

# FAT BIAS IN SAFE PATIENT HANDLING

## An Interview with Rock and Cheryl Bowman

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The purpose of this account is to help healthcare workers to better understand the perceptions of bariatric patients about their care.

*Note: Rock had moved from the acute care hospital to the nursing home at the time of this interview. The interview is focused on his experiences in the acute care hospital.*

*“Most staff injuries are not in handling bariatric patients because staff knows they cannot manually lift them. They tend to get injuries manually handling a 100 lbs patient because they don’t use equipment. With bariatric patients, healthcare staff should have an inherent awareness”. Rock, 2009*

**ROCK**, a registered nurse in his 50’s, weighed 694 pounds when he was brought to the hospital emergency room by the fire department and admitted. According Rock and his wife, Cheryl, Rock was stuck in the bathtub at home for three hours. It took 9 firefighters to get him out. They finally had to put a hole in the roof to get him out. Fortunately, the firefighters were very well trained – they used a ramp to load him into the ambulance which was equipped for the bariatric patient. At the ER, the firefighters used a ceiling lift with a 1,000 lb capacity and some manual help to put Rock onto an ER bed and he was placed in a room under a fixed ceiling lift with a lift capacity of 625 lbs. According to the hospital safety director, the room was equipped with a 1,000 lb capacity lift in the room, as well as a 1,000 lb capacity bed with a built-in scale. Rock was able to turn over by himself using the trapeze.

**In the ER,** Rock and Cheryl perceived what they called “fat-bias” which Rock described as “preconceived notions held by the staff “. Rock went on to say that “they saw me and over-reacted”. Rock and Cheryl were told by a physician in the ER that they had a policy not to admit patients weighing more than 500 pounds. They were told that Rock would have to be transferred to a hospital up north that admits patients of his size. However, Rock was to discover that this was untrue - “The northern hospital did not have different equipment. There was not such written policy. Another local acute care hospital that takes my insurance refused me already for not the real reason.”

Rock made this observation:

“The emergency room and other staff need to know that an obese patient should be given a chance to live just like a skinny person. Docs are afraid of bad outcomes with fat people, even though skinny people could and do have the same outcomes. There is a ***‘fat person = no hope’*** attitude. The big teaching hospital up north has the same equipment as this hospital but has better trained staff to handle bariatric patients. The mindset of everyone in a hospital is *‘fat person = trouble.’* You can’t [not] take care of the fat person because it is too much work, takes too many people, and you don’t have the time or staff.”

Added Cheryl “When he went to the ER, they brought 9 or 10 people to handle him but in actuality, with the equipment, they never needed more than 2.”

**From the ER,** Rock went to the critical care unit (CCU), during which time he was still mobile, and able to use the urinal by himself. However, Rock was concerned that physical therapy did not see him or talk to him until the following day. From CCU, Rock was transferred to the floor. On the floor he was placed on a bariatric bed that was too high for him to be able to sit on the edge of the bed or stand. The bed also had an air mattress on top of it that made it very difficult for Rock to move himself. According to Rock, “Staff didn’t know how to use the “roly-pad”. Not one person had to lift me. I assisted in all the turns and had a sling on at all times.” Rock used the trapeze to maneuver into a variety of positions.

A Suggestion from Rock and Cheryl:

“Ask the family how to do different kinds of moves or tasks of care.  
Pass information on to the next shift.”

“There is an expectation that when a fat person falls – people will save you and hurt themselves....BUT YOU SHOULD JUST LET ME FALL. YOU CANNOT SAVE ME! A bariatric person only does what they know they can do. If they can roll, they know they can.”

Rock was able to roll into bed and could roll into a position with his short legs so that his feet were on the floor. Then he could push himself up with no assistance.

Rock demonstrates how he goes from the wheel chair to the bed by himself in the nursing home, where he moved to following his hospital visit.

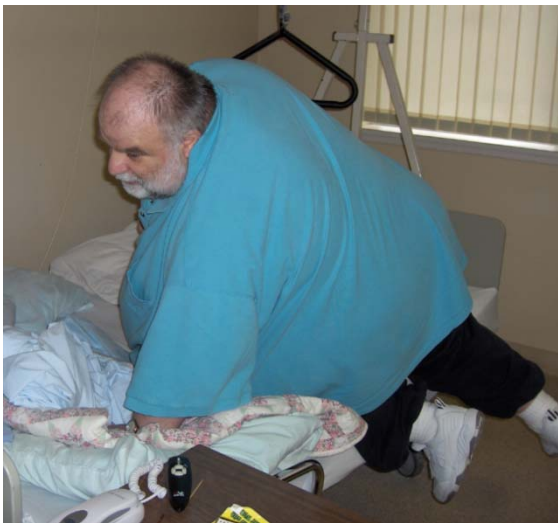
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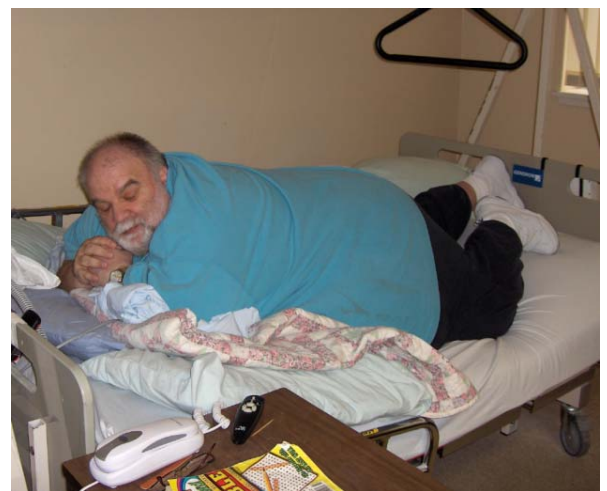
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**While on the floor**, Rock went into respiratory distress and had to be moved back to the critical care unit. However, the nursing staff was not able to get the bariatric bed out of the room. The bed was 52 inches wide and the door was only 44 inches wide. According to the hospital's safety director, the transporters and nursing staff did not know the bed could be reduced to 39 inches.

A Suggestion from Rock:

"Transporters need to be trained. There should be a special emergency page code to signify 'bariatric and urgent' so when the transporters come, they will have the proper equipment."

"When they finally got him [Rock] out of there, no one told me where they were taking him. When I found him in the CCU, I overheard a nurse saying 'I'm not going in there and hurt myself'", said Cheryl, Rock's wife. The most common thing Rock and Cheryl heard from the staff outside of his room was "I don't want to get hurt." Rock, however, noted that the flip side of this was that staff began using the equipment. Rock indicated that the CCU initially had the appropriate equipment for his size. However, "when the slings were placed wrong, the small bumps on the straps were uncomfortable, rubbing against my skin. But, otherwise, they were fine and I had a sling on the whole time."

"In CCU, it was okay", said Rock. "They put me on Lasix and I lost 50 pounds in 3 days. Because of my physiology (very large abdominal pannus), a Foley catheter was not practical – so they let me wet the bed, where I voided every 5 minutes. They had to use lots of padding. It took a while before they realized they could use the ceiling lift sling to lift my legs so they could get a fracture urinal in place."

Of his patient-handling experience at the hospital, Rock had this to say, "Staff must be trained and retrained in the use of equipment, not only for obese patients, but for all patients. As healthcare workers...if you don't have devices and slings...you should freak out! But healthcare facilities always have slings and lifts, they just need to used."

While Rock was in CCU the second time, Cheryl had to face her own hurdles. Cheryl was told by the pulmonary physician "we're not going to do anything." She interpreted this as "they were going to let him die" rather than they wanted to avoid the risk of putting in a trachea tube and were going to wait and see how well Rock could breathe on his own.

**During his 17-day stay** at the hospital, Rock said he only had the same nurse twice. He believes this was due to *weight bias*. Cheryl noted that “the nursing staff did not have the knowledge about what to do and what he could for himself. Very little was transmitted during report about how to successfully handle him.” Rock believes it is very important to have continuity of staff. Staff needed to communicate in report how to handle him so that the staff wouldn’t have to go in to care for him blindly. According to the safety director, at the time of Rock’s stay, handoffs between shifts were not happening well.

A Suggestion from Rock:

“In private rooms, put pictures on the wall about how to handle patients during different activities and what they can do for themselves. In a 2-bed room, put pictures in a folder by the bed. That way everyone [will] know how to use slings...”

When Rock left the hospital to go to the nursing home, Rock noted that “it took a lot of people, again, because of a mind set about obese patients and lack of adequate equipment.”

“The biggest event or experience I came away with,” said Rock, “was having a policy or belief that to do nothing by emergency rooms and allow an obese patient weighing more than 500 pounds to die because of past experiences is wrong. To do *something* is better than to offer no hope at all. ER staffs have poor or bad outcomes with patients less than 500 lbs too. Who gave them the right to play God? What crystal ball do they have to know who is or is not going to have a bad outcome?”

“Second, healthcare workers don’t get hurt taking care of obese people, because they have an increased awareness. They get hurt with combative and small people because they are not aware of how easy it is to get hurt when you have 100 lbs of weight fall to the ground and they try to catch them. Also,[they take risks by] not taking the time or using the provided equipment, or practicing good body mechanics.”

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