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Bariatric Surgery Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: HEALTH FACILITY REQUIREMENTS				
5.3.	The DSC providing bariatric services shall have a signed written patient transfer agreement with a nearby hospital to transfer patients in case of an emergency that fully meets the requirements for bariatric patients				
5.4.	The health facility providing bariatric service shall should have supporting service specifications to provide suitable medical, surgical, diagnostics and emergency care with appropriate equipment and instruments.				
5.5.	The size of instruments selected should meet the type of patients treated, this shall include but not limited to; blood pressure cuffs, staplers, retractors, long instruments, sequential compression device sleeves, etc.				
5.7.	Lifting and transfer equipment should be suitable to facilitate and accommodate obese patients. Weight capacities of equipment and furniture used shall be documented by the manufacturer's specifications and this information shall be readily available to relevant staff. Essential equipment and furniture may include but not limited to:				
5.7.1.	Bariatric wheelchairs				
5.7.2.	Patients chairs and seats				
5.7.3.	Patients beds				
5.7.4.	Gowns				

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5.7.5.	Weighing scales				
5.7.6.	Stretchers				
5.7.7.	Floor-mounted or floor-supported toilets				
5.7.8.	Shower rooms				
5.9.	Facility and space requirements				
5.9.1.	Entrances and routes				
a.	The health facility providing bariatric service shall provide easy access with ramps provided with handrails and ensure that they are wide enough to accommodate bariatric wheelchairs walkers and other specialized conveyances.				
b.	Elevator weight capacity shall be considered to make common areas easily accessible for patients, equipment and caregivers.				
5.9.2.	Doorway and corridor widths				
a.	To accommodate bariatric wheelchairs, 1.2 meters doorway openings are required.				
b.	Where the passage of bariatric stretchers is needed, doorways should be a minimum 1.37 meters.				
d.	Corridors should be a minimum of 1.52 meters wide to accommodate bariatric wheelchairs and bariatric stretchers				
5.9.3.	Lobbies and waiting areas				
a.	Up to 10-20% of general seating should be bariatric. Provide at least 20% in emergency departments and up to 50% in cardiac and bariatric units with steel reinforced furniture to support a minimum of 340 kilograms.				
b.	Appropriately sized elements with capacity adequate for obese patients should be interspersed with more traditional furnishings to avoid confining bariatric patients to specific areas of the waiting environment.				
c.	Seat height shall be 0.45 meters to aid patient to rise.				

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5.9.4.	Bariatric patient room				
c.	The minimum space requirement of the patient room shall be 16.61 square meters with a door that is 1.52 meters wide.				
d.	A minimum clear dimension of 1.52 meters should be provided on three sides of the stretcher/bed.				
e.	Rooms should be located near elevators to provide a clear path of travel.				
f.	Accommodations for patient lift and transport should be provided whether by an overhead lifting system or a portable lifting assist. These devices should be designed to accommodate a weight of not less than 363 kilograms.				
g.	One additional design consideration is the placement of cubicle track in relation to ceiling-mounted lift tracks. This is especially important for privacy curtain placements as the lift track runs from bed to bathroom.				
5.9.5.	Bathrooms				
a.	Shall be sized to allow for staff assistance on two sides of the patient at the toilet and shower.				
b.	Dispensers shall be flush mounted to aid in clearance and safety.				
c.	Opt for open showers with a floor drain.				
d.	Bigger shower stalls with sufficient opening and space to feature heavy-duty wall-mounted grab bars that hold at least 340 kilograms.				
e.	Additional options to consider for showers are multiple handrails, larger seats, handheld showerheads, space for adaptive equipment such as wheelchairs and lifts, tracking for ceiling lifts and accommodating ready access to shower, toilet and sink.				
f.	Sinks shall be floor mounted with clearance on either side to accommodate a caregiver				
g.	Handrail designed to support a minimum of 181 kilograms shall be				

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	provided adjacent to the sink to support the patient if required				
5.9.6.	Toilet rooms				
a.	Provide floor-mounted toilets with weight capacity of at least 454 kilograms with oversized toilet seats a clearance of 1.52 meters. Toilet seat height shall be 0.45 meters to aid patient to rise.				
b.	Provide reinforced grab bars that hold at least 340 kilograms.				
7	STANDARD THREE: PRE-OPERATIVE EVALUATION & INFORMED CONSENT				
f.	The health facility shall provide a clear protocol/clinical guideline for assessing patients preoperatively including, preoperative evaluation, preoperative management and other preoperative investigations				
8	STANDARD FOUR: BARIATRIC SURGERY SERVICES				
8.8.	DSC opting to perform e bariatric surgery and does not have fully equipped ICU capabilities, shall have ventilators and hemodynamic monitoring equipment on-site to perform necessary patient resuscitation				
8.9.	The DSC shall have a policy in place for management and transfer of patients in case of emergencies.				
9	STANDARD FIVE: CRITICAL CARE SUPPORT				
9.3.	Anaesthesia Services				
9.3.1.	The health facility shall have a protocol for anaesthesia care that adheres to UAE laws and regulations.				
9.3.2.	All anaesthesiologist and anaesthesia team shall work with in their scope of practice and be competent in handling obese patients, this includes but not limited to:				
d.	Special equipment needs to anesthetize severely obese patients safely as, special equipment for positioning, large beds and operating tables, mechanical transfer mechanisms, additional personnel, extra-long needles, ultrasound and blood pressure cuffs.				
9.4.	Critical Care				

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9.4.5.	The health facility shall have in place ventilators and hemodynamic monitoring equipment as well as have the capacity to manage a difficult airway and intubation.				
9.5.	Patient Transfer				
9.5.2.	For transferring patient with bariatric complications, the health facility shall maintain the following transfer requirements:				
a.	Arrangement and plan for safe transfer of a bariatric patient to a hospital with advanced critical care services, the plan should identify action required from the time of the transfer decision to the initiation of care at the accepting hospital.				
9.6.	Diagnostic services:				
9.6.1.	The health facility shall maintain diagnostic and interventional radiology services requirements as follows:				
b.	A radiology department that can perform emergency chest x-rays with portable machinery, abdominal ultrasonography and upper GI series				
c.	Ensure that blood tests can be performed on a 24/7 basis, that blood bank facilities are available and blood transfusion can be carried out at any time				
d.	A health facility that does not have a required interventional radiology capability shall have a signed written referral agreement.				
10	STANDARD SIX: CONTINUITY OF CARE				
10.1.	All bariatric surgeries must have in place a continuity of care plan including but not limited to:				
10.1.1.	Regular follow up and review of outcome				
10.1.2.	Multi-disciplinary decision-making				
10.1.3.	Specialist support(Cardiology -Emergency and critical care-Gastroenterologist-Nephrology - Pulmonology - Psychiatry and rehabilitation.)				
10.1.4.	Timely referral				

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10.1.5.	Referral back to Primary Care setting				
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