

Experience of leadership and management clinicians in implementing best practice in inpatient management of people with obesity in a metropolitan public health service

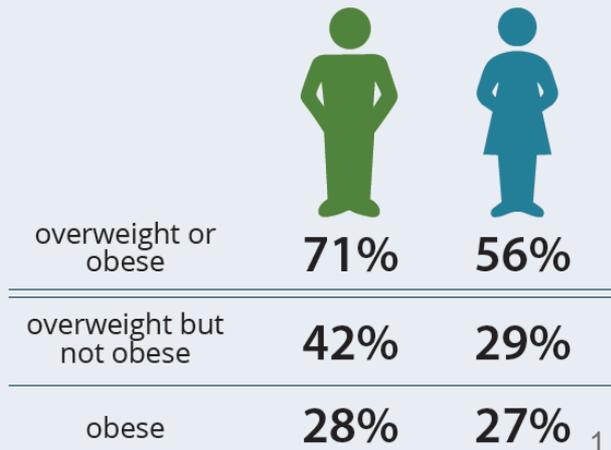
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Background



Western Health

More men than women were overweight or obese in 2014–15; a similar proportion were obese



Patients with obesity may experience :

- Increased risk of chronic conditions ^{2,3}
- Inadequate quality of care
- Increased length of stay
- Increased adverse events such as pneumonia, infection, falls, and pressure injuries
- Weight stigma and bias^{4,5}
- Leading to increased cost of care.⁶

1. Australia Bureau of Statistics. National Health Survey: First Results, 2014-15. Melbourne Australia: Australian Bureau of Statistics; 2015 [updated 2018 August cited 2018 August 4]; Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001>

2. Health VGo. About Overweight and Obesity. Melbourne Australia: Victorian Government Department of Health; 2009 [updated 2009 May 26 2018 Aug 4]; Available from: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/health-pubhlth-strateg-hlthwt-obesity.htm>

3. Australian Institute of Health and Welfare. Impact of overweight and obesity as a risk factor for chronic conditions. Canberra, ACT: Australian Institute of Health and Welfare; 2017 [updated 2017 April 13 2018 August 4]; Available from: <https://www.aihw.gov.au/reports/burden-of-disease/impact-of-overweight-and-obesity-as-a-risk-factor-for-chronic-conditions/contents/table-of-contents>

4. Puhl R, King K. Weight discrimination and bullying. Best Pract Res Clin Endocrinol Metab 2013;27:117-27.

5. Kaminsky J, Gadaleta D. A study of discrimination within the medical community as viewed by obese patients. Obes Surg 2002;12(1):14-8.

6. Temple G, Gallagher S, Doms J, Tonks M, Mercer D, Ford D. Bariatric Readiness: Economic and Clinical Implications. Bariatric times 2017;14(8):10-6.

Aims

- Better understand perceptions and experiences of clinicians in leadership and management and other key personnel in providing care for inpatients with obesity at Western Health
- Utilize this understanding, integrated with results of the literature review to drive service improvement and ensure best care for people with obesity seen at Western Health

Methods

Setting	<ul style="list-style-type: none">• Suburban Australian Public Health Service• Significant cultural diversity and socio-demographic disadvantage
Practice Context	<ul style="list-style-type: none">• Established executive sponsored Bariatric Working Group and multidisciplinary referral based consult service (known as the Bariatric Assessment Team or BAT)
Method	<ul style="list-style-type: none">• Interpretative phenomenological analysis (semi structured interviews)
Trustworthiness	<ul style="list-style-type: none">• Member checking, reflexivity, regular supervision and audit trial
Inclusion Criteria	<ul style="list-style-type: none">• Clinicians in a current leadership or management role in teams that provide inpatient care to people with obesity within WH

Ideographic

- Producing codes for the interpreted meaning of each line of transcribed.

Integrative

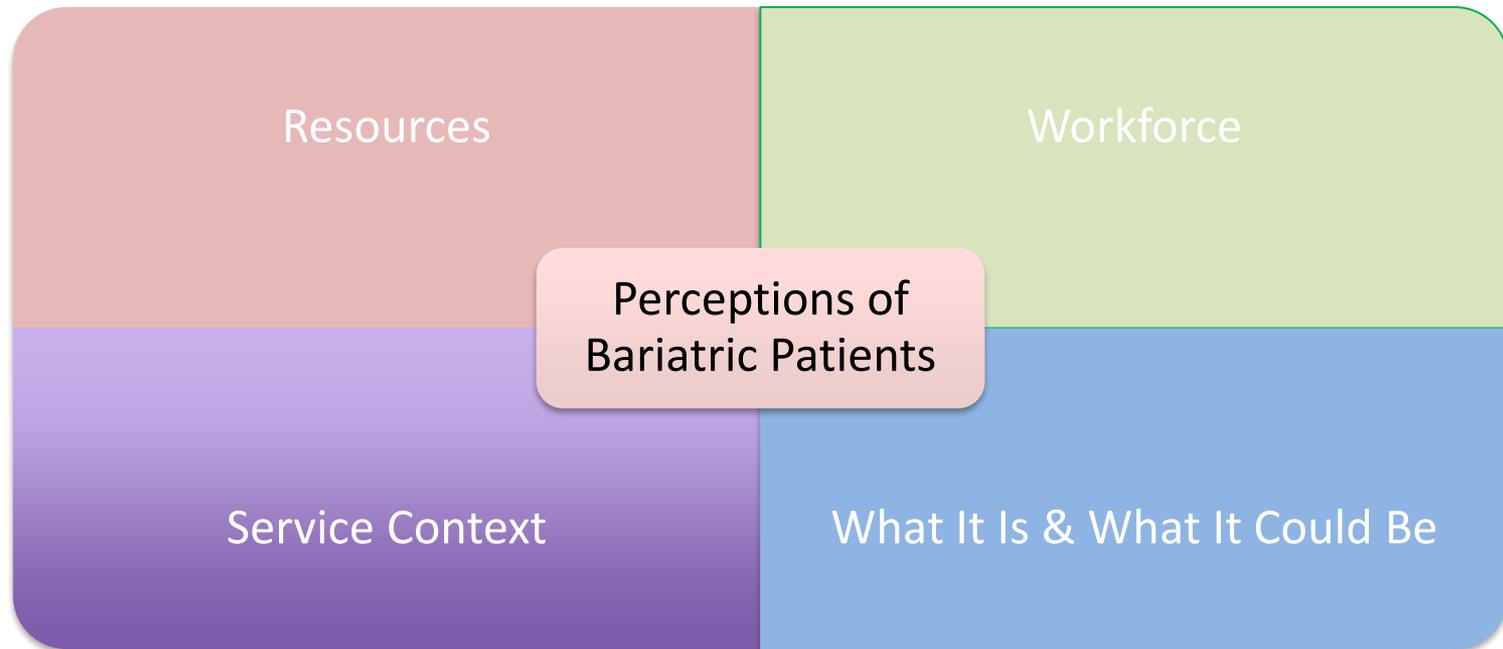
- Codes from each interview form an overall set of themes and detailed description of the phenomena

Interrogative

- Findings from this study are compared and contrasted with the wider evidence base

Results

- 17 Participants – (Nursing n=5, Allied Health n=9, OH&S n=1)
- 5 themes identified in the data



Perceptions of Bariatric Patients

- Problematic Sources of Risk

"oh great we're getting another bariatric patient"

- Perception of Patient & Carer Viewpoints

"I think if I were in that situation I probably wouldn't advocate to get the stuff I need because I would be embarrassed"

- Perception of Organisational Viewpoints

"I think there's still a lot to go, a long way to go, as in anything that we're really trying to put a lot of work into"

Resources

- Equality – Poorer quality compared to general population

"It takes so long to set them up at, the length of their sessions would probably need to be shorter"

- Resource Allocation – Inadequate to improve care

"When somebody does require 4 people to move them around ... it could mean that every nurse on the ward is helping with one patient, what about the rest of the patients?"

Workforce

- Roles & Functions – Everybody's role but responsibility often deferred

”I think the entire multidisciplinary team, which I think needs to start with or leaders ... I think everybody plays a role ”

- Staff Knowledge and Skills – Perceived to be inadequate

”At the moment we don't do any specific staff education around bariatric care. I think we're learning as we go”

Service Context

- Preparedness

“We didn’t have a bed to nurse this patient on ... (we treated) her on the floor on a mattress”

- Environment

“They couldn't access the bathroom so he said no I want to go back to room 32 because I want to be able to sit on the toilet”

- Communication

“In an organisation with so much going on it just sort of becomes white noise”

- Transitions of Care

“Moving them through the journey of their care ... takes a lot longer then it would for a person of standard dimensions”

What It Is and Should Be

- Current Facilitators

“There's so many people at (the health service) that are really passionate about this, which I think drives it so well. We're not just talking nurses. We're talking our OTs, our physios and our nutrition people. I love that it's more of a collaborative thing rather than me sitting here saying to a colleague, "Bloody hell. What are we gonna do about that?"”

- Current Barriers

- *Equipment, Consumables, Physical Environment, Workforce*

Recommendations



Practice problems

Address equipment provision issues

Specific training around caring for people with obesity

Higher staffing ratios when caring for these patients

Improved screening of the needs for people with obesity, to enable rapid response and forward planning

Strategic recommendations

More spaces appropriate for people with obesity, via better design practices in new builds and/or retrofitting existing environment

Strategic, long term planning based on known demographic trends

Consistent organisational policy

Greater meaningful involvement of consumers/patients and carers in service reform, and advocacy from staff for this patient cohort

Significance

- Addressing organisation culture
- Novel

Limitations

- Single service- contextually bound
- Single coding with review by second coder

Questions