

Title:

An Exploration of Patient Bathing Practices and Bath Basin Use in Kentucky Healthcare Facilities

Lizbeth P. Sturgeon, PhD

Dawn Garrett-Wright, PhD

Lorraine B. Bormann, PhD, MHA

Sonya House, EdD

M. Susan Jones, PhD, MSN

School of Nursing, Western Kentucky University, Bowling Green, KY, USA

Session Title:

Evidence-Based Nursing Implementation

Slot:

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Scheduled Time:

4:35 PM

Keywords:

disposable bath basins, health care acquired infection and patient bathing

References:

Centers for Disease Control and Prevention [CDC]. (2016). *HAI data and statistics*. Retrieved

from <https://www.cdc.gov/hai/surveillance/index.html>

Climo, M., Yokoe, D., Warren, D., Perl, T., Bolon, M., Herwaldt, L., Weinstein, R., Sepkowitz,

K., Jernigan, J., Sanogo, K., Wong, E. (2013). Effect of daily chlorhexidine bathing on

hospital-acquired infection. *New England Journal of Medicine*, 368, 533-542. DOI:

10.1056/NEJMoa1113849

Noto, M., Domenico, H., Byrne, D., Talbot, T., Rice, T., Bernard, G., & Wheeler, A. (2015).

Chlorhexidine bathing and health care-associated infections: A randomized clinical trial. *Journal of the American Medical Association*, 313(4), 369-378. doi:10.1001/jama.2014.18400.

Abstract Summary:

It is economically advantageous for facilities to identify and prevent hospital acquired infections since these costs are not reimbursed. Little is known about the potential sources of infection from personal patient items like bath basins. This presentation will examine issues with current patient bathing practices and bath basin use.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe current patient bathing practices and use of disposable bath basins.	1. Background and literature review 2. Methods 3. Results

The learner will be able to identify strategies for standardizing patient bathing procedures.	1. Discussion of findings and relationship to previous studies 2. Implications for nursing practice
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Abstract Text:

Introduction: According to a study by the Centers for Disease Control and Prevention (CDC), one in 25 hospital patients has at least one Healthcare-Associated Infection (HAI) (CDC, 2016; AHRQ, 2015). The costs associated with HAIs are excessive and are not reimbursed by Medicare and Medicaid if found to be preventable (HHS, 2008). Currently, HAIs cost nearly 20 billion dollars in the U.S. (CDC, n.d.); thus identifying and preventing HAIs can impact the economic health of these organizations.

The use of hospital equipment has been linked to HAI (Madeo & Lowry, 2011), however little is known about the potential sources of infection from personal patient items like bath basins (Johnson, Lineweaver, & Maze, 2009). Furthermore, studies on bathing protocols for patients to prevent HAIs are lacking and those identified have mixed results. Noto et al. (2015) found that daily bathing of patients with 2% chlorhexidine did not reduce the occurrence of HAIs in a sample of over 9,000 ICU patients at a large medical center in Tennessee. In contrast, Climo and colleagues (2013) found in a multisite study of hospitalized patients that the use of chlorhexidine impregnated cloths reduced the rate of multidrug resistant organism HAIs by 23%.

Since HAIs are a societal burden and there are few studies on HAIs and bathing protocols, the purpose of this study is to 1) examine the bathing procedures for patients in acute and long term care facilities in Kentucky and 2) describe the procedures used by facilities for the management of disposable bath basins.

Methods: This descriptive study was performed in acute care and long term care facilities in Kentucky. A researcher developed questionnaire was used to collect data on patient bathing procedures and bath basin use. The questionnaire was distributed electronically by the Kentucky Hospital Association and the Kentucky Association of Health Care Facilities. Data collected in Qualtrics were analyzed using descriptive statistics and review of feedback to open response items. IBM SPSS 23 software was used for this analysis.

Results: Twenty-six facilities participated in the study of which 77% offered acute care services. Disposable bath basins were used in approximately 70% of reporting facilities but only 44% of these facilities had standardized bathing procedures for patients in place. With respect to the maintenance of disposable bath basins, eighty-five percent of facilities did not have standardized procedures for cleaning bath basins used in patient care. Thirty-one percent of the facilities used antiseptic products in bath water. Use of disposable washcloths was low (8%) and nearly 62% did not use a clean washcloth for each body part bathed. Methods for cleaning bath basins were varied; facilities wiped the basin dry with a paper towel (50%), placed the basin upside down on a storage table for drying (19%), stored the basin in the patient's rest room (23%) and/or allowed the basin to air dry (15%). In addition, 81% of facilities did not label patient bath basins.

Discussion/Conclusion: The cost of HAIs is burdensome to society as a whole. Findings from the current study demonstrate that many facilities lack standardized procedures to prevent the transmission of microorganisms during patient bathing and storage of disposable bath basins. Future studies should focus on quality improvement projects to prevent HAIs through the adoption of standardized bathing procedures.