

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	General Manager, Mental Health Service, SESLHD
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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Bariatric, obese, risk, assessment, management, physical health
SUMMARY	This procedure has been developed to standardise the system of bariatric (severely obese) patient identification, assessment and risk management across SESLHD Mental Health Service (MHS) inpatient facilities (acute and non-acute care) in accordance with NSW Ministry of Health Policy Directives.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1 POLICY STATEMENT

Identifying the risks that are encountered during the identification and management of bariatric patients is vital in delivering quality care that ensures the health, safety and welfare of patients and staff members. Risks are identified through assessing the patient's physical integrity, mobility and by gaining a baseline weight.

2 BACKGROUND

Obesity has been recognised as a growing issue in the Australian population. This is reflected in the rising number of overweight and obese patients requiring the use of the Ambulance Service of NSW and other health services.

Bariatric patients often delay presenting to hospitals until their medical condition is urgent. Therefore, it is of the utmost importance that bariatric patients are afforded the highest level of dignity and respect that the circumstances allow when they are using the public health system. Providing a respectful and responsive service requires effective planning, a holistic and non-judgemental approach and a continuing mindfulness by those delivering care, of the special needs of – and significant challenges faced by – bariatric patients.

DEFINITIONS

Bariatric Patient: [NSW Ministry of Health guideline GL2018_012 – Work Health and Safety Management of Patients with Bariatric Needs](#), defines a “Bariatric Patient” as *an in or out patient with either bariatric (over 120kg) or super bariatric (over 250kg) needs receiving healthcare by NSW Health workers in transport, facility, at home or in the community. Bariatric is an internationally accepted term applied to patients whose weight exceeds recommended Body mass index guidelines, and where body size restricts mobility, health or access to available services and equipment.*

For the purpose of this procedure, the above definition will be adopted in respect of Mental Health Inpatients.

Bariatric Management Plan: A document that outlines the inpatient facility's response to the planned or unplanned admission of a bariatric patient.

Body Mass Index (BMI): Weight (in kilograms) divided by height (in metres squared).

3. RESPONSIBILITIES**3.1 Mental Health Service Directors will:**

- Assign responsibility for ensuring bariatric patient management within inpatient MH services.

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- Ensure that local procedures for the implementation, governance and management of bariatric patients within inpatient MH services are developed and communicated to all managers and staff.

3.2 Clinical Operations Managers will:

- Ensure that staff receive suitable and sufficient training to promote bariatric patient management within inpatient MH services. Ensure that local procedures for the implementation, governance and management of bariatric patients within inpatient MH services are implemented within their workplace.

3.3 Mental Health Staff will:

- Follow local procedures established for the management of bariatric patients within inpatient MH services.

4 PROCEDURE (see also APPENDIX A)

4.1 Emergency or Unplanned Admission can occur via NSW Police, the Ambulance Service of NSW, a Private MH Facility, Forensic Service, Community Mental Health Team or self-presentation to a SESLHD Emergency Department or MHS assessment venue.

Planned Admission can occur via a Private Psychiatrist, Community Mental Health Team, Forensic Facility, Private Mental Health Facility, Outpatient Clinic, General Practitioner or self-referral communicated to the site Patient Flow Coordinator.

4.2 Upon arrival, the patient is to receive a complete MH assessment. The Physical Examination section in the electronic Medical Record (eMR) is also to be completed.

4.3 Patients are to be flagged for a bariatric assessment if they have a weight exceeding 120kg and/or a Body Mass Index (BMI) exceeding 35. This is to be confirmed by the MH clinician (e.g. Clinical Nurse Consultant, Nurse Practitioner, Psychiatric Registrar, Consultant Psychiatrist) involved in the MH assessment.

4.4 The MH clinician involved with the MH Assessment is to then make direct contact with the site MH Clinical Operations Manager and/or his/her delegate, flagging the need for a bariatric assessment.

4.5 Business Hours:

The bariatric assessment is to be completed by the site Inpatient Services Manager in direct consultation with the site Manual Handling Coordinator, Nursing Unit Manager, Patient Flow Coordinator, Occupational Therapist/Physiotherapist and site Work Health and Safety (WHS) Workplace Safety Committee representative.

After Hours:

The bariatric assessment is to be completed by the After Hours Senior Nurse Manager and/or delegate as per the routine general business process for bariatric Medical/Surgical patients, in direct consultation with the site on-call MH Executive.

- 4.6** A documented bariatric management plan and special needs identification is to be communicated to the treating team by the site MH Clinical Operations Manager (or his/her delegate) and/or After Hours Senior Nurse Manager, in consultation with the site on-call MH Executive.
- 4.7** The site MH Service Director or his/her delegate (e.g. Clinical Operations Manager, Inpatient Services Manager, Nursing Unit Manager) is to conduct a daily review of the documented bariatric management plan, in consultation with an Occupational Therapist/Nursing Unit Manager/Physiotherapist/Clinical Treating Team/the site Manual Handling Coordinator/Community Mental Health Team and other stakeholders (including transport and Community Managed Organisations) as required.

5. DOCUMENTATION

Each patient is unique in terms of size, mobility, MH status and medical condition. An individual plan that takes all of these issues into consideration should be developed for each patient. The plan should be based on risk assessments, be reviewed regularly and modified as appropriate, particularly when the patient's MH status changes, and/or when there is an incident or injury associated with inpatient care.

Key elements of the plan that are to be documented include:

- Patient details, MH and medical history.
- Patient communication protocols (internal and external) around degree of mobility and level of assistance that may be required during inpatient or community care.
- Environmentally suitable access to MH services.
- Environmentally suitable accommodation – e.g. bathroom, bedroom, storage of lifters.
- MH placement transport requirements.
- Specialist equipment requirements.
- Emergency evacuation equipment requirements.
- Instruction, information and training requirements around use of lifting equipment.
- Furniture requirements e.g. bed, chairs, commode of suitable size and safe working load.
- Special staffing requirements.
- Higher risk MH manual handling tasks e.g. chemical sedation, log rolling the patient or moving the patient from the floor after a fall.
- Clinical requirements – electroconvulsive therapy (ECT), behavioural disturbance or restraint.
- Safe systems of work through the MH continuum of care.
- Post discharge planning and community support.

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6. AUDIT

While there is no formal audit process to accompany this procedure, it is a requirement that all MH teams routinely assess the physical health of patients upon admission to a SESLHD MHS inpatient unit and at regular intervals during an inpatient stay.

The expected outcome of this procedure is a standardised system of bariatric patient identification that:

- Accurately identifies each bariatric patient at the point of admission, prior to any treatment or procedure and also on transfer of care;
- Improves the safety and welfare of patients and staff.

7. REFERENCES

- [NSW Ministry of Health guideline GL2018_012 - Work Health and Safety - Management of Patients with Bariatric Needs](#)
- [NSW Ministry of Health policy directive PD2017_033 - Physical Health Care Within Mental Health Services](#)
- [NSW Ministry of Health guideline GL2017_019 - Physical Health Care of Mental Health Consumers](#)
- [NSW Work Health and Safety Act 2011](#)
- [NSW Work Health and Safety Regulation 2017](#)
- [Safe Work Australia Hazardous Manual Tasks Code of Practice \(October 2018\)](#)
- [Safe Work Australia National Standard for Manual Tasks \(August 2007\)](#)
- [National Safety and Quality Health Services \(NSQHS\) Second Edition: Standard 1 Clinical Governance Standard \(1.3\)](#)
- [National Standards for Mental Health Services 2010: Standard 2. Safety \(2.1\); Standard 4. Diversity responsiveness \(4.5, 4.6\); Standard 10. Delivery of care \(10.1.2\)](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2009	1	Angela Karooz, SESIMHS Risk Manager. Document prepared for SESIMHS Core Risk Team, Network Mental Health Quality Managers. Approved by Chief Executive at Clinical Council on 22 July 2009.
Sept 2014	2	Reformatted in current template and references updated by Victoria Civils-Wood, SESLHD MHS Senior Executive Officer.
Nov 2014	2	Reviewed by Angela Karooz, SESLHD MHS Risk Manager.
Jan-Feb 2015	2	Forwarded to STG Workplace Safety Injury Management Coordinator, POWH Occupational Health & Safety Consultant and MHS Access and Service Integration Manager for review. Minor feedback received, with some incorporated.
Nov 2015	2	Sent for out of session endorsement to SESLHD MHS District Document Development and Control Committee (DDDCC). Minor feedback received and incorporated. Endorsed by SESLHD MHS Clinical Council.
Jan 2016	3	Additional National Standard added

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September 2020	v4.0	Routine review commenced.
November 2020	v4.1	Document reformatted into new template "Bariatric Patient" definition updated to align with GL2018_070 Reference table reviewed and updated.
February 2021	v4.1	Endorsed by SESLHD MHS Document Development and Control Committee. Endorsed by SESLHD MHS Clinical Council.
March 2021	v4.1	Approved by Executive Sponsor.

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APPENDIX A:

Management of Bariatric Patients in Inpatient Mental Health Services

