# Caring for the Bariatric Population Quest for Center of Excellence Theresa Kramer MS, PT Injury Prevention Program Coordinator Cascade HEALTHICARE COMMUNITY



## Equipment, Equipment, Equipment

- > One of the more challenging components of the process
- > Scope of project kept growing
- Realization that most of our equipment was not labeled with weight capacities
- > Accurate inventory, like "herding cats"
- > Departmental experts were invaluable

# SPH equipment

- > Added 2 ceiling lifts in 2008, 2 more scheduled for 2009 (retro fit installation)
- > Bariatric sit to stand
- Slide tubes for repositioning
- ➤ Hover mat
- ➤ Slipps
- > Omega 300

# Medical Equipment

- > Radiology exam tables
- > OR tables
- ▶ Gurneys
- > Wheelchairs
- ▶ Walkers
- > Commodes
- > Shower chairs
- > Evacuation equipment

### **Process**

- > Departmental responsibility to know weight capacity of their equipment
- Asked Facilities to incorporate into PM schedule....doesn't apply to all equipment though
- Capital buyer on original committee; assuring best weight capacity on all equipment; standardized to 700# for gurneys, etc

# **Furniture**

- Most furniture does not indicate weight capacity anywhere
- Challenging to track down vendors, manufacturer's for waiting room furniture
- > Replaced deli chairs changing weight capacity from 200# to 350#, steel frame
- Scope expanded again...what about other ADA issues with furniture

# Toilets!!

- Original building 1975, most toilets wall mounted, 350# weight capacity
- > Added "toilet jacks" increased capacity to 1000#
- Defined specific areas for Bariatric surgery patient flow initially, goal to expand for all areas
- > Facilities crew our champions
- Toilet seat a challenge for average size employees



# Future goals

- > Standardization across campuses
- Accommodate patients of size throughout all facilities
- > Bariatric surgery rooms