



Bathing & Hygiene Program

Customer Service Leadership Project Presented by: Katie Aase

Introduction

In our facility (Golden Living- St. Louis Park) bathing/showering can be a challenge. We have a mental health unit where many of the residents have anxiety disorders, paranoid schizophrenia, delusions, etc. Because of these disorders the residents have anxiety over the whole process of bathing and therefore refuse to have one. Not only does this present a hygiene issue for the resident and others but it can also present a survey issue in these categories; F252, F246, F240, F272, and F242. According to the Quality Partners of Rhode Island: "The barriers to overhauling the bathing experience are few and the rewards are great."

By addressing the resident's individual preferences and coming up with innovative solutions we have the potential to increase resident engagement and satisfaction. The team had a general goal of decreasing refusals and having the bathing/shower time be more therapeutic and customer focused.

Current Knowledge of Task

I chose this project because I could see the need for it in our building and I hoped that by making the process more person centered it would increase hygiene. For this project I put a lot of research into the Bathing Without a Battle program. This program is all about person centered care and different techniques of bathing compared to the past institutional ways. Some examples of person centered methods are:

- The Towel Bath
- The Recliner Bath
- The Toilet or Commode Bath
- The Singing Bath
- The Seven Day Bath
- The Under-the-Clothes Bath

Before the Program

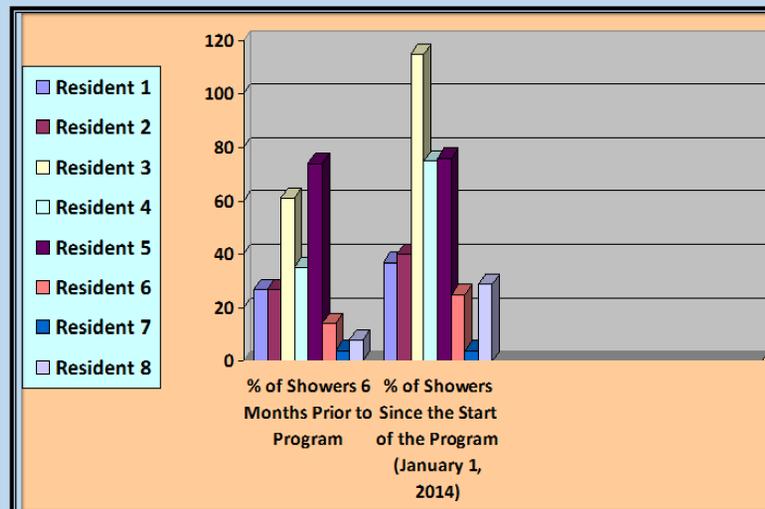
At the start of the program we picked six residents to focus on and added two more along the way. Below are the percentages of the amount of times the resident took a bath or a shower compared to the amount of times they were scheduled to take one for six months prior to the start of the program.

1. Resident 1- 14/51= 27%
2. Resident 2- 7/25=27%
3. Resident 3- 31/51=61%
4. Resident 4- 18 /51= 35%
5. Resident 5- 19/25= 74%
6. Resident 6- 25/180= 14%
7. Resident 7- 2/51= 4%
8. Resident 8- 4/51= 8%

Results

Results from the start of the program (January 1, 2014), % of showers taken.

1. **Resident 1-** 37%= a 10% Increase in Showers
2. **Resident 2-** 40%= a 13% Increase in Showers
3. **Resident 3-** 115%= a 54% Increase in Showers
4. **Resident 4-** (Start date of February 20, 2014): 75%= a 40% increase in Showers
5. **Resident 5-** 76%= a 2% Increase in Showers
6. **Resident 6-** 25%= a 11% Increase in Showers
7. **Resident 7-** 0%= 4% Decrease in showers
8. **Resident 8-** (Start date of February 20, 2014): 29%= a 17% Increase in Showers



Methodology

The first step in my project was putting the right team together and this consisted of the nurse managers, social worker, and recreational therapists. After creating the team we had weekly meetings. We would start off the meeting by going over the results of the focused residents for the week (showers taken compared to the showers scheduled for that week). We then would go over each resident and the interventions that were put in place and discuss the effectiveness, if they weren't we would discuss different methods. We also did a rewards program with the residents where we would give the resident a gift out of the "fun basket" if they completed their showers for that week.

Some successful innovative ideas that the team came up with were:

- Resident 5: TR would give the resident a back massage on the scheduled shower day and the resident would then take a shower.
- Residents 3&4: The rewards program worked very well for these residents.
- Resident 2: Looked into trends and realized the resident would only shower with females. Changed the shower day so it was always with a female.
- Resident 6: Stressed the importance of hygiene to go on the outings.
- Resident 1: We got the resident a shower radio and educated staff on approach.

Performance Review

I also measured our success by having the team members complete a review of the project and myself. I had questions covering three areas; support and goals, project communication, and development practices. Here are some examples of the questions and answers I received:

1. Project goals and priorities were clearly understood by the team members? "Katie did a great job of sitting down with the team to get everyone's input both before the start of and during the project. She was always on time and ready for the weekly meetings she scheduled with the team. She sent out descriptive and informative emails to update the team on progress made each week."-Megan Miskowiec
2. There was clear communication among the members of my team and I would use words like open, honest, two-way, and timely to describe the communication among team members? "Katie was always approachable in clarifying or implementing needs of the program" -Allison Nelson
3. Project status reports were used effectively on the project? "Good tools. When I got a report and the person hadn't showered, I made sure to go to the person and encourage a shower for the following week." -Sally Minsberg
4. Additional comments about this project: "The residents were real receptive to the goals and enjoyed the outcome. Working with a mental health population the program was effective and will be continued to be used." -Allison Nelson

Recommendations

This project would be very easy to keep ongoing. The program thus far has shown great results with an increase in 7 of 8 residents. My recommendations are:

- The team needs to meet consistently
- Add/remove residents from the focus list as necessary
- Keep the shower basket full
- I propose that one of the recreational therapists run the program. They are very involved and would be able to keep the program running.

I started the program off small by focusing on just the mental health unit but I think that in the future it would be beneficial to open up the focus onto other units. I had good support of my vision from the team and they understood the importance and need for this program.

Acknowledgments

For this project I had a lot of involvement from others., it was a team effort and it wouldn't have been successful without everyone's help.

- Team members:
 - Marilyn Fuayah- Nurse Manager
 - Allison Nelson- Nurse Manager
 - Megan Miskowiec- Social Worker
 - Rachel Besonen- Recreational Therapist
 - Sally Minsberg- Recreational Therapist
- Golden Living- St. Louis Park
- University of Wisconsin – Eau Claire
- Health Care Administration Professors:
 - Dr. Douglas Olson, Ph.D
 - Dr. Jennifer Johs-Artisensi, Ph.D
 - LaNette Flunker, MBA
 - Jitendra Singh, MHA

