opportunity to be involved in their development, implementation and evaluation.

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## Introduction

In 2008 our hospital, a Catholic private acute care medical–surgical not-for-profit facility located in the inner suburbs of Sydney, Australia, embarked on the journey to become the first private hospital in Australia to gain Magnet Recognition® through the American Nurses Credentialing Centre (ANCC). The model components of the Magnet

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Recognition Program® comprise: transformational leadership; structural empowerment; exemplary professional practice and new knowledge, innovation and improvement. Each of these components must be demonstrated by empirical outcomes across some 88 standards. Following document review, a site visit by three appraisers and on the recommendation of the Commission on Magnet, the hospital received formal notification of Magnet Recognition® on May 10, 2011 to much joy and celebration.

In the lead up to document submission, the growing number of obese patients admitted to the orthopaedic unit and staff concerns about quality and safety of care led to the decision to design a 12 month project to identify and implement a suite of interventions to improve staff safety and quality and safety of care. The project was named *Better Care, Safer Care: Improving the quality of care and staff safety and satisfaction with care for obese patients admitted to the orthopaedic unit of SVPH*. The project was led by the hospital's professor of healthcare improvement and was driven by a multidisciplinary team consisting of the nursing unit manager, unit nursing staff at all levels, a physiotherapist, an occupational health and safety representative and a patient care orderly. In what follows we report the broad contours of the project including methods, measures and outcomes.

## Rational and justification

The nursing staff on the orthopaedic unit became aware that increasing numbers of obese patients were being admitted. Records begun in March 2008, documented that the percentage of patients with a Body Mass Index (BMI) greater than 30 represented 20.9% of the total population with this increasing to 24.7% by 2010. Of these near 1800 patients admitted to the orthopaedic unit, 216 were classified as morbidly obese with 194 patients having a BMI of 40 or above, 19 patients with a BMI of 50 or above and 3 patients with a BMI of 60 or above. These are somewhat alarming figures and suggested strongly that strategies to minimise harm to patients and staff were very much required.

A literature review was conducted through a comprehensive search strategy to identify contributing factors and an understanding of the issues faced by orthopaedic nurses caring for bariatric patients. This began with an internet search through Google identifying a range of publications. The next stage explored electronic databases, with searches limited between January 1999 and July 2009, and the final stage involved surveying the orthopaedic unit nursing staff to identify from a list of options what they felt were the biggest challenges when caring for obese patients.

## Literature review

Obesity is, despite commonsense understandings, the commonest form of malnutrition in developed and underdeveloped countries, reaching epidemic proportions around the globe (Banning, 2005). Our literature review highlighted how obesity is increasingly becoming a worldwide concern in the healthcare sector and that a range of issues relating to specialised equipment and manual handling were vital for staff and patient safety if injuries and related sequelae

were not addressed by strategic targeted interventions. A study conducted by the Australian Bureau of Statistics (2006) classed 18% of men as obese and 41% overweight with 15% of women classed as obese and 25% as overweight. Research undertaken by Dowsey and Choong (2008) has predicted that 34% of the Australian population will be obese by the year 2015. Looking forward to the next decade, Walls et al. (2012) estimate an increase in obesity prevalence of 65% by 2025, based on weight gain observations made during the first five years of this century; they further suggest that normal weight adults will comprise less than one third of Australia's population by 2025.

Compounding this suggestion is the fact that current school-age childhood obesity rates in Australia sit at between six and eight percent (Gill et al., 2009), with the longer-term health consequences set to manifest as those children enter adolescence and adulthood sometime between 2020 and 2030. This will have major ramifications on the overall health of the population and the health care system's capacity to cope, especially in the clinical speciality of orthopaedics where obesity has been identified as having a significant impact on the development and progression of arthritis to the lower limbs thereby increasing musculoskeletal pain and physical dysfunction (Hooper, Stellato, Hallowell, Seitz, & Moskowitz, 2007; McDonald & Huo, 2008).

Bariatric frames, commode chairs and lifting equipment able to accommodate a patient's weight are needed to ensure they can be mobilised safely as well as to ensure the safety of the staff assisting them (NB we will use the term bariatric hereafter when referring to specialised equipment for obese patients as these have been designed for patients undergoing treatment for their obesity rather than any other reason). The literature notes that a nurse is responsible for being knowledgeable about the weight limits of the various items of equipment needed to assist obese patients (Barr & Cunneen, 2001). It also notes that hospitals, nursing homes and other health care facilities need to ensure that appropriate equipment is acquired and is readily available. This will enable staff to care for their patients' safely, while equally ensuring that their own safety is maintained. The special equipment needed includes basic items such as extra large blood pressure cuffs, gowns and compression stockings (Pelczarski, 2007). As noted in the literature, most bariatric equipment is imported into Australia, and the relatively small market means the range of equipment is limited. As also discussed by Cowley and Legget (2009), the size, shape and weight distribution of different obese patients is not always accounted for by the limit on equipment design. Differences in policies and procedures in Australian hospitals are compromised by the absence of a standard definition of a bariatric (or in our case, obese, patient).

The area of manual handling has always been an issue for nurses but especially so in caring for the obese patient. Baptiste, in Cowley and Legget (2009, p. 26) identified "the rise in the number of upper body injuries, in particular shoulder and neck, sustained by carers in one USA institution as a result of handling obese patients without using equipment". With obese patients, the manual handling risks are compounded not only by their size and weight but also by their shape, mobility and level of cooperation (Cowley & Legget, 2009). The literature suggests that such patients

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