The purpose of this brief survey was to find out if Nursing Facilities in Oregon accept bariatric residents into their facilities and if they do, is equipment available to accommodate the physical needs of bariatric residents.

The survey was sent to 113 OHCA Member Nursing Facilities (NFs) from a total of 139 NFs in Oregon or 81% of the NFs in Oregon were sent the survey. Fifty five responded or 49% of OHCA NF members, which represents 40% of all licensed nursing facilities in Oregon.

Forty four percent of the respondents were from the Portland Metro Area; fifteen percent were from Salem/Keizer & Eugene/Springfield with the rest from towns around the state.
SURVEY RESULTS

Do you provide or have you provided care for bariatric individuals in your facility? If your answer is "NO," you can skip the end of the survey and submit.

81.8% (45)  
18.2% (10)
Do you define "bariatric" by using the Body Mass Index (BMI)?

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<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>10.0% (4)</td>
<td>90.0% (36)</td>
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If you answered "yes" in the above question, what BMI is used to define "bariatric" for your facility?

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<tr>
<td>BMI</td>
<td>35-</td>
<td>40-</td>
<td>45+</td>
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<tr>
<td></td>
<td>40.0% (2)</td>
<td>20.0% (1)</td>
<td>40.0% (2)</td>
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(Chart provided)
1. 400 pounds and over
2. We loosely define it as 350lbs or more, but we really look at ADL status and equipment needs. These would help determine if an alternate emergency plan would be required.
3. 300 lbs +
4. Anyone with a weight of 325 lbs. or more
5. Based on physicians History/Physical and hospital/facility assessment
6. Varies
7. 350+, unless height/width creates bed mobility issues.
8. Usually total weight in excess of 300 lbs
9. It depends on ht/wt (ie. 5 ft tall, 350 lbs) Our bed capacity is 450, but it's difficult for someone that lg to turn w/o a bariatric bed.
10. Generally 350 +
11. >350 lbs
12. Anyone who requires the use of equip/supplies outside of standard size.
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<tr>
<td>13.</td>
<td>Generally under 400lb</td>
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<td>14.</td>
<td>defined by body weigh that exceeds our bed limitations</td>
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<td>15.</td>
<td>we have not provided this service</td>
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<td>16.</td>
<td>Based upon hospital info and only a max weight of 350#</td>
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<tr>
<td>17.</td>
<td>We generally look at ht/wt, our limitations are generally around 300-350 lbs. but depends on mobility</td>
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<td>18.</td>
<td>350+</td>
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<td>19.</td>
<td>We evaluate what their mobility as a major issue for admission</td>
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1. if we can get equipment appropriate to care for resident

2. Decision always made on an individual basis as weight alone does not determine complexity of care needs. Also, the first two factors listed above do have some influence.

3. Based on equipment availability to meet resident care needs safely.

4. Acuity, equipment, and staffing

5. Based on current number of Bariatric patients in facility and inquiring patient's ability to transfer self.

6. often depends upon their ability to assist with their care needs

7. If beds with appropriate space for equipment are available

8. If we are able to meet their needs with equipment and staff

9. will not at this point

10. 350# and under and only a max number of 3, also dependent on what the resident can do for themselves (i.e. transfers, etc.)

11. If we have necessary equipment, and res. functional status.

12. We also look at our current acuity to determine whether it is feasible for us and what their discharge plan is.

13. Case by case review of acuity and cost
1. None are dedicated--again, specialty rooms are generally not required.
2. I usually have to rent a bed
3. We have no specific beds dedicated to bariatric residents.
4. None are specifically dedicated for Bariatric patients only. We balance out the acuity within the building and place patients accordingly.
5. None dedicated. It's a case by case basis.
6. No specific number
7. No Beds are dedicated; any may be available
8. None are truly dedicated to bariatric residents.
9. None, we have many 4 bed rooms, not suitable for bari
10. various amounts up to 3
11. No specific number of beds
12. n/a
13. Max of 3 as specified above
14. None dedicated
15. We have bariatric beds that can be placed anywhere in our facility
16. None dedicated
1. Must be able to meet resident's needs
2. Only regarding emergency evacuation.
3. Must be able to meet the resident's needs
4. Utilization of Care Plan to alert staff to transfer status (1-2 person assist, etc.)
1. Would rent equipment based on need.
2. so far equipment is specific to resident
3. Bariatric commodes and wheelchairs
4. Commode, shower chair - Our lifts only go up to 450 lbs. so we cannot take anyone over that weight.
5. We have a bariatric commode and walker; beds and other needs are rented case by case.
6. Special Beds, Bed side commodes
7. Four oversized rooms with oversized equipment
8. Can accommodate if family, hospice, etc provide
10. extra large commodes
11. Bariatric beds, commodes, shower chairs
12. None-we would have to rent
13. Bariatric Beds & commodes
14. usually rent due to limited number of admits
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<td>15.</td>
<td>n/a</td>
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<tr>
<td>16.</td>
<td>Beds, trapeze, etc.</td>
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<tr>
<td>17.</td>
<td>bariatric beds/bariatric bed side commodes</td>
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<tr>
<td>18.</td>
<td>Shower chairs, beds</td>
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<tr>
<td>19.</td>
<td>commodes</td>
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<td>20.</td>
<td>walkers and commodes</td>
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1. Training per physical therapy recommendations

2. Training is specific to the individual. If they have equipment the training is specific to that. Those who can transfer use a stand by and the CNA’s know to get out of the way if they start to go down.

3. More training would be provided if we accepted an individual who required other equipment that our team was not accustomed to using.

4. As needed

5. Individual training specific to the resident

6. n/a

7. Orientation deals w/ proper transfers and safety. Facility also conducts yearly trainings on proper lifting, transfer techniques