50 BARRIERS OVERCOME THROUGH

5

Transformational Stories from the Bariatric Patient Journey

Five fictionalised patient journeys, anchored in real evidence, showing how the Home Sooner™ methodology removes the barriers that stand between a bariatric patient and getting home sooner — safely, with dignity, and without injury to the staff who care for them.

Arrival | Stay | Hometime

SMARTER CARE. SAFER SHIFTS. HOME SOONER.

The 50 Barriers to a Bariatric Patient Journey

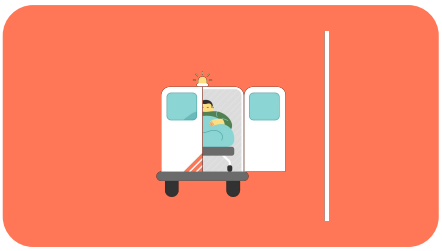
Bariatric care is broken – not for lack of care, but for lack of preparedness, the right equipment, and systems that work together. Across Arrival, Stay and Hometime, we identified **50 recurring barriers** that slow a larger patient's journey, put nurses at risk of injury, and quietly add days – sometimes months – to a length of stay that didn't need to happen.

This booklet brings five of those barrier clusters to life through five composite, fictionalised patient stories. Each story is grounded in real evidence and real patterns we see across Australian hospitals every day – and each shows what happens when the Home Sooner™ methodology is in place from the moment a patient arrives.

Our starting point: in our own work with hospitals, **84% of bariatric equipment** was found to be set up incorrectly, and **97% of staff** learnt something critical to care when the Home Sooner™ approach was introduced.

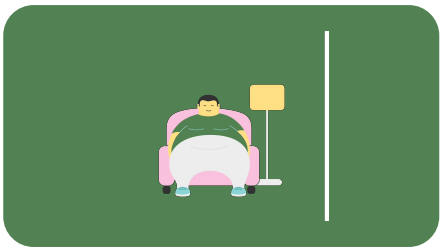
Home Sooner™ is our evidenced-based, three-stage methodology for removing barriers in a larger patient's hospital journey. By preparing for the patient before they arrive, supporting the team throughout the stay, and planning the way home from day one, we reduce the risk of patient injury, complexity of care, and nurse and staff injury – achieving shorter, safer admissions for everyone.

Every story in this booklet is tagged with the ten barriers it overcomes, and the specific BE Home Sooner™ tools, bundles and processes that made the difference. Together, the five stories touch all 50 barriers we have identified.



Arrival

Stay



Hometime

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Five Stories, Fifty Barriers

BEFORE HOME SOONER™

Why the 50 Barriers Matter

84%

of bariatric equipment audited across partner hospitals was set up or configured incorrectly before Home Sooner™ was introduced.

97%

of nursing staff learnt something critical to patient or staff safety during a Home Sooner™ education session.

400+

serious barriers to patients getting home sooner are removed every month through Home Sooner™ safety checks and rapid education.

79 → 11

days: the published reduction in length of stay when a dedicated bariatric care team and pathway is used from admission (Waikato DHB case study).

Sources: BE Home Sooner™ internal hospital audit data; Waikato District Health Board bariatric care team case study. Ten days of deconditioning has been shown to equate to roughly ten years of lost physical conditioning in an older adult – underscoring why removing barriers to early, safe mobilisation matters so much.

Arrival	Stay	Hometime
Preparedness before the patient reaches the door	Safer, faster, better-resourced care every shift	A planned, supported way home – the first time

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ARRIVAL · BARRIERS 1–10

When Arrival Restored Her Dignity

1 Social stigma & dignity | 2 Timely admission | 3 Afterhours admissions | 4 Anxiety & trust | 5 Geographic access

6 Ambulance coordination | 7 Entry preparedness | 8 Admission flow | 9 Gowning & clothing | 10 Equipment setup

Marama was 54 when she fell at home in the early hours of the morning, 90 minutes from the nearest regional hospital. By the time the ambulance reached her, she was in pain, frightened, and quietly bracing herself for what she'd learned to expect: a long wait, an ill-fitting gown, and staff scrambling to find a bed and hoist big enough while she lay exposed on a trolley in a corridor.

That's not what happened.

Because Marama's profile had already been flagged through the region's specialist ambulance coordination protocol, the receiving hospital knew she was on her way – her size, her mobility needs, and her likely equipment requirements – well before the ambulance doors opened. An **Orange Button** alert had already triggered preparation of a bariatric-ready room, even though it was 2am on a Sunday.

When Marama arrived, the room was ready. A correctly sized gown from the Hygiene & Dignity Bundle was waiting, so she was never left holding an ill-fitting gown together with one hand instead of using it to steady herself. The admitting nurse could see, at a glance on the BeD Dashboard, exactly what equipment had already been positioned and what was still needed.

Marama's family, driving through the night from their rural property, arrived to find her settled, pain-managed, and treated exactly like any other patient – because, in every way that mattered, she was.

Home Sooner™ Response

- **Orange Button** emergency bariatric bundle – room-ready within minutes, any hour
- **GearMeds** specialist ambulance & entry coordination protocol
- **Hygiene & Dignity Bundle** – correctly sized gowning from arrival
- **BeD Dashboard** pre-positioning of equipment before the patient arrives

Outcome

Ready in under 15 mins

Dignity preserved | **No admission delay**

"The bed, the gown, the plan – it was all there before she was. That's not something I've ever seen happen for a patient her size, at that time of night."

Clinical Nurse, Regional Emergency Department

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ARRIVAL → STAY · BARRIERS 11–20

When the Right People Knew the Right Things

11 Diverse patient needs | 12 Facility layout | 13 Clinical classification | 14 Visibility of care needs | 15 Reporting processes | 16 Escalation & alerts | 17 Ongoing education | 18 Bedside clinical support | 19 Equipment safety | 20 Equipment suitability

Henry was 68, living with limited mobility and mild cognitive impairment, when he was transferred from ED to a general ward. On paper, it should have been routine. In practice, the first room allocated had a doorway too narrow for his equipment, and the handover notes said simply "complex care needs" – with no detail on what that actually meant for the incoming shift.

This is where so many bariatric admissions quietly go wrong: not through any one mistake, but through a string of small gaps – a room that doesn't fit, a classification that doesn't reflect reality, a whiteboard that says nothing useful, and a new shift left to guess.

Because this hospital had completed a **Site Gap Analysis** with BE, the Journey Planner already knew which rooms on the ward could safely accommodate Henry's equipment, and porters were directed there the first time. His clinical classification was set using the **F→A→S→T** framework – Flow, Action & Awareness, Small things, Targeted care – so it reflected his actual needs, not a generic category.

Every detail was visible on the **BeD Dashboard** at handover: his equipment, his mobility status, his escalation triggers. When his condition changed overnight, the escalation pathway alerted the bariatric-trained coordinator automatically – before it became a crisis, not after.

Every nurse who cared for Henry, across every shift, knew exactly what he needed – without having to ask, guess, or wait.

Home Sooner™ Response

- **Journey Planner & Site Gap Analysis** – matching patients to suitable rooms
- **F→A→S→T** assessment framework for accurate clinical classification
- **BeD Dashboard** visibility of care needs at every handover
- Built-in **escalation and alert pathways** for changing needs

Outcome

Right room, first time

Zero handover gaps | **Earlier escalation**

"For the first time, I didn't have to guess what the last shift meant by 'complex care needs'. It was just there, in front of me."

Registered Nurse, Medical Ward

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STAY · BARRIERS 21–30

When Turning Stopped Hurting Everyone

21 Equipment availability | 22 Staff safety & wellbeing | 23 Pressure injury prevention | 24 Falls prevention | 25 Preventing deconditioning | 26 Timely mobilisation | 27 Chest infection prevention | 28 Safe turning practices | 29 Pannus support | 30 Limb support solutions

Sela was 46, recovering from abdominal surgery, when her care began to unravel in the way it does for so many larger patients: never quite enough of the right equipment on the ward, nurses straining to reposition her safely, an early pressure mark appearing at her sacrum, and a large abdominal pannus that made hygiene and wound checks genuinely difficult – and risky – for everyone involved.

Historically, this is where a seven-person manual turn becomes the ward's unspoken norm, staff quietly start avoiding the task, and a preventable pressure injury becomes almost inevitable.

With **GearMeds**, the right equipment for Sela was always on the ward when it was needed – not too much, tying up storage, and not too little, forcing staff to improvise. The **Safer Turning Bundle**, including a ZeroStrain™ lateral positioning system, meant two trained nurses could turn her safely and confidently, instead of seven straining ones.

Pannus support from BE's Complex Gear Suite lifted and supported her pannus during care and overnight, protecting her skin, easing her breathing, and making wound checks straightforward rather than a two-person wrestle. Limb Support Solutions kept her legs correctly positioned, reducing swelling and skin shear. A documented falls-risk and early mobilisation plan meant she was sitting out of bed within 48 hours, not left immobile "to be safe."

No new pressure injury. No staff injury. Sela's recovery, and her ward's confidence, moved forward together.

Home Sooner™ Response

- **Safer Turning Bundle** with ZeroStrain™ lateral positioning
- **Complex Gear Suite** – pannus and limb support solutions
- **GearMeds** on-demand, right-sized equipment supply
- Falls, pressure injury & early mobilisation protocols

Outcome

0 staff injuries | **Skin remained intact** | **Turned in half the time**

"I used to dread turning patients this size. Now I actually have the gear for it – and it takes two of us, not seven."

Registered Nurse, Surgical Ward

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STAY → HOMETIME · BARRIERS 31–40

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31 In-bed mobility support | **32** Radiology access | **33** Theatre access | **34** Promoting independence | **35** Sub-acute staff safety | **36** Workforce continuity | **37** Space & environment | **38** Building confidence | **39** Managing comorbidities | **40** Appropriate seating

Robert was 71, admitted with cellulitis on top of long-standing diabetes, when his stay began to run longer than his condition ever required. This is where deconditioning quietly takes hold: by the time he's "medically ready" for discharge, he can no longer stand unaided, every trip to radiology becomes a logistical ordeal, and the confidence he had walking in has evaporated somewhere between the bed and the chair.

With Home Sooner™, Robert's **In-Bed Mobility Bundle** had him moving from Day 1 – long before he could sit unsupported. A correctly sized walker and transfer chair from the **Up & Going Bundle** meant his trips to radiology and theatre were smooth transfers, not two-porter ordeals that got quietly postponed.

Because the ward had used BE's Care Calculator to justify investing in the right equipment early, and because Home Sooner™ Institute training meant the same small group of confident, trained staff cared for him shift after shift, Robert saw familiar faces who knew exactly how to support him – and his own confidence grew alongside theirs, even on a busier, leaner afternoon shift.

Robert was walking to the bathroom by Day 4. He avoided a rehabilitation admission altogether and went home directly – instead of spending months regaining the strength a long, immobile stay would otherwise have cost him.

Home Sooner™ Response

- **In-Bed Mobility Bundle** from Day 1, plus **Up & Going Bundle**
- **Care Calculator** used to justify early equipment investment
- Home Sooner™ Institute training for workforce continuity
- Smoother, safer radiology and theatre transfers

Outcome

Walking by Day 4

Rehab admission avoided

Confidence restored

"Would you rather stay in hospital for 79 days or 11? That's the real-world difference a dedicated bariatric care pathway can make."

Anchored in evidence: Waikato DHB bariatric care team case study

5

HOMETIME · BARRIERS 41–50

When Home Really Meant Home

41 Showering access | **42** Personal hygiene support | **43** Moisture management | **44** Heat management | **45** Respiratory support | **46** Equipment durability | **47** Access to rehabilitation | **48** Home funding pathways | **49** Home equipment availability | **50** In-home support & education

Priya was 39 and medically ready for discharge when she hit the barrier that stops so many bariatric patients right at the finish line: no shower chair that fit her at home, no clear funding pathway for the equipment she needed, and a family who had never been shown how to help her move safely. This is exactly where "bed block" quietly begins – a patient occupying an acute bed while paperwork, funding and equipment slowly catch up.

With Home Sooner™, that finish line looked very different. The **Hygiene & Dignity Bundle** extended into Priya's home, with a correctly sized shower chair and a moisture-management plan already arranged before discharge day, alongside guidance on heat management for the warmer months ahead. **GearMeds** coordinated delivery and set-up of durable, home-appropriate equipment, while BE's Care Calculator supported a fast-tracked **funding pathway** so approval didn't become the bottleneck.

Most importantly, the **Home Sooner™ Institute** ran a short, practical in-home education session with Priya and her family before she left – covering safe transfers, skin and respiratory care, and exactly what to watch for and who to call if something felt wrong.

Priya went home on the day she was medically ready – not days later – with her family confident, equipped, and supported. No representation to hospital, and no return to acute care, in the month that followed.

Home Sooner™ Response

- Fast-tracked **home equipment funding pathway**
- **GearMeds** home delivery, set-up & durability checks
- **Hygiene & Dignity Bundle** extended into the home
- **Home Sooner™ Institute** in-home carer education

Outcome

- **Discharged on time**
- **Zero 30-day readmission**
- **Family confident**

"Home Sooner™ didn't just send home a chair. They sent home a plan – and trained us how to use it."

Family Carer

OUTCOMES ARE MEASURED. EXPERIENCES ARE FELT.

Voices from the Ward

Representative reflections drawn from the patterns we hear across Home Sooner™ partner hospitals – composite in nature, consistent in message.

"

We used to lose half a shift just working out what equipment we had and where it was. Now it's on the dashboard before I even walk onto the ward.

Nurse Unit Manager
Acute Medical Ward

"

Bariatric patients used to be the topic at every long-stay meeting – always about pressure on nursing staff and loss of condition. That conversation has changed completely.

Director of Nursing
Regional Hospital

"

A crappy bed with good education beats a great bed nobody knows how to use. Home Sooner™ taught us that in week one, and it changed how we think about equipment altogether.

Clinical Nurse Educator
Surgical Services

"

It's not the ailment that keeps a larger patient in hospital longer – it's the hospitalisation itself. Home Sooner™ is the first approach we've used that actually addresses that.

Consultant Physician
General Medicine

60% of ED patients go home. 40% are admitted. For bariatric patients presenting to ED, that figure has historically been closer to 100% admitted – a pattern Home Sooner™ is directly designed to change, starting from Barrier #1.

THE VALUE BEHIND THE OUTCOMES

The Economic Case for Home Sooner™

Better outcomes for patients and staff also mean better use of resources for the health system. Each economic driver below is linked to one of the five stories in this booklet – showing how removing barriers translates into real, measurable value.

1	**Marama** – Reduced risk of costly after-hours delay, corridor care and related clinical incident exposure at the point of admission.	**Arrival risk**
2	**Henry** – Fewer wasted porter trips, room reallocations and handover errors that quietly consume clinical time every shift.	**Flow efficiency**
3	**Sela** – Avoided nurse manual-handling injury and hospital-acquired pressure injury, both high-cost, high-litigation-risk events.	**Staff & PI cost**
4	**Robert** – Avoided a full rehabilitation admission by preventing deconditioning; length of stay reduced from a Waikato-style 79 days toward 11.	**Length of stay**
5	**Priya** – No bed-block while awaiting home equipment or funding, and no 30-day readmission – freeing an acute bed for the next patient who needs it.	**Bed-block & readmission**

Better outcomes should also mean better use of resources. Home Sooner™ is designed to reduce the compounding costs of unmanaged bariatric care – extended length of stay, adverse events, and nurse injury – by investing in a specialist, evidence-based partnership from Arrival to Hometime.

Be
/ home sooner

Ready to remove the 50 barriers in your hospital?

The Home Sooner™ Institute can run a free Site Gap Analysis for your facility, and show you exactly where your next 400 barriers are hiding – and how to remove them, one shift at a time.

behomesooner.org · hello@behomesooner.org

References & further reading: BE Home Sooner™ internal hospital audit data (equipment set-up accuracy and staff education outcomes); Waikato District Health Board bariatric care team case study (length of stay); NHS England, "10 days of bed rest can equal 10 years of muscle ageing" (Dr Amit Arora); Home Sooner™ "The 50 Barriers to a Bariatric Patient Journey" framework, BE Home Sooner™, 2026. All patient names and stories in this booklet are fictionalised composites created for illustrative purposes and do not depict real individuals; they are grounded in patterns and evidence observed across Home Sooner™ partner hospitals.