Bariatric Patients – invasive surgical services

GUIDELINES FOR THE MANAGEMENT AND CARE OF BARIATRIC PATIENTS

Advisory Notice 2/2019

September 2019

In Tasmania, private health service establishment (Hospital or Day Procedure Centre) providing invasive surgical services for patients with a Body Mass Index (BMI) greater than 35, are required to ensure that a Risk Management Framework is in place at the facility to ensure the delivery of quality clinical care with adequate safety mechanisms for patients and staff are in place.

BACKGROUND

- The demand for surgical services across clinical specialties for patients who are morbidly obese is increasing.
- Patients who are morbidly obese or classified as 'bariatric' are defined as having a Body Mass Index (BMI) of greater than 35, and are at greater risk of developing clinical complications.
- There are no published contemporary clinical guidelines to inform best practice for health services seeking
 to provide surgical services for bariatric patients regarding infrastructure; facilities and equipment with
 weight ratings; patient selection and high level risk screening criteria; education and training for health care
 workers; multi-disciplinary clinical referral; or mechanisms for monitoring ongoing safety and quality, and
 patient outcomes.
- The Australian Commission on Safety and Quality in Health Care's, NSQHS Standard 5 Comprehensive Care outlines criteria and actions to manage risks, minimise harm and identify training requirements for delivery of comprehensive patient care, but is not specific to requirements for bariatric patients.

I. General requirements

- I.I. Health service organisations providing invasive surgical services and admission of bariatric patients to the facility is a business decision, based on the capability of the service to provide safe patient care.
- 1.2. Health service's Medical Advisory Committee must establish and approve an agreed BMI and weight limit that will initiate an anaesthetic review prior to booking surgery, and an upper weight limit for exclusion for admission for surgery to the facility.
- 1.3. Health service must inform the Department of Health Regulation Unit of the intention to provide invasive surgical services for bariatric patients, BMI and weight limits in writing.



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2. Specific requirements

- 2.1. Health service organisations must have a risk management framework in place if providing invasive surgical services on patients with a BMI>35 and weight > 100kg, that includes assessment of the facility's space, equipment requirements to the approved weight limits, suitable clinical services, and workforce requirements.
- 2.2. Health services must have management plan with appropriate risk mitigating strategies in place, supported by appropriate policy documents including (but not limited to):
 - 2.2.1. An admission policy with specified BMI and weight limits
 - 2.2.2. Clinical pathway, or additions to existing pathways where required
 - 2.2.3. Management of bariatric patients policy, including:
 - equipment requirements
 - · staff manual handling and equipment training
 - patient mobility and falls management
 - details to enable safe patient transfer to higher level services
 - 2.2.4. Staff education and training plan
- 2.3. Health services must have a Quality Activities Plan in place, that includes activities such as:
 - 2.3.1. Monitoring of the critical mass of bariatric patients and clinical outcomes
 - 2.3.2. Monitoring of referrals from inside the service and outside the service
 - 2.3.3. Annual review of policies and procedures relating to surgical services for bariatric patients
 - 2.3.4. Monitoring and maintenance of potential risks and system issues relating to the implementation of surgical services for bariatric patients, along with mitigation and management strategies
 - 2.3.5. Education and training, and monitoring to ensure an appropriately trained and competence workforce
 - 2.3.6. Maintenance and upgrade of equipment as necessary, and
 - 2.3.7. Maintenance of clinical records and reporting requirements.

3. Monitoring

3.1. Quality assurance may be monitored by the Department of Health Regulation Unit through annual licence renewal and/or auditing processes

4. Questions and further information

4.1. For questions or further information contact 6166 3856 | hselicensing@health.tas.gov.au