



Improving Communication to Improve Patient Care: Daily Bathing

D'Anna Springer, BSN, RN-BC
Sarah Choryan, MSN, RN-BC
Constance Welsch, BSN, RN-BC



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Mercy Health Saint Mary's - FY2016

- Serve residents in 13 counties
• 22,000+ inpatient discharges
• 20,000+ surgeries
• 84,000+ emergency department visits
• 31,300+ urgent care visits
• 1.1+ million outpatient visits
• Top quartile in national peer group in H-CAHPS patient satisfaction for:
- Rate Hospital
- Would Recommend Hospital

Core Service Area



Source: Mercy Health Saint Mary's financial reporting and Press Camry
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Mercy Health Saint Mary's Today

An integrated health care system in west Michigan:



- 2nd largest integrated health care system in Kent county with \$450M annual net revenue
• Achieved Magnet® designation on May 15, 2013
• Top Hospitals for Leapfrog multiple years
• Teaching hospital - 374 beds with ~ 4,000 associates - including 116 adult psychiatric and 15 neonatal ICU beds
• 20 operating rooms between main campus and ASC with 2 da Vinci surgical systems
- We have an additional 4 rooms that we will be bringing on slowly in 2017
• Progressive leader in cancer care, neurosciences, orthopedics, kidney transplant, diabetes and endocrine care, and behavioral health
• Comprehensive clinical integration model aligning more than 500 employed and independent providers into Clinically Integrated System with at risk contracts
• Mercy Health Physician Partners - employed group of 250+ primary and specialty care physicians and APPs
• Affinity Health Network- a membership organization unifying employed and independent physicians in the region in a clinically integrated network



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Senior Adult Unit: 3 Lacks

- 32 bed acuity-adaptable inpatient unit
 - Cares for senior care patients who are 65 years or older requiring general medical or intermediate level healthcare
- Top diagnoses:
 - Sepsis
 - Heart Failure
 - Pneumonia/COPD
 - Dementia with behavioral disturbances




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Principles of Care

- Unit vision:
 - “Care is provided by a specialized team with advanced knowledge, working together to help each individual reach optimal function and independence in an environment of dignity”
- Staff ratios
 - 1 RN per 4 - 5 patients
 - 1 PCA per 8 - 12 patients, plus float PCA not in assignment



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Identification of a need

- Multiple reports of patients not offered/receiving assistance bathing
 - Staff submitted incident reports
 - Patient complaints
- Just Culture/Culture of Safety
 - Staff are encouraged to voice concerns and help seek solutions
- Shared governance
 - Unit Based Council deemed bathing “non-negotiable” daily care



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Determining Root Cause

- Using Shared Governance approach, issue was brought to:
 - 3 Lacks Unit Based Council
 - 3 Lacks Patient Experience Committee
- Multiple layers identified as source of problem
- Initial audit: **49%** of patients had a bath documented daily

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Layers of the Problem

- Daily bathing is commonly delegated to unlicensed assistive personnel (UAP)
- Clear communication and delegation often does not occur
- Lack of documentation of bath (or bath refusal)

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Layers of the Problem

- Daily bathing is commonly delegated to UAP
 - UAPs could not verbalize "why" a patient in the hospital need a bath daily
 - Many patients do not complete a daily bath at their living facility or their home

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Layers of the Problem

- Clear communication and delegation often does not occur
 - Baths not called out as specific task to be completed
 - Using language that does not indicate exactly **who** will provide care and **when**

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Intervention #1: Staff Education

- First identified need: staff education
- Registered Nurse
 - Education on confusing/unclear language during delegation
 - **Who** is responsible for the task
 - **When** is it expected to be completed
 - Ideal state: baths completed with the RN present
 - Skin assessment
 - Baths are a **nursing** task
- RN Education accomplished during staff meeting

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Intervention #1: Staff education

- First identified need: Staff education
- Unlicensed Assistive Personnel
 - Two hour live class
 - Rationale for daily bathing during hospitalization
 - Incontinence, skin breakdown, increased risk for infection
 - Need for clearer delegation: if it isn't clear, ask!
 - Re-visited NICHE GPCA principles

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Intervention #2: Visual Reminder



The Bath Ducky

- Located at central nursing station
- Each duck is numbered, with corresponding cubby
- Day shift RN takes duck for each patient in assignment
- During report, ducks are given to UAP
 - Prioritization of ducks: RN to keep duck if assisting with bath for skin assessment
 - Able to visualize number of baths delegated to UAP
- Duck is not returned to “the pond” until bath (or refusal) is documented
- If bath not completed during day shift, duck is given to night shift as visual reminder to complete

Initial Responses



- Staff
 - Many skeptical of the “bath duckyies”
 - Some eager adopters
- Patients
 - Asked to have ducks left in their rooms
 - Enjoyed the lighthearted nature of rubber ducks

Results

- Audits of bath documentation
 - Completed weekly by members of Patient Experience Committee
 - Achieved 97-100% of patients with a bath documented, within 2 months
 - After sustainment, audits performed monthly
 - Sustained 97-100% every month for over two years

Time Point	Baths Documented	Baths Not Documented
Pre-intervention	49	51
Two months post-intervention	100	0
Feb-17	97	3

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Discussion

- Ducks were most effective intervention
 - Cost effective solution
 - Created positive energy on unit around routine task
- Staff education classes were beneficial, but did not create momentum for improved care

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Next Steps

- Continue to use bath ducks to prevent drift caused by staff turnover and competing priorities
- Share with other units throughout organization and throughout NICHE 😊

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Thank You

Contact Information:

D'Anna Springer
springed@mercyhealth.com

Sarah Choryan
ingerssj@mercyhealth.com

Connie Welsch
constance.welsch@mercyhealth.com



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