

Saint Elizabeth Regional Medical Center

Introduction

THE BARIATRIC SURGERY CENTER program at Saint Elizabeth Regional Medical Center may be nestled in the heart of the Midwest—in Lincoln, Nebraska—but it has distinguished itself nationally in a number of significant ways. First, the center has earned approval of the American Society for Metabolic and Bariatric Surgery (ASMBS) as a Center of Excellence as well as being designated a Blue Center of Distinction by the Blue Cross Blue Shield Association for its unprecedented quality, collaboration, and affordability. It is the only bariatric surgery facility in the area to have earned this designation.

The program further leads the way in providing an exceptionally comprehensive weight-loss surgery program, including combined efforts of numerous disciplines to educate and answer questions prior to surgery, offering surgical procedures from physician experts, and offering long-term support to help sustain the weight loss and improved health of their patients.

Additionally, their program is infused with the core values of their medical center and of Catholic Health Initiatives, the 77-hospital national healthcare system of which they are a part. Their four core values are: reverence, integrity, compassion, and excellence. All of these values have their roots in the mission of the Sisters of St. Francis of Perpetual Adoration, the religious order that founded the hospital 120 years ago. It remains a nonprofit, faith-based care provider.

The Saint Elizabeth Bariatric Surgery Center takes special pride in embracing these values with its innovative patient-focused programs, a quest for excellence in medical outcomes, and a compassionate approach to patients. The program has gained a reputation for building a culture of care for all who seek treatment. “When we started the program, while we worked out the physical and personnel logistics of the educational, surgical, and support programs, our bariatric team also took time to explore how best

to apply our core values throughout and focus on each individual patient,” explains Shelly Holman, RN, CBN, the bariatric program coordinator. As an example, she likes to use the value “reverence” to illustrate this point. “Reverence means that we examine our own attitudes, insights, and biases toward people of size,” she explains. “We treat patients without a shaming approach and are ever insightful to the many changes they must implement along with the accompanying challenges.”

She adds that the medical center has put in place additional beds, chairs, and other equipment to meet the needs of patients of size as well as adding patient lifts to rooms. They also offer sensitivity training to all employees.

Since its inception in 2002, Saint Elizabeth has performed more than 700 weight-loss surgeries. The 269-bed medical center also has an ambulatory surgery center on campus where some patients are able to have their adjustable gastric band surgeries performed if they meet certain criteria.

Saint Elizabeth is nationally ranked as a 100 Top Hospital by Thomson Reuters, thanks to innovative and certified programs such as the Bariatric Center, their nationally recognized Regional Burn Center and their Stroke Center, Cancer Institute, Cardiac Rehabilitation Center, and



Bariatric team. The three Bariatric Coordinators (l-r): Lisa Noecker, RN, CBN; Shelly Holman, RN, CBN, and Jackie Jirsa, RN, CBN.

ON CALL

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Radiation Oncology and Therapy Center, which is home to the state's only CyberKnife. Their orthopedic program is ranked among the top 50 in the nation according to *U.S. News & World Report*. They also pioneered all-private hospital rooms in the state, had the first hospitalist program and intensivist program, and are designated as a Magnet hospital since 2004, which attracts many nurses to the medical center.

Celebrating Patient 500

Recently, the program celebrated its 500th patient to receive the adjustable gastric band. The bariatric team has observed a dramatic increase in these gastric band procedures over the more conventional gastric bypasses because of their less invasive nature and their adjust-

ability. In just 3 years, surgeons went from doing 18 bands (in 2005) to 172 bands (in 2008). Bypasses have decreased from 16 in 2003 to just 10 in 2008. Now, 80% to 90% of patients attending informational seminars are requesting this procedure. "Patients typically tell us they feel it is a safer alternative to other procedures and they like the fact that it can be reversed and/or removed," states Holman.

Benjamin Hung, MD, the program's medical director and the first surgeon in the area to perform weight-loss surgery, feels that one key to this program's success is the advance education and follow-up support. "We spend a lot of time with each patient before they ever undergo surgery. It's critical they understand the full commitment involved. We also offer ongoing support classes twice monthly after sur-



Benjamin Hung, MD

gery. We want our patients to be successful. This surgery is designed to make healthy changes for life; it's not a quick-fix for weight reduction."

Raymond Taddeucci, MD, the other bariatric surgeon with the program, agrees, adding that improvements in surgical equipment and techniques are also attracting more patients. "We are excited to offer this life-changing procedure. Research and technology have significantly improved outcomes in the United States. Today bariatric surgery is safer and more effective than ever."

Both surgeons agree that receiving Center of Excellence (COE) designation demonstrates that Saint Elizabeth is committed and accountable to excellence in bariatric surgical care. Rev. Dr. Jim Wooten, the 500th LAP-BAND patient from Columbus, Nebraska, wasn't surprised



Raymond Taddeucci, MD

about the designation at all. "I believe it. This achievement really means something. Everyone here is so great!"

A True Multidisciplinary Approach

The program recognized early on that in order to provide an appropriate continuum of care to bariatric patients, a team approach was critical. All of the staff who interact with patients have experience in both clinical care and program management. There is very low turnover among employees. This allows for consistency in care and an ongoing rapport with patients.

Both Hung and Taddeucci have their own bariatric coordinators on the surgical practice side. The coordinators are integral to the program and spend many hours ensuring that the program proceeds and advances smoothly. Holman says something that impressed her from the start was that Hung and his bariatric coordinator, Lisa Noecker, RN, CBN, spent an entire year building the program and creating the team before even doing their first procedure. Holman says an additional plus for the program is that both Noecker and Jackie Jirsa, RN, CBN, Taddeucci's coordinator, are both certified bariatric nurses.

Holman adds that she's been amazed at the incredible dedication and ongoing commitment on the part of the entire team. "Everyone works very hard to help assure that our weight loss surgery patients will be successful. But the teamwork is phenomenal and our patients notice this and often tell us they were impressed."

Advancing the program is always a work in progress, according to Holman. "We constantly evaluate what is working and what we should change to better support our patients," she says. "We work together to facilitate support groups, conduct pre-and post-op education, and deliver programs to Lincoln and the region." Holman feels very fortunate that she and her nursing colleagues value each others' roles and contributions. "While we work in different aspects of the program, our shared goal is to ensure that our patients are taken care [of] every step of the way and that their outcomes after surgery are as successful as possible. Besides, multiple perspectives are much better than one!"

The outcomes from the teamwork in the Saint Elizabeth program have been very good, according to Taddeucci. "Weight loss has significant benefits. Many patients lose at least 50 percent of their excess weight and experience renewal in many aspects of their life."

Holman says another local practitioner plans to enter the bariatric medicine field in Lincoln. She anticipates he will collaborate with his peers and also provide a comprehensive program for his patients.

STATISTICS AT A GLANCE

Surgeons performing bariatric procedures: 2
 Number of program inquiries: 500/year
 Cases performed annually: 190–225 (700 total since 2002)
 Types of cases performed:
 Laparoscopic adjustable gastric banding: 88% to 90%
 Laparoscopic Roux-en-Y gastric bypass: 10% to 12%
 Average length of stay: 1.33 days
 Average overall weight loss at 1 year: 53% of excess body weight
 Number of support groups offered: 2 to 3 monthly
 Team composition: 2 surgeons, 2 surgical practice bariatric coordinators, 1 hospital bariatric coordinator, 2 dietitians, 1 psychologist, 1 physician assistant

Careful Screening of Patients

Regardless of the surgical procedure they select, patients undergo stringent preoperative screening requirements as set forth by the ASMBS. In addition to demonstrated weight loss prior to surgery, all patients must attend a support group, have a psychiatric evaluation, and demonstrate a certain level of mobility. A complete history and physical, as well as a comprehensive dietary assessment, are mandatory. Other tests may be required depending on the patient's presentation. One unique requirement is that all patients must follow a liver-shrinking diet for 2 to 4 weeks prior to surgery.

In terms of preoperative weight loss, patients follow the Slim-Fast program where two meals are replaced with shakes and one well-balanced meal is eaten each day. "The expect-

ation of our outpatient bariatric dietitian is that our patients will demonstrate a 5 to 15 percent weight reduction prior to surgery," explains Holman.

During mandatory preoperative education groups, the bariatric center's clinical pathways are shared with the patients; this helps incorporate the patients into their own care process and helps them further understand the program's expectations. According to Holman, several pathways are in place for preoperative preparation, the actual surgical procedure, postanesthesia care, and deep vein thrombosis/pulmonary embolus prophylaxis. "We are currently working on a specific aftercare pathway that will provide direction when patients are dealing with some of the lifestyle changes required with bariatric surgery."

As Denise Callies, RN, surgical director, explains, surgery can result in weight reduction. However, the emotional, behavioral, and dietary issues can often become stumbling blocks for some patients after surgery. "If patients know what support will be available to them from the very beginning, they will be more likely to choose weight-loss surgery. They know we are here should they ever need education and support in their aftercare program."

To Stay or Not to Stay

Patients who elect to have the traditional laparoscopic Roux-en-Y gastric bypass or a laparoscopic sleeve gastrectomy (available this year) are admitted to a general surgical floor in the medical center. Callies and others are proud of the specifically designated adaptations made for bariatric patients and their families in their specifically designated bariatric patient rooms. Bryan Grove, RN, CBN, a staff nurse who takes care of patients there, adds, "Like all of our rooms, these are private but we have incorporated some special features, such as bariatric beds and recliners, floor-mounted toilets, and bariatric seating for families and visitors." He explains that currently approximately 60 patient rooms in the medical center have LIKO overhead lift systems installed. "These allow us to safely transfer and move patients while also ensuring the safety of staff—saving backs and careers." The average length of stay for inpatient bariatric surgery patients is 1.33 days.

PATIENT SELECTION CRITERIA FOR BARIATRIC SURGERY SERVICES

Purposes:

- 1) To provide the multidisciplinary team with evidence-based guidelines for selection of appropriate candidates for a weight-loss surgery procedure.
- 2) To enhance surgical outcomes, decrease potential complications, promote resolution of life threatening comorbid conditions related to obesity, and improve quality of life through appropriate selection of candidates for surgical intervention.

Definitions:

Morbid obesity, also referred to as "clinically severe obesity" or "extreme obesity," was defined as the criteria for bariatric surgery by the 1991 National Institutes for Health Consensus Conference Statement on Gastrointestinal Surgery for Severe Obesity. In most cases bariatric surgery is the most effective therapy available for morbid obesity and can result in improvement or complete resolution of obesity related medical conditions.

Policy Statement:

Meeting the following criteria will establish medical necessity for bariatric surgery:

- 1) Class I (Body Mass Index 30.0 kg/m² to 34.9 kg/m²). Extending bariatric surgery to patients with Class I obesity who have a comorbid condition that can be cured or markedly improved by substantial and sustained weight loss may be warranted and requires additional data as well as long-term risk and benefit analyses. This will be reviewed on a case-by-case basis by the multidisciplinary team and program medical director.
- 2) Class II (Body Mass Index 35.0 kg/m² to 39.9 kg/m²) in the presence of at least one comorbid condition (see number 4).
- 3) Class III (Body Mass Index >40 kg/m²).
- 4) High-risk comorbid conditions such as type II diabetes, obstructive sleep apnea, pickwickian syndrome, obesity-related cardiomyopathy, hypertension, and other obesity-induced physical problems that may interfere with an individual's ability to maintain a normal lifestyle or interferes with employment, family function, and mobility.
- 5) Selected screening for severe depression and untreated or undertreated mental illness. History of compliance with nonoperative therapy.
- 6) Documented attempts at previous weight-loss therapies with no success at maintaining substantial and sustained weight loss.

When possible, patients undergoing the gastric band procedure can have it performed at the Nebraska Surgery Center located on the Saint Elizabeth campus. Nearly all of these patients are paying for the procedure out of pocket and utilizing this outpatient center helps eliminate charges associated with an overnight stay.

Hung explains that patients who undergo outpatient gastric band surgery also undergo strict surgical risk criteria in order to determine if they are appropriate candidates for the outpatient setting. "Our definition of a low-risk patient," explains Hung, "is one who is less than 60 years of age, has a BMI of less than 50, weighs less than 350 pounds, and has no history of deep vein thrombosis or pulmonary embolism."

He adds that patients who meet these requirements are admitted early in the morning and scheduled as the first case of the day at the Nebraska Surgery Center. "They are discharged late in the afternoon once swallowing studies and discharge teachings are completed."

Once discharged, patients must remain in the area overnight, either at their home or a local hotel. The next day, they have a follow-up visit

with the surgeon. Holman points out that there is a transfer agreement and process in place to transfer any patient to the hospital immediately if complications arise. "We perform approximately 35 banding procedures at the surgery center each year and have never had this situation arise," she says thankfully. "I think this is a testament to how well our pre-op evaluation and screening criteria works."

Complications from any of the surgeries are few. Usually, it is dehydration secondary to nausea and poor fluid intake within the first few days after surgery. Most patients see this subside 1 week after surgery as their healing progresses. On occasion, a patient may need IV fluids and medications until symptoms subside and they are tolerating fluids and protein supplements again.

Following their surgery, all patients are on a 2-week semiliquid diet with protein supplementation, then two weeks of pureed food. At 4 weeks, they advance to a soft diet, according to dietetic guidelines. Additionally, when they reach 6 to 8 weeks, they start adding solid protein food into their eating plan. Although heavy lifting and vigorous exercise are not



A dietician, nurse, and nine support group members make up the Patient Advisory Board.

allowed for 4 weeks after surgery, patients are encouraged to walk as soon as they feel well enough to do so.

After their checkup 2 weeks after surgery, patients return for follow-up at 1, 3, 6, 9, and 12 months. The program requires annual visits with their surgeons as well as continuing regular care with their primary care providers, who

may consult with the surgeons at any time. Through an aftercare pathway now being established, patients will have the opportunity to take advantage of specific support and interventions should they experience difficulties with depression, weight gain, or food choices.

Innovative Programs and Services

The bariatric program at Saint Elizabeth Regional Medical Center is at the forefront of innovation when it comes to designing unique patient-focused aspects of the programs. An excellent example is their “bariatric buddy” program, implemented by the Patient Advisory Board and the bariatric care team. Patients at least 1 year postoperative are offered a 1-hour training course on how to mentor a new patient who has just had the same surgery. “Buddies sharing their stories and strategies for success can inspire and help others who are embarking on the journey,” explains Holman about the program. Participants sign release forms allowing the exchange of telephone numbers and e-mail addresses, then Holman

TIMELINE AND MILESTONES FOR BARIATRIC SURGERY PROGRAM

2002–2004

- Performed first gastric bypass surgery
- Set up multidisciplinary team focused on education and equipment
- Rented bariatric beds and lateral transfer mattresses, then purchased as volumes increased
- Introduced Center of Excellence (COE) criteria and developed a business plan, care plan, and clinical pathways

2004–2005

- Received administration approval to build the program based upon the COE criteria (but not to pursue COE designation)
- Had site assessment by Auto-Suture
- Hired one part-time bariatric program coordinator
- Performed mapping and developed three stages
- Conducted staff/associate education on bariatric surgical care and sensitivity

2005–2006

- Developed self-pay pricing
- Hired one full-time bariatric program coordinator
- Obtained provisional status for COE

- Submitted BCBS Center of Distinction application
- Put in place worker safety committee and equipment/lifts
- Held public seminars
- Held first annual patient reunion

2007–2008

- Received Blue Cross Center of Distinction in Bariatric Surgery
- Had COE conduct site survey
- Held 2nd annual patient reunion
- Implemented Bariatric Outcomes Longitudinal Data (BOLD)
- Received Bariatric Surgery COE Certification
- Held strategic planning retreat for steering committee members

2008–2009

- Held 3rd annual patient reunion
- Formed Bariatric Patient Advisory Council
- Offered “Bliss and Care Credit” to self-pay patients
- Had bariatrician join steering committee
- Provided gastric sleeve as another surgical option
- Initiated “Back on Track” program
- Developed and implemented medical model



A recent meeting of a patient support group.

matches up a buddy with a new patient of the same gender.

So far, the program has been a huge success. The primary goal is to help new patients establish a support network by attending the support group meetings. Holman says that a psychologist, who often works with the program's patients, explained to the team how intimidating it can be for bariatric patients to walk into a room full of strangers for the first time. But once they have established a connection with their buddy, patients are excited to attend support groups and meet face-to-face. "It is all about a human connection—searching for acceptance and reaching out," Holman explains. "These individuals are often rejected and discriminated against much of their lives. We want our patients to feel like they have a safe place to come to where acceptance and understanding are the norm." The Patient Advisory Board is currently piloting a monthly exercise get-together that includes biking at a local park or doing the walking path at the Lincoln Children's Zoo.

Holman also coordinates "Back on the Tracks," another innovative program designed for refocus and renewal during the recovery process. The 6-week intervention is held twice a year and is limited to 10 participants who are 12 months or more postoperative. They are actively involved in both planning the coursework and presenting the material. "Participants not only benefit from the education presented by their peers," Holman says, "but they also learn a great deal by researching and preparing their own presentations with a chosen partner."

The small group format is designed to promote a high level of trust, fellowship, and comfort. This is evident after class when participants will often meet to take a walk or socialize.

This past September, the bariatric program held its 3rd annual patient reunion. Entitled "Overcome the Past: Transform Your Future," the all-day affair featured guest speakers, vendor exhibits, breakout sessions, and lunch. The keynote was delivered by Katie Jay, a nationally recognized expert on weight-loss surgery, popular author, and the founder and director of the National Association for Weight-Loss Surgery. Attendees came from Nebraska and the surrounding states and included individuals whose surgeries had been performed at other hospitals.

Directions for the Future

One important activity for Holman now and in the future is advocating for weight-loss surgery coverage by insurance companies. Currently, 20% of the program's patients pay for their surgeries themselves. The medical center offers its "BLIS and Care Credit" program to provide financial assistance and additional insurance coverage for short-term complications. Hung says patients recognize the value of the BLIS, Inc., insurance program (based out of Portland, OR).

This program is only offered to a handful of surgeons across the country who can prove they have strong clinical outcomes and minimal complications. It essentially is another way for patients to know that their surgeon has been verified to have excellent skills and encourages surgeons and hospitals to provide high-quality care to help avoid costly mistakes.

Blue Cross Blue Shield, the primary insurance carrier in the area, along with other national carriers have just released requirements that may place barriers for accessing care for bariatric services. Some national policies just released a requirement that patients must now have 3 years of supervised weight loss prior to surgery. Another problem is that some of the larger industries and employers in the area do not offer weight-loss surgery as an insurance benefit. "The prevailing attitude," says



The Saint Elizabeth Bariatric Steering Committee.

Holman, "is that once someone has the surgery, they will leave the employer, who won't reap the benefits of a healthier employee."

Holman is doing her part by testifying in front of the State Banking, Commerce, and Insurance Committee last February. She was there to support Legislative Bill 326, which would include coverage for bariatric surgery under the Comprehensive Health Insurance Pool Act. "I feel we need to use every opportunity to educate our officials, insurance industry, and the general public on the numerous benefits of weight-loss surgery," she says.

In the future, Holman says the team also plans to expand the use of telemedicine to maintain support with bariatric patients living in the rural areas of Nebraska. Currently, sev-

eral communities come together on a quarterly basis for an educational presentation or support group meeting. They are working toward implementing a medical model of bariatric care into the program. On the surgical side, Hung and Taddeucci would like to perform 225 to 250 cases each year. As the caseload increases, the program will grow its ancillary services in tandem, while maintaining excellence and quality through new and improved care pathways. But whatever Holman and the team do, it will always be placed firmly upon the core values founded in the rich heritage that started when Saint Elizabeth Regional Medical Center was founded: reverence, integrity, compassion, and excellence.

—Profile by Kevin D. Blanchet

Resources

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