

# Providing Safe and High-Quality Care for Obese Patients

## Patient Safety & Risk Solutions

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Obesity, a serious and costly disease, is a top health risk in the United States. It can cause or exacerbate comorbidities, including Type 2 diabetes, hypertension, dyslipidemia, cardiovascular disease, nonalcoholic fatty liver disease, reproductive dysfunction, respiratory abnormalities, and psychiatric conditions.

According to the Centers for Disease Control and Prevention (CDC), the age-adjusted prevalence of obesity in adults is just over 42 percent with no significant differences between men and women among all adults or by age group.<sup>1</sup> The prevalence in obesity has increased significantly over the past several decades, resulting in changes in patient demographics that might require healthcare providers and personnel to assess their clinical and customer service processes to ensure patient safety and satisfaction.

Healthcare providers are seeing patients whose weights may complicate their diagnostic and treatment protocols. These patients may require additional time during their appointments. Further, compliance with treatment plans might be more difficult for obese patients, and accurate diagnoses might be more challenging, more time-consuming, and more expensive to accomplish.

Comorbidities pose additional challenges, and successful outcomes for obese patients might be more difficult to achieve. Additionally, obese individuals might be less likely to seek medical attention due to embarrassment, fear, or stigma; therefore, they may not receive timely diagnoses, treatment, or the best possible outcomes.<sup>2</sup>

## Challenges in Clinical Care

Obesity can pose multiple challenges in clinical care. For example, an obese patient undergoing an endoscopic procedure may require more staff assistance and attention in preparation for the procedure. Anesthesia may present additional challenges. Finding a vein, monitoring blood pressure, and determining appropriate dosages of various drugs might vary considerably when a patient is significantly overweight. Also, recovery time potentially could be extended and require more oversight.

Other clinical challenges might include monitoring of respiration and the need to move obese patients more frequently to prevent nerve damage. In addition, obese patients may inadvertently pose physical risks to medical staff. Even if it is possible to move a patient without hurting him/her, the number of staff members required for the transfer could cause complications. Finally, staff members' attempts to help move or to break the falls of obese patients may result in workers' compensation claims.

## Review of Patient Safety

As healthcare teams assess their safety protocols with a focus on the risk factors associated with caring for obese patients, they will likely identify additional processes and training that should be in place to decrease the potential for patient or staff injuries. Assessments also should consider the timing of referrals and the additional information that providers might need to share with specialists who will participate in patients' diagnoses or treatments.

Documentation is especially important, because treating an obese patient may require input from several medical specialties. For example, a gastroenterologist may need to consult with the patient's cardiologist or orthopaedic provider to formulate a treatment plan. Procedures that typically use the services of a nurse anesthetist might require the oversight of an anesthesiologist. The input of several specialists may provide a comfort level for the practitioner undertaking a procedure with this type of high-risk patient.

A review of the "everyday" aspects of the healthcare practice may reveal some additional opportunities for safety improvements. For example, waiting room furniture should be large enough to accommodate obese patients. Exam room tables, gurneys, surgical tables, etc.,

may pose risks if they are neither wide enough nor sturdy enough. Bathroom facilities should be checked for the possibility that stall doors might be too narrow. Also, wall-mounted toilets can pose both safety and plumbing risks, because obese individuals might cause wall-mounted appliances to break away from their attachments.

Other factors to consider in the care of obese patients include ensuring that equipment and materials are adequate in size. If blood pressure cuffs are too small, then they will not give accurate readings. If needles are too short, they will not pierce all the way through adipose tissue, and the patient may sustain an injury if medication is trapped in fatty tissue. If the scales cannot accurately report a patient's weight, this may prevent practitioners from determining the proper doses of medications.

Once the healthcare team members begin to think about these risk factors, they will likely be able to readily identify processes that can help improve patient safety and satisfaction.

## **Emotional Factors**

In addition to the physical challenges of caring for obese patients, emotional challenges also can occur. Healthcare providers and personnel might feel frustrated with the amount of time and physical energy invested in patients for whom compliance and standard treatment protocols are more complicated and time-consuming.

Because clinicians are unlikely to receive reimbursement for additional time spent evaluating or treating obese patients, customer satisfaction surveys may accurately reflect patients' impressions that they have been hurried along or treated disrespectfully.

Issues of explicit and implicit bias also present challenges in the care of obese patients. A study on the impact of weight bias noted that, "Many healthcare providers hold strong negative attitudes and stereotypes about people with obesity. There is considerable evidence that such attitudes influence person-perceptions, judgment, interpersonal behaviour and decision-making. These attitudes may impact the care they provide."<sup>3</sup>

Providers and staff members should address and discuss feelings of frustration and issues related to bias and stigma. As a team, they should work to identify appropriate processes and

solutions so that the organization can commit to acceptable standards of patient safety and satisfaction.

Additionally, acknowledging that some patients will require more time, more assistance, more reinforcement, and more emotional support is important. Healthcare teams will want to meet these challenges in ways that not only protect patients, but also take into account professional satisfaction.

## Resources

Healthcare providers can choose among a wealth of resources that will help them review and assess their current protocols to improve patient safety and service for the high-risk obese population. Online resources, professional associations, specialty societies, and local health systems are ideal places to consult for assistance.

As a general guide, a review of protocols should include:

- A review of the diagnostic, treatment, and office processes that might require modifications or updates to protect patients and staff
- The protocol for including additional healthcare practitioners and specialists, if necessary, to formulate adequate treatment plans for obese patients
- Assessment of the physical office and the equipment and supplies that the healthcare team uses to ensure that obese patients are accommodated and safe
- Documentation of the steps taken to protect the physical and emotional health of obese patients
- Training to ensure that the healthcare team is able to maintain respectful and competent standards when interacting with a patient population that may prove challenging

## In Summary

Serious health risks are associated with obesity in the United States. Obesity can complicate patients' diagnoses, treatments, and ability to comply with treatment plans. Healthcare

teams can improve patient safety and satisfaction by assessing office protocols and environmental factors to ensure they are providing adequate and safe care and treatment for obese patients.

## Endnotes

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<sup>1</sup> Hales, C. M., Carroll, M. D., Fryar, C. D., & Ogden, C. L. (2020, February). Prevalence of obesity and severe obesity among adults: United States, 2017-2018. *NCHS Data Brief, No. 360*. National Center for Health Statistics, Centers for Disease Control and Prevention. Retrieved from [www.cdc.gov/nchs/data/databriefs/db360-h.pdf](http://www.cdc.gov/nchs/data/databriefs/db360-h.pdf)

<sup>2</sup> Phelan, S., Burgess, D., Yeazel, M., Hellerstedt, W., Griffin, J., & van Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews, 16*(4), 319-326. <http://doi.org/10.1111/obr.12266>

<sup>3</sup> Ibid.

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