



## Q & A

### *Managing the Challenges of Toileting the Patient of Size Webinar*

Presented by Susan Gallagher

March 26, 2013 and March 28, 2013

---

**Question:** Are ceiling lifts compatible with a LiftSeat?

**Answer:** Yes, other lift equipment, e.g., ceiling lift and sit-to-stand lift, can be used in conjunction with a LiftSeat in order to place the patient in the appropriate position to be able to utilize the LiftSeat. Other lift equipment can be used with the LiftSeat when a LiftSeat is used either as a bedside commode or in the bathroom over the toilet.

**Question:** How do I decide how many LiftSeat's to order for my facility?

**Answer:** It is suggested that a LiftSeat sales representative conduct an assessment of your facility in order to determine the number of recommended LiftSeat toilet lifts. The assessment would focus on the units/departments with the highest toileting-related fall and injury rates as well as the average number of high fall risk patients at any one time in each of these areas.

**Question:** What units do best with the LiftSeat technology?

**Answer:** We have seen much success with the LiftSeat's in those areas with the highest rates of toileting-related falls and injuries, e.g., orthopedics and med surg.

**Question:** What is the weight capacity of the LiftSeat?

**Answer:** The LiftSeat LS400 has a 400 pound weight rating. The LiftSeat LS600 has a 650 pound weight rating.

**Question:** Who maintains the equipment? Is a process in place?

**Answer:** The LiftSeat LS400 and LS600 have a two year limited warranty. Routine maintenance and parts replacement can easily be done by the facility's biomed department. LiftSeat is always available as a resource for the biomed department.

**Q & A**  
**Managing the Challenges of Toileting the Patient of Size Webinar**  
**Presented by Susan Gallagher**  
**March 26, 2013 and March 28, 2013**

---

**Question:** Can't we just use toilet supports to address the toileting needs for the obese patient?

**Answer:** Toilet supports do not increase the weight rating of the toilet itself. The LiftSeat LS600 provides a toileting surface with a weight rating of 650 pounds.

**Question:** Do you believe a business case can be made for LiftSeat technology?

**Answer:** Yes. By identifying the reduction in toileting-related patient falls and staff injury, through the use of the LiftSeat, a high rate of return can easily be identified. A white paper, *Identifying a Return on Investment (ROI) by Introducing the LiftSeat® Toilet Transfer Solution into a Falls Prevention and/or Safe Patient Handling Program*, is available from LiftSeat upon request.

**Question:** More toileting falls happen outside the bathroom than in the bathroom. How does LiftSeat address this? We all know falls occur both in the bath and getting to and from the bath or during use of a bedside commode.

**Answer:** LiftSeat is unique in that it offers the flexibility to be used both in the bathroom over the toilet and as a bedside commode. Its ability to be used as a bedside commode eliminates the need for the patient to ambulate to the bathroom, reducing the risk associated with that high fall risk activity. The lifting technology of the LiftSeat reduces the physical force necessary to support the sit-to-stand motion path required for getting on and off the toilet, reducing the risk of patient falls as well as staff injury.

**Question:** Are you seeing hospitals starting to rethink the types of commode chairs they invest in and redirect budget dollars into powered toilet lifts to replace them with?

**Answer:** Yes, we have started to see this as powered toilet lifts, although perhaps more expensive than a traditional commode chair, provide far greater functionality and stability. Most importantly, a powered toilet lift provides greater safety to staff and patients by reducing the risk of toileting-related staff injury and patient falls.

**Q & A**  
**Managing the Challenges of Toileting the Patient of Size Webinar**  
**Presented by Susan Gallagher**  
**March 26, 2013 and March 28, 2013**

---

**Question:** What is the life expectancy of a LiftSeat unit?

**Answer:** With proper maintenance and care, the life expectancy of the LiftSeat is at least 5 years.

**Question:** I would like to hear how other facilities are using the LiftSeat and how it has helped them and what some of their best practices are with using this type of equipment.

**Answer:**

Usage at other facilities:

- The LiftSeat toilet lifts are used regularly both in the bathroom over the toilet and as a bedside commode. Because it can easily be moved from one location to another, the LiftSeat is often used in both applications during a patient's stay, dependent upon the patient's condition, fall risk, and ability to safely ambulate to the bathroom.
- Our LS600 bariatric unit is frequently used as a bedside commode as many bathrooms are too small to comfortably accommodate the larger patient. If the bariatric patient requires assistance in cleaning, the extra space in the patient room, versus in the bathroom, is beneficial for access for patient cleaning. When the LiftSeat is used bedside, the patient can stand facing the unit while holding onto the handlebars for stability.
- An increasing number of facilities are evaluating the use of the LiftSeat for all high fall risk patients.

How it has helped other facilities:

- Facilities have benefited from the LiftSeat reducing toileting-related staff injury and patient falls. The LiftSeat technology reduces the physical force necessary to support the sit-to-stand motion path, thereby reducing the risk of toileting-related staff musculoskeletal injury. It is documented that 33%-50% of all hospital falls are toileting-related. The LiftSeat, which raises the patient slowly and steadily from the toilet, reduces the risk of toileting-related patient falls, many of which are a result of postural hypotension.
- Many facilities have made the decision to utilize a LiftSeat as a bedside commode as a replacement for a traditional commode chair as the LiftSeat provides greater stability, flexibility, and includes a powered lifting capability.

**Q & A**

***Managing the Challenges of Toileting the Patient of Size Webinar***

**Presented by Susan Gallagher**

**March 26, 2013 and March 28, 2013**

---

Best Practices:

- Use of the LiftSeat with all high risk fall patients, especially when used as a bedside commode. In this case, the utilization of the LiftSeat eliminates the patient ambulating between the bed and the bathroom as a fall risk factor. Dependent upon the patient's condition, the LiftSeat can be used over the toilet as well. We are seeing greater utilization of the LiftSeat as a bedside commode during the night, as a time period during which there often is a high rate of patient falls.
- Initial utilization of the LiftSeat in those departments/units with the highest number of patient falls, e.g., orthopedics and med surg, while also utilizing the LiftSeat in other departments, e.g., cardiology.

***Question:*** Most of the presentation is geared to hospital / nursing home environments. Is this a product that individuals would have in their homes? Is there any Medicare or insurance coverage for this product?

***Answer:*** The LiftSeat Independence II and Independence IV models are specifically designed for home use. Information about the Independence models can be found at [www.liftseat4home.com](http://www.liftseat4home.com). Medicare does not cover the purchase of a powered toilet lift. A toilet seat lift is a benefit of some state Medicaid programs, e.g., Texas and Colorado. Some private insurance companies may provide reimbursement for the LiftSeat Independence models. Although it varies based on insurance company and policy, in all cases, the LiftSeat must be prescribed by a physician and the individual must satisfy specific criteria.

**Q & A**

***Managing the Challenges of Toileting the Patient of Size Webinar***

**Presented by Susan Gallagher**

**March 26, 2013 and March 28, 2013**

---

***Question:*** We have ceiling lifts in the bathrooms on other units in the building, so we know this work can be done. Facility Management states it is not a financial concern and they are supportive of the modifications we suggested. However, Engineering is not quick to respond, I believe, because they do not buy into our stance. I think if we have some evidence as to the weight limits on standard toilets and some data related to poor outcomes of patients of size using standard toilets, we may be able to get better cooperation from them.

***Answer:*** LiftSeat does not have specific weight limits per traditional toilet as it is nearly impossible to get that information from the toilet manufacturers. Even if such information would be available, it is difficult to know the weight a particular toilet may bear as it is impossible to know the condition of a toilet without costly testing. When a LiftSeat is used over the toilet, the weight rating of the unit is known. Additionally, all of the weight is absorbed by the LiftSeat unit without putting stress on the toilet/toilet tank and risking the toilet pulling away from the wall.

Patients of size have difficulty getting up and down from a standard toilet. These difficulties cause both staff and the patient to resist toileting. With a LiftSeat safely raising and lowering the patient, the patient can be toileted at the frequency needed while maintaining a higher degree of patient cleanliness.

***Question:*** We had an obese patient who attempted to use the standard toilet in his bathroom, which pulled away from the wall. Fortunately, he was not injured. We have gone back and forth with Engineering about how to safely retro fit this bathroom for a patient of size. They wanted to purchase a brace for under the toilet bowl. However, I have been told this is not an appropriate fix because porcelain has a weight rating as well. Do you have any evidence we can use to help support our stance to have the bathroom renovated with bariatric toilets and ceiling lifts?

***Answer:*** We do not have specific evidence about bathroom rehabs and ceiling lifts. One possible option is to use the bariatric unit as a bedside commode, with the handlebars flared outward to allow for a wider torso. A room ceiling lift can also be incorporated into this process, if needed, in order to position the patient for LiftSeat utilization.

**Q & A**

***Managing the Challenges of Toileting the Patient of Size Webinar***

**Presented by Susan Gallagher**

**March 26, 2013 and March 28, 2013**

---

**Question:** Should a Fall Protocol be sensitive to weight and weight distribution?

**Answer:** Absolutely. Not only is weight an issue but more importantly the unique body habitus, or more accurately what is referred to as weight maldistribution, such as a disproportionate amount of weight over a single area of the body, such as the hips, abdomen or legs. Consider a powered toilet as part of your Falls Protocol to manage risk in the bathroom and when toileting.

**Question:** How does an abdominal panniculus relate to incontinence?

**Answer:** It is simply a function of 1) weight directly applied to the abdomen, meaning the bladder, and 2) the pannus interferes with mobility; therefore concerns in accessing the toilet.

**Question:** Would you explain skin injury as one of the non-reimbursable events?

**Answer:** We all know that skin injury which is not POA, and thought to be preventable is no longer reimbursed under the CMS Guidelines. This has serious implications to the financial health of our institutions.

**Question:** What is the maximum weight the average nurse ought to lift? I was told three of us could lift a 250 pound woman up out of bed and walk with her to the toilet? This was really hard for me.

**Answer:** Thirty-five pounds is the maximum amount of weight which should be manually lifted. The implications of a 35-pound maximum weight limit for patient lifting are that many tasks that health care workers perform would be unacceptable. Except in pediatrics, few patients weigh less than 35 pounds. While strictly applying such a weight limit may strike some as unreasonable, it might be justified. The rate of injury among workers handling patients shows that the current approach to back injury prevention such as body mechanics and the use of back belts is simply not working. The 35-pound limit should help in identifying tasks for which the use of assistive lifting equipment would be the safer alternative not only to the task at hand but to the longevity of caregiver health and safety. Toileting poses special risk. Consider equipment which is unit-specific which may protect you, your colleagues and your patient during these movement and handling tasks.

**Q & A**

***Managing the Challenges of Toileting the Patient of Size Webinar***

**Presented by Susan Gallagher**

**March 26, 2013 and March 28, 2013**

---

**Question:** One of the therapists is out on restricted duty because of a shoulder injury. Do therapists injure themselves often and would powered toilet technology have prevented this?

**Answer:** Knowledge does not equal practice...culture of sacrifice.... One recent study suggests that patients with a BMI greater than 35 comprised only ten percent of the patient population; however handling patients with a BMI greater than 35 was associated with 29.8% of injuries, 27.9% of lost time, and 37.2% of restricted time. In this study, lifting, turning and repositioning were usually performed using biomechanics and not equipment. Therefore, with increasing body weight and weight maldistribution of patients and their caregivers, challenges inherent in lifting, moving and repositioning the larger, heavier patient lends to hazards of immobility. Understanding the affects of immobility, hospital-acquired disability or deconditioning and the obese patient allows for a more comprehensive and truly focused approach to patient care.

**Question:** Could you talk a little more about shoulder injuries in confined spaces?

**Answer:** A number of studies suggest that there are increases in shoulder pain and dysfunction with repeated movements, especially at angles of more than 60 degrees away from the body. This is confounded by static positioning, holding a tool at arms' length; by number of years performing the task and age of the employee. Dickerson and others explain that there are many variables at play in determining if a certain individual would develop shoulder pain and dysfunction, but a significant factor was tissue degeneration that occurred from repetitive minor loads which were repeated over several years.

Injury also occurs when lifting is too frequent or too heavy. Examples include lifting patients manually off a standard commode, from bed to chair, or boosting manually. Increasing incidence of obesity has increased the frequency and severity of the exposure to heavy lifting. The traditional lift under the patients' arms, not only increases injury risk and cumulative trauma to the shoulder in the caregiver doing the lift, but also to the patient whose strength to be able to stabilize the shoulder that is being pulled on, is often insufficient to prevent subluxations as a result. Further, pulling on a patient's arm, who has had a stroke, and lifting and repositioning patients with hemiplegia under their arms led to increased pain and possible subluxation of the hemiplegic arm.

Q & A

**Managing the Challenges of Toileting the Patient of Size Webinar**

Presented by Susan Gallagher

March 26, 2013 and March 28, 2013

---

**Question:** Are numbers available to help us understand shoulder injuries among all health care workers?

**Answer:** The annual prevalence of work related musculoskeletal disorders (WMSDs) affecting the shoulder complex is unacceptably high. Shoulder injuries pose issues of both frequency and severity, and have high costs associated with them. Data released in November 2012 suggests that injuries to the shoulders account for 12% of the 447,000 sprains, strains and tears in 2011; with median days away from work totaling 13. Further, the annual incidence of shoulder injuries is thought to be more than 84,000; shoulder injuries require longer than most other body parts to recover and have an extremely high recurrence rate. The average direct costs associated with shoulder injuries are upwards of \$20,000 per injury.

**Question:** What is the reference for the information about BMI and injury?

**Answer:** Randall SB, Pories WJ, Pearson A, Drake DJ. Expanded Occupational Safety and Health Administration 300 log as metric for bariatric patient-handling staff injuries. *Surg Obes Related Disease*. 2009;5(4): 463-468.