Bath in the bag: Perspective of patients and caregivers versus financial implications

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Background
In light of finding that bath basins serve as a reservoir for bacteria and may be a source of transmission of hospital-acquired infections, hospitals are looking at products that are self-contained, cost effective, safe, and rinse free [1,2,3].

Objective
This project was conducted in the multi-site community hospital to evaluate a new bathing product versus current practice which is face cloth, soap and water in a basin.

Method
61 respondents consisting of 36 patients and 25 caregivers from surgical, medical, post-acute, rehab and cardiac wards were bathed using a new bathing product. The product, according to the manufacturer's description, is a preservative free pH-balanced, self suding, no rinse moisturizing cleanser in a soft and porous polyurethane foam washcloth, which is activated by the addition of a small amount of water into its own bag. Patients and caregivers (nurses and support workers) were asked to fill in a questionnaire and compare this new product experience to the previous bathing experience.

The trial took place in 5 wards with the majority of the participants being from the Rehab and the Surgical wards.

Results
Questionnaires asked basic demographic data, comfort level after bathing experience, comparison to previous bathing experience for the patients and ease of use for nurses along with other relevant data. Likert-type scale was used to collect subjective information and comments compiled to get common themes. There were 28 males and 33 females in the study. Average age was 73.2 (with the youngest respondent at 45 and the oldest at 96 years of age). Emerging themes among patients were “real suds – real bath” and “easy to use and feels clean”. Patients and caregivers strongly agreed with the statement indicating preference of the new product being evaluated. Patients were more inclined to strongly agree over nurses. Detailed responses are presented in the graphs.

Overall, caregivers reported ease of use, versatility of the product and satisfaction of providing a real bath while patient is in bed. Having a real shower was the preference of most respondents but in the absence of a real shower, patients reported satisfaction from the new product stating that it felt like a real bath because the product had suds. The majority would prefer the new product over current practice. Financial comparison was made to check the cost of current practice versus new product and was found to be close to cost neutral.

Conclusions
Even though comfort of the shower is the preferred method of bathing for most patients, bath in the bag was found to be cost neutral and superior in comfort and experience. Strong preference of the product versus the previous bathing method of water and soap in a basin was found. The evaluation process also helped caregivers to understand the importance of the bathing experience in therapeutic relationships. In the future, further comparison in rates of hospital-acquired infections among patients bathed with bath in the bag (self sudsing washcloths) versus washcloths with water and soap in a basin should be performed.

References:

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