

BARIATRIC PATIENT NEEDS

IMPACT HOSPITAL PLANS

A patient's size is one more factor to complicate the planning of future health facilities. The care of the morbidly obese patient brings design challenges for accommodating excess weight and reduced mobility.

Physical features to consider are:

Access and Corridors:

- Standards for obese patients exceed the requirements for the disabled.
- Doors must be at least 42" wide, with 48" recommended for 38" wheelchairs.
- No ramps or changes in floor elevation are permitted. Use elevators.

Public, Outpatient and Emergency Areas:

- Doorways to consider include exam rooms, dressing rooms, interview offices, toilet spaces, etc.
- Seating in waiting areas, cafeterias, etc. should be capable of 500 to 800 lbs.
- Loveseats, benches should be dispersed, not clustered.
- Toilets should be floor mounted, and at least 24" from a side wall; grab bars should be mounted for support of 500 lbs.

Patient Room:

- A 5-foot wide entry door is required for movement of the bed and other equipment.
- Clearance around the bed should be 5-foot around the sides and foot of the bed. This provides the space for movement of portable lifts, oversize wheelchairs, commodes and stretchers.
- The space at the foot of the bed has significant impact on the structural bay size in new patient unit wings.
- Bed dimensions are up to 60" wide and 98" long. The patient headwall design must recognize the extra bed width.
- Portable floor, sitting to standing lifts and/or ceiling mounted lifts must be provided. The ceiling mounts are easier on the staff but are expensive and can limit the attractiveness of the room for use by non-Bariatric patients.
- Precise temperature control is desired as obese patients are hyper-sensitive.
- Whether for acute care or for long term care, the patient room will be larger. Expect about 270sf or more.
- Nursing unit corridors will be used for ambulation exercise. The scale for weighing of patients should be unobtrusive and floor mounted, with grab bars provided.
- Storage space for these large equipment items must be reserved on the floor, or be readily available when needed.



Patient Toilets:

- Toilets must be floor mounted and capable of 800 lbs. The fixture should be equipped with oversized seats and at a greater height off the floor than usual.
- Clearance of the fixture to the rear wall must be increased to at least 8 inches.
- Clearance for staff assistance at each side of the fixture is important. At least 24" to 33" is recommended. This has significant impact on the size of the space.
- Grab bars should be plentiful and support greater than 500 lbs.
- Lavatories should be specially reinforced with floor support.
- Space should permit a commode chair to turn 360 degrees, requiring a 5-foot circle.
- Access for either a portable lift or a ceiling mounted lift must be planned.
- The doorway into the toilet space should be 60" wide. Door thresholds must not present an obstruction to the movement of equipment of considerable weight.

Shower Stalls in Patient Toilets:

- Stalls must be oversized and without a curb. At least 4-foot x 5-foot is required.
- Some experts suggest that the entire toilet space be used for showering. We caution that this requires greater housekeeping and may compromise safety.
- A hand held shower head should be provided and placed with controls where the staff can reach it.
- Access by a shower stretcher may best be achieved in a central shower facility where space on three sides can be provided.

While this Criteria is useful during design, the larger question left unanswered is, "**How many patients should you plan for?**"

The National Center for Health Statistics classifies obesity as having a BMI (Body Mass index) greater than or equal to 30. The number of persons in this category has more than doubled in the past 25 years. Figures on the morbidly obese population are less available. These are the patients with BMI over 40 and weights of over 250-300 pounds. Local experience will have to guide those planning for the extent of beds, exams, waiting chairs etc. to provide in their facilities. Our unscientific and informal poll of the actions taken by a small number of facilities reveals a varied experience:

- Many make do with the existing patient rooms available; providing wider door openings to room and bath, sometimes limited to 4-ft.; change to floor mount toilet; use portable lifts.
- Portable lifts appear to be preferred, even in planned new rooms due to flexibility and cost.
- Most hospitals that are planning new bed wings are providing one or two "large rooms" per nursing unit, perhaps 6%.
- One hospital will have 3% of its new rooms with capabilities for Bariatric patients.
- A smaller hospital is reported to be planning 15% of its rooms with these capabilities.
- One hospital is planning all toilets as floor mounted.
- Hospitals with significant Bariatric Surgery programs are most likely to support more rooms and group specials rooms together.



- None report making major changes in outpatient or public areas except where providing waiting room seating or dressing room seating.
- Several hospitals planning new facilities are providing floor-mounted toilets in all public areas.
- Bariatric toilet requirements conflict with ADA rules – Building Inspectors are not on board yet.

There is one conclusion to draw from the information above – hospitals *are* actively responding to the environmental needs of the Bariatric patient. It is clear that adequate patient care space is a part of the solution. However, we are in a period of trial and testing that should yield both innovative and resource-sensitive approaches. Effective and efficient solutions will not assume that *all patients* require these special facility features. Planning must focus on the appropriate balanced response to all patient needs, which as always is the preferred answer for the long view.

The above information is, digested from our White Paper, of the same title, which includes references, and is available by e-mailing a request to tosborn@tmosborn.com.

