

## MDS Alert

### Looking Forward: Care for Obese Residents with More Staff

#### More nursing and care staff can be a balm for obese residents.

The U.S. population is aging and its collective waistline is expanding. The long-term care industry is already seeing the effects of both of these population trends, but health care and compliance can become especially complicated with a geriatric population who are also battling obesity. From special equipment to hiring and scheduling sufficient staff to specific nutrition strategies, if you aren't already prepared for handling obese residents safely and comfortably, you should start preparing now.

The **Office of the Inspector General** (OIG), among other federal and state entities, is on the lookout for staffing deficiencies. Protect your facility's residents, staff, and reputation by increasing your staffing numbers to fully meet your residents' needs. (See story on page 43 for more information on how facilities may be penalized for insufficient staffing.)

#### Understand why Obese Residents Require More Staff

Obese residents are more likely to be disabled, and further dependence on staff coupled with heavier and less mobile bodies, means that staffing levels can especially affect individual residents' well-being.

While you may know this to be true anecdotally, quantitative data backs it up as well, with significant increases in the time required to provide adequate care in Activities of Daily Living (ADLs).

"Obesity is also common in nursing homes; 26% of newly admitted nursing home residents were obese in 2008. Disabled nursing home residents with obesity often need specialized care in the form of greater staffing. Various studies have detailed extended staffing time for care of residents with obesity. The need to provide ADL care included more than 9 minutes increase in each dressing time for obese nursing home residents and 60 minutes increase in bathing time for a resident with a BMI of 50 kg/m<sup>2</sup> compared to a normal weight resident," say **John Alexander Harris, MD, MSc; John Engberg, PhD**; and **Nicholas George Castle, PhDc**, in "Obesity and intensive staffing needs of nursing home residents," published in *Geriatric Nursing* Volume 39, Issue 6.

Insufficient staffing for obese residents also correlates with higher incidences of pressure ulcers/injuries in those residents. "The increased risk of pressure ulcers may be related to biologic etiologies (increased skin pressure and shearing forces), nursing issues (difficulty assessing skin integrity) and system issues (staff availability to turn resident)," Harris, Engberg, and Castle say.

#### Specialized Equipment May Help

Purchasing specific equipment like bariatric beds, chairs, and treatment tables; reinforced trapeze lifts; and Hoyer lifts can help constitute safer day-to-day care for both staff and obese residents. Further structural changes, like widening resident room and bathroom doorways for larger wheelchair access, can simplify care and help to increase a resident's mobility around a facility.

However, if your facility does not cater to obese residents in particular - or if you do not foresee an increase in obese residents in your facility's general population - it may be difficult to justify the expense in purchasing specialized equipment. Reinforced trapeze lifts, for example, won't reduce the incidence of pressure ulcers/injuries, whereas scheduling more staff can provide a meaningful difference in the delivery of care, as well as reducing survey and inspection deficiencies and citations.

"Specialized equipment for obesity care has a narrow range of uses, unlike the utility of higher staffing rates which can be utilized in many ways, making these expenses difficult to justify for lower volume facilities," Harris, Engberg, and

Castle say.

### **Systemic Issues Affect Appropriate Care**

While facilities may have more trouble providing comprehensive care for obese residents than residents with average BMIs, the issues at play go beyond individual residents in nursing facilities.

"The residents that are affected by the challenges related to staffing and equipment are residents that may already been subject to systemic disparities by race, socioeconomic status, and gender in care outcomes. Therefore, the issues related to obesity may be causing persistent or widening disparities. Residents with obesity are more likely to be less than 65 years old, have Medicaid payer sources, more be racial minorities, and be female," Harris, Engberg, and Castle say.

The biggest improvements the long-term care and nursing facility industries may be able to make for obese residents could have more to do with better financing than the relatively simple fixes of different equipment or more staff.

"Nursing home administrators and hospital discharge planners have identified reimbursement and financing of nursing home care as a significant barrier to admitting and caring for these residents. Due to the demographics of the nursing home population with obesity, any disparities in care for these residents disproportionately affect people that are poor, minorities, and women. Improvement in the financing and care for people with obesity in nursing homes may help narrow the gap in quality of care for disadvantaged populations," Harris, Engberg, and Castle say.

Knowing how to care for obese residents and being prepared to do so may provide a leg up on other facilities as more Americans become obese and as more Americans require more intensive nursing care. Figuring out how to have more staff on the floor and to provide them with the training necessary to assess residents and provide care that is both comprehensive and safe for all involved will be a crucial step in making nursing facilities safer and reducing survey citations.